

Together AZ

MAY 2018

Inspiring Success on the Road to Recovery

SHAME DISCRIMINATION
FEAR HARASSMENT
SEXISM #MeToo RAPE
ASSAULT INTIMIDATION
SILENCE HELPLESS

By Suzanne Berndt – MC, LAC, MHSA, PCS

A few months ago, I had the opportunity to sit with Barbara as she recalled the sexual assault she experienced in her home decades ago. She shared her confusion around the triggers she recently experienced as the #MeToo movement grew from a small grass roots advocacy group to an international phenomenon.

The Media Explosion

The subsequent media blitz filled our homes and workplaces with first-hand accounts by both men and women of sexual abuse and assault. The perpetrators were identified as acquaintances, strangers, family members, friends, trusted people in authority, media figures and political leaders.

I sensed that Barbara was somewhat confused and embarrassed by her emotional response. She felt she had “recovered” from her traumatic experience and the resultant struggle with substance abuse and compulsive sexual behavior. She had done her work and her sobriety was a testament to that. She was a survivor and had moved on with her life and left the trauma in her past — or so she thought.

April was **National Sexual Assault Awareness and Prevention Month**. It is sponsored by RAINN (www.rainn.org) – Rape, Abuse, Incest National Network which is the nation’s largest anti-sexual violence organization. Recent statistics provided on the RAINN website illustrate just how endemic sexual violence is within our culture.

- **Every 98 seconds** an American is sexually assaulted.
- **1 out of every 6 American women** has been the victim of an attempted or completed rape.
- 1 out of every 10 rape victims are male.
- **33%** of women who are raped contemplate suicide while 13% attempted suicide.
- **Rape survivors** are 3.4 times more likely to use marijuana, 6 times more likely to use cocaine and 10 times more likely to use other major drugs.

All of these data points represent individuals. Women, children and men marginalized by misogyny, intolerance, powerlessness, race and circumstance. Sexual assault, violence and abuse create trauma unlike any other trauma in that our insidious rape culture often leads to secret keeping, shame, guilt and isolation.

Rape Culture Defined

Rape culture is the sociological concept that describes an environment in which sexual violence is normalized and women are objectified. It is a victim blaming, slut shaming environment perpetuating a belief that sexual assault is inevitable.

During our time together, Barbara and I began to explore the concept of trauma and how it is often misunderstood. Freud defined trauma as, “*A breach in the protective barrier against overstimulation, leading to overwhelming feelings of helplessness.*” Peter Levine, PhD, a psychologist specializing in trauma defines it as “*A loss of connection – to ourselves, to our bodies, to our families, to others and to the world around us.*”

Traumatic symptoms are not caused by the event itself. In the case of sexual assault or abuse, it is not the event per se but rather the response in the nervous system. Often times what we consider to be the trauma, in Barbara’s case being raped and her life threatened, is only part of the story.

The After Effects of a Traumatic Event

Trauma is often viewed as a finite, acute event that we can easily identify. However, the real trauma can come after the identified event. Consider the response of Barbara’s parents when she told them of the rape. Her mother distanced herself from Barbara by referring to her as “your daughter” when she told her father of the rape. Then, to add insult to injury, Barbara was physically assaulted yet again by another man – this time, tragically, by her father. The medical professionals she encountered proved to be less than supportive and Barbara picked up on their unspoken message that she was to blame for the sexual violence she endured.

As the statistics bear out, Barbara’s experience is not an isolated one. A few years ago, I was asked to work with a woman who disclosed that in her early 20’s she had been drugged and raped by a well-known celebrity. She described herself as young, naive and passionate about working in the entertainment business. She was encouraged by her agent to meet with this powerful man under the guise that she was “special.” He offered to be her coach and mentor in an industry which was notoriously difficult to find opportunity and success. She later discovered that her female agent had been a “pimp” of sorts, offering her up to be sacrificed to a known perpetrator.

#METOO continued page 8



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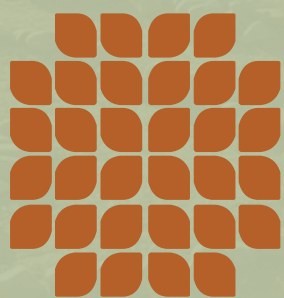
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Publisher's Note

By Barbara Nicholson-Brown



Why Not?

Last fall the **#metoo** movement opened the floodgates on sexual harassment and other despicable acts that have happened for eons — but gone unmentioned in such a mainstream way, until recently. Today, as I write this, actor, Bill Cosby was found guilty for his actions against many women. When I heard the verdict, I won't apologize — I was glad to hear it.

I want to express my gratitude to Suzanne Berndt – MC, LAC, MHSA and Dr. Marcus Earle of PCS (Psychological Counseling Services) whom I met with about writing this article. I had no intention on sharing my personal experience with them, yet it emerged in our conversation. Not only did I feel safe as the story unfolded, their office walls were filled compassion, understanding and listening. In their line of work, they help clients with these issues every day overcome sexual related trauma and addiction.

As I left our meeting I felt a bit spacey, but thought, “Why Not? Why not be as open with this thread of your story as you are with your recovery? Why not share it?” ***Together AZ*** is about discovery and recovery, for ourselves and those we care about.

And here's what I propose to you. Let's keep the dialog open. If you are willing to share your story we welcome hearing from you. If you have questions or concerns on something that might be happening in your life right now, **please do not stay silent**. Reach out to me at aztogether@yahoo.com, or call PCS at 480-947-5739 for professional help.

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Listening to the In Between

By Dina Evan, Ph.D

Therapists are taught to listen, mostly to the in-between where the truth is, in what is not said, in body language, in facial expressions, in hesitation, discomfort and sometimes even obvious lies. We are taught to listen differently in ways that could benefit all of us actually.

I would bet five bucks that you have had an exasperating moment recently when you thought, "People just don't listen."

You are right.

Most people don't listen well, and they don't for a variety of reasons, most of which are fear based. We have a tendency to make a snap judgment about people or their issue. In doing so, we miss a world of opportunity to go deeper into understanding each other, learning about diversity and difference, chances to deepen our relationships and families and the world around.

When you can't or don't listen at a deeper level, you may as well be locked in a box with only your own perceptions and limited ideas. It's like living with the windows and doors to a greater reality shuttered, your level of consciousness.

You can't learn. You can't create a greater understanding of people and the world and you can't expand in knowledge and wisdom.

Being closed minded fosters confusion and creates distance. It shatters families and causes divorces. Whereas being open minded creates learning opportunities and an expansive level of acceptance and grace. It's character building and worth the effort.

I have learned that one of the most important questions in my tool bag as a therapist and as a compassionate human being is, what don't I know. That question opens up curiosity and leads to more questions like what am I hoping to hear, what am I afraid to hear, why am I feeling disconnected and what don't I trust about myself and my own safety?

Listen in a Different Way

Perhaps if we could listen differently we could create less distance and hostility. For instance, in L.A., years ago, a couple of women came in for therapy. One, who I will call Sue, was dressed in a business suit and looked professional and somewhat at ease.

The other was tattooed from head to toe, had an angry expression and was clearly pissed about being in my office. I asked what brought them in.

Erin motioned to Sue, to start talking. Sue explained that she had become fearful of Erin because her anger has caused her to start being physical and although she had not hurt her badly, Sue was afraid it would progress to that and their marriage was in jeopardy. I watched as Sue spoke and clearly Erin was uncomfortable. I asked her what she felt about what Sue had said.

She took a deep breath and tried to hold back tears, toughly responding "I love her and would never want to hurt her." I said I believed her and asked her where she thought the anger was coming from. She said she grew up with many tough challenges. Sue put her hand lovingly on Erin's shoulder and said, softly, "Tell her." Erin then disclosed that she had watch her father kill her mother when she was a teen and had never processed the trauma or the pain with anyone.

We live in a world of judgment. So much so that many of us never talk about our pain and suffering, our challenges and we don't even speak about our accomplishments for fear people will think we are bragging.

What might happen if we could learn not to judge anyone but rather just be open to knowing each other and what unfolds in the center of our relationships? Wouldn't we want to know what others have overcome and how others have achieved what they have achieved, inspire us? Maybe the next time we say "Tell me who you are, we could mean it."

In that openness, — in that in between — is teaching both for the teller and the listener. It doesn't even matter what truth is there. It's only matters what our response to that sacred space filled with opportunity makes us feel.

It's all about how we respond, what are our values, what are our judgments and what is our heart space. And, if your heart breaks open as you hear and hold the truth, you have done what you came there to do, because under that broken heart is the real you, the unprotected, courageous you.



Dr. Evan specializes in relationships, personal and professional empowerment, compassion and consciousness. 602-997-1200, 602-571-8228, Dina.Evan@gmail.com and www.DrDinaEvan.com.

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The Practice of Kindness

By Renee Sieradski, EA

The weeks leading up to April 17 and the deadline for filing tax returns on 2017 income, were intense at my office. Not because we prepare that many tax returns, but because taxes and deadlines stress people out, and they become desperate and frantic.

Folks called my office with all sorts of questions related to their taxes. Several of these callers were former clients who had briefly used our services two years ago for tax returns long overdue, and then quickly become unreachable — until recent weeks.

Some were making made angry demands we prepare their old tax returns ASAP. Given they hadn't gotten back to me for so long, I found it bizarre they thought we still had a business relationship.

It hurt my heart my poor assistant had to bear the brunt of callers' angry yelling when she explained this late in the tax season, we likely would not have time to prepare their returns because we were fully booked for a month out. Many of the callers became even angrier at that point, and yelled some more before hanging up.

On Tax Day, I was standing at a bank teller's window when a man walked up to the window next to me.

What caught my attention was the gruff and horrible way he talked to her. I watched as he inserted his debit card in the card reader on the counter outside the bulletproof glass and then yanked it out before the teller could log in to her computer. When she asked him to put his card into the card reader again, he refused and said it was the teller's fault she hadn't been ready. She calmly said, "I understand, sir, but I just need you to insert your card again so the machine can read it, because you pulled it out too soon." He responded angrily, again placing the blame on the teller.

Now, I am not usually one to confront bad behavior in a public place. But I had had enough. Between all the demanding, unkind words of the callers at my office making demands on my sweet assistant these past weeks, and witnessing this behavior at the bank, I felt like everyone in Phoenix had lost their mind — maybe because of tax-deadline stress, or maybe there was a full moon causing this animalistic, aggressive behavior. I surprised myself and blurted out "Be nice!" to the man next to me at the bank.

The fact is, the vast majority of us in the financial services industry don't make the rules. We're simply the ones who have to carry them out made by those up top.

Don't Shoot the Messenger

Why would it be appropriate to "kill the messenger" if one is angry at the IRS or the government about having to pay taxes or about having to meet a deadline for filing a tax return?

"Kind people are the best kind of people."

—Author unknown

In the case of the bank customer, perhaps his frustration was with not understanding the card reader technology, so why be upset with the bank teller on the front lines? The bank teller didn't install the technology. She just works there for a paycheck.

Negotiating with the IRS

With this in mind, I'm going to let you in on a little secret to my success in negotiating IRS tax debt for clients (negotiating tax debt is the focus of my business now).

Years ago, while in the accounting and tax preparation field I discovered when several of my colleagues failed at reaching settlements with the IRS, I succeeded. The reason for my success with the oftentimes aggravating sticklers at the IRS is one word: kindness.

You see, IRS agents are used to angry taxpayers calling and yelling at them, and again, IRS agents are not the ones who made the rules. Realizing that I am speaking to an employee who works there for a living, and who has not been asked his or her opinion on tax laws or legislation, helps me keep the conversation in perspective.

I speak to an IRS agent with kindness, respect, and patience. As a result, the IRS agent realizes that I, too, am just doing my job — representing my clients — and that I am willing to comply with their requests as long as they are reasonable. I get more extensions of time and favorable outcomes by using kindness rather than yelling. It's the "get more bees with honey" approach. It works for me.

Don't get me wrong; I'm not perfect. Sometimes I'm having a bad day and I raise my voice, get agitated, and speak challengingly to the IRS agent. At those times, I experience the opposite result. The IRS agent will respond in anger and reduce the amount of time previously allowed me for an extension, or worse, escalate the case to impose a lien or levy on the client.

In my experience, kindness works. Please, be kind.

Renee Sieradski is a Tax Specialist, visit 602-687-9768 office www.phoenixtaxhelp.com. Email Renee at renee@phoenixtaxhelp.com.

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7 Things Children of Alcoholics Can Be Grateful For

By Dr. Tian Dayton

How many times have I heard people share that they “do not regret the past?” People, who have, by the way, experienced extreme trauma including child abuse, domestic violence, affairs, and addiction. So what can anyone who has grown up with childhood trauma be grateful for?

“Whatever brought me into recovery” says Sharon M., “has helped me to make such positive life changes that I truly feel appreciative more than resentful, much more in fact. I know it sounds odd but I even feel grateful to the pain that led me to see so much about myself, other people and this thing we call life, that I have learned to live and love a day at a time.”

For starters, you are not alone

More than 26 MILLION Americans are Adult Children of Alcoholics (ACoA). Many of those who have found recovery have also found these seven trauma-grown gifts.

1. A Sense of Gratitude and Appreciation for an Ordinary Day

When you have lived with the pain and angst of addiction, you have stared into the jaws of hell. You have seen first hand how bad choices can destroy a life. This is true not only for the addict but for all those who live with an addict. When you have been a part of recovery, you have seen first hand how good choices can make a life. And at the very center of this feeling is how it impacts each day.

An ordinary, normal day, one in which problems are normal ones, dinner finds its way onto a table and there is normal conversation, some laughter, some quiet, some chit-chat, comes to have an almost spiritual quality. It feels soothing, real, alive and worthwhile. We no longer take these days for granted. We know the beauty of an ordinary day.

2. Relationship Sobriety

When we lack emotional sobriety because we have lived with the constant stress of addiction, our relationships lack emotional sobriety as well. As our own inner world feels less manageable, our relationships come to mirror this unmanageability. We don’t know where we leave off and others begin, the inevitable overlapping of inner worlds that happens naturally in intimacy, becomes codependent rather than inter-dependent. Tensions become exaggerated and easy good times make us anxious because we do not expect them to last. We look for problems before they look for us, it’s part of the hyper-vigilance that is the legacy of trauma.

In recovery we learn new ways of being with ourselves and with others. We learn to tolerate and manage emotions, to talk out feelings rather than act them out. As our trust in ourselves increases our ability to trust ourselves with others does as well. We learn how to have boundaries that take care

“When you have lived with the pain and angst of addiction, you have stared into the jaws of hell.”

of both ourselves and the relationship; boundaries become porous rather than rigid. We can relax, let go and enjoy being in the presence of others rather than needing to withdraw from connection, because we cannot hold onto a sense of self in connection with others.

3. Learn What NOT To Do

We learn as much by negative examples as by positive ones. Growing up with addicted parents and witnessing first hand the cost to the family can make us, if we accept that lesson, never want to be the agent of such destruction in our own lives. There are many problems we encounter in life that we have to accept and cope with as best we can, but both addiction and enabling have an element of choice. We can choose recovery and health.

4. A Sense of the Depth and Wonder of Life

If as Socrates said, “the unexamined life is not worth living,” then living with addiction makes the choice ever more stark. Choosing addiction is choosing a slow walk to the grave. Choosing to examine and understand all that drives us to our own destruction opens the door, in fact flings the door open to choosing life.

5. A Sense of Community

You always have a place to go. Alanon, ACoA and CODA are world wide self help organizations that offer safe haven, connection and a sense of community. If you move, travel or find yourself with either time or personal need, you can enter “the rooms” and find like minded people, you can find caring and support.

6. A New Design for Living

It’s not only the addict who finds a “new design for living”: through recovery. Children, spouses and family members can and do as well. Recovery is about awareness, acceptance and action. Choice. Recovery allows and encourages us to examine life, to become humble and vulnerable enough to grow and stretch and be open to change. We become capable of embracing the mystery of life.

7. The Gift of Recovery, Including Mindful Living

All of the above points are what those of us who no longer “regret the

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How to Get into the In Crowd

In high school I looked up to my classmate Rick Brown, the quintessential cool guy. He was the good-looking captain of the football team and president of the student council. He had a cheerleader homecoming queen girlfriend and was liked by everyone. I envied Rick because he was at the epicenter of the in crowd, and I saw myself as a distant outsider.

Years after we graduated, I ran into Rick and we reminisced. I confessed, “I was always envious of you because you were in the in crowd and I was way out.”

Rick laughed. “Really?” he came back. “I always thought you were in the in crowd and I was out.”

I couldn’t have been more stunned. Here was a guy who had all the accoutrements of success, all the things I wished I could be and have. Meanwhile he was envying me. How insane is that? That serendipitous meeting with Rick proved pivotal for me. That day I realized the voice in our head that tells us that we are defective or less-than is a liar.

A story from the video series *The Beatles Anthology* illustrates this very dynamic. At the height of the Beatles’ illustrious career, George Harrison decided he wasn’t fit to be in a band as talented as the Beatles. He went to Ringo Starr and told him, “I’m not a real Beatle. You guys are the real Beatles, so I am going to quit the band.” Ringo replied, “I was just thinking the same thing — that you three are the real Beatles and I am the fake, so I will quit the band.” The belief that either George or Ringo were not the real Beatles seems laughable and ludicrous, since each of those musicians was talented in his own way, and the unique synergy of those four made the Beatles the most successful entertainers in history. But each of them had to face and deal with their own demons. If even the Beatles suffered from a sense of deficiency, you can see what a fake that voice is, and why you should give it no credence and not let it stop you.

The pervasive belief that “I am a phony” is called “fraud guilt.” We all have it and there are several ways we deal with it. Most of us run from self-judgment by busying ourselves with endless tasks and errands, working continuously, or distracting ourselves with our Smartphone or other addictions. Others attempt to compensate for their perceived lack by building up an ego-façade of braggadocio, competition, bullying, anxiety-driven achievement, adding degrees, or collecting empty trophies.

Another group is willing to look within and heal self-judgment by holding it up to the light of higher awareness. James Thurber, author of *The Secret Life of Walter Mitty*, said, “All men should strive to learn before they die, what they are running from, and to, and why.” It is only when we are willing to stop, step back, and tell the truth about what motivates us that we can break free.

A Course in Miracles tells us that the world we have created is inside out and upside down, the exact opposite of the way we were born to live. If you want to know what is true, take most of what you have learned about how to succeed and reverse it. One of the most pervasive illusions is that we have to struggle to become good, worthy, and likeable. The ego thrives on creating fictitious gaps between who we are and who we should be. But there is no gap. We are already good, worthy, and loveable as we are. If we can love, honor, accept, and cherish ourselves right where we stand, every door that we have sought to kick down would open effortlessly before us.

Everything you do to try to become cool will backfire **because you already are cool**. God created you cool, and there is nothing you can do to become uncool, except try to become cool. In the trying is the lying. The coolest thing you could do is be yourself.

To envy another person is to deny the gifts you uniquely bring. One way to reframe envy is to replace the word with the letters N.V., which stand for “new vision.”

If someone has something you want, they are demonstrating that you are a match to that attribute because you are aware of it. Everything you see in the outside world is a reflection of what is going on in your inner world. “You spot it, you got it.” So instead of separating yourself from that person or attribute by believing it is outside of you, expand your vision and claim ownership of that trait by realizing it is inside of you. Then you heal the sense of separation and gain all that you thought you missed.

The in crowd is not a group of people you need to join. You cannot get in because you are already in. The real in crowd is made up of those who are willing to look within to find themselves.

Alan Cohen is the author of many popular inspirational books, including the forthcoming The Tao Made Easy. Join Alan in Hawaii this December for his life-changing seminar Transformer Training to develop your skills and/or career as a teacher, healer, or leader. For more information about this program, Alan’s books and videos, free daily inspirational quotes, online courses, and weekly radio show, visit www.alancohen.com.

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past nor wish to close the door on it," would see as a part of recovery. Living on purpose is its own reward, making one positive choice leads to another and taking responsibility for our own happiness puts us in the driver's seat.

Make a gratitude list today!

Whether you choose to say thank you to someone who does something nice, or express appreciation to someone you care about or even think grateful thoughts, the science behind gratitude is clear.

A one time grateful thought and act of gratitude or appreciation produces a 10% bump up in happiness and 35% reduction in depressive symptoms.

These happy effects and feelings, according to the study conducted by Martin E. Seligman, the father of positive psychology and his team, disappear within three to six months. That's a pretty good return on an investment if you ask me. It also makes clear that the benefits of regular, even weekly "attitudes of gratitude" and their corresponding acts, can be literally medicine to our body and our mental health.

So say thank you to someone today, including yourself and see what happens!

This article was originally published by the Huffington Post.



Dr. Dayton is a Senior Fellow at The Meadows. She is the author of fifteen books including Neuropsychodrama, Visit www.tiandayton.com

Say What? "Overdose"

When you hear the word "overdose," you probably assume it means "dying from taking drugs." But it doesn't always result in death. "Overdose" can also mean that a person used enough of a drug to have an uncomfortable or life-threatening reaction, but they didn't die. Any type of overdose is serious, and requires fast medical help.

How overdose happens

A person can overdose if they:

- Misunderstand the directions for using a drug.
- Deliberately misuse a prescription drug (for example, take extra to get "high").
- Accidentally take an extra dose.
- Mix a drug with other potentially dangerous drugs.
- Use an illicit (illegal) drug (like heroin) bought on the street when doses aren't measured.

Unknown dangers

An overdose can also happen when someone uses a drug with unknown ingredients, like K2/Spice. And illicit versions of opioids can have unknown amounts of an even stronger opioid called fentanyl or other mystery ingredients. In fact, fentanyl is now linked to nearly half of all opioid overdose deaths.

Even taking one large dose of an opioid could cause a person's breathing to stop, which can lead to death if it isn't treated immediately. Overdose is a very serious situation that requires immediate medical attention. **If you think someone is overdosing, call 9-1-1 immediately.** (Source: teens.drugabuse.gov)



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As a result of her shame, she spent years struggling with alcoholism and found it almost impossible to be emotionally vulnerable enough to have meaningful relationships. Her struggle to parent her children in a functional way and to connect with her husband was ever-present. In her recovery, she became an activist and champion for others victimized by this man. However, because she was only one of multiple accusers the prosecuting attorneys told her that her case was not as compelling as some of the other accusers' cases and as a result she would never have her day in court.

She "lost" in the competition to have the best assault story buoyed by the most comprehensive evidence. The legal system minimized her experience of rape and assault — the very institution that she sought to represent her. Another example of piling on trauma to what was already a traumatic event.

Human beings are social animals and there is an inherent belief or social contract within the species. *We are tribal. We are clannish. We have an overriding desire to belong.* If there is a need for help or support, it is in our DNA to reach out and connect. If that connection is lost, denied or in some other way unavailable, feelings of betrayal, abandonment, isolation, anger, sadness and fear set in. The lack of support can be traumatic all on its own, separate from the traumatic event.

It is a breach within the human "family" system in which we play a part. In the case of sexual abuse and rape it can be devastating. For example, the trauma experienced by being in a car accident or natural disaster is often met with compassion and support. Sexual trauma is frequently stigmatized by our culture leading to shame and a reticence in coming forward to share the emotional and physical injuries one must endure. Self-esteem, self-confidence, connection to others and to the world at large are negatively impacted

Grief: A Frequent Byproduct of Trauma

Grief related to sexual violence is complicated. There is loss of identity, safety, innocence and trust — all difficult in their own way. The assault is confirmation that not only the world, but one's own body is not a safe place. These "little deaths" must often be cloaked in secrecy and isolation. Survivors may find little room to grieve in the aftermath of sexual assault because of societal judgement. Acknowledging that one is a survivor of sexual trauma can be met with scrutiny, disbelief and blame.

In addition, a victim's sense of shame perpetuates the negative belief that they have no right to grieve. This is disenfranchised grief. In our society, sexual assault might not be considered an "acceptable" loss. It is neither socially sanctioned nor publically mourned. Well-meaning friends and family, struggling with their own emotional intolerance and lack of resiliency, are not able to provide a space in which the survivor can acknowledge their loss. They encourage the survivor not to cry, to move on and to not think about it so that they do not have to think about it.

Victims of sexual abuse often describe the feeling of living a short distance outside of their bodies. This feeling is a result of having experienced an inescapable attack and the body being unable to fight or flee which is the natural animal instinct in an attack. With no other available option, the body and often the mind enter a state of "freeze." It is no longer safe to be in the body and as a result, physical sensation and emotional response can overwhelm the nervous system. This "body narrative" can evolve from "I feel bad" to "I am bad," often resulting in addictive behavior — the need to numb what cannot be tolerated, regulated and for which there is no resiliency. Where there is trauma — sexual or otherwise — there is an increased chance for addictive behavior.

Barbara's struggle with drug and alcohol abuse after the rape makes sense in that it buffered not only her somatic response to the assault but also the negative beliefs that often stem from victim shame. Her reported promiscuity is not unusual for survivors of sexual assault and abuse. Sexually acting out is a type of trauma repetition. There is a need to make sense, gain mastery and find meaning in our trauma.

All Sexual Trauma is about Violation and the Exercise of Power

Our sacred space, our very essence is shattered and our energetic, spiritual, emotional and sexual boundaries are ruptured. Physical injury may not be treated due to a lack of resources, a lack of empathy and advocacy within the medical system or the minimization/denial of the injury due to the survivor's feelings of guilt and shame.

Unresolved trauma experiences can lurk underneath the surface of our consciousness and reside deep within the brain. Post traumatic stress disorder might be assigned as a diagnosis but to my mind it is more like a post traumatic stress injury. There is nothing disordered about a response to the deepest wound experienced by the physical organism (body) and spiritual identity (soul). Not everyone who experiences trauma will develop PTSD, but a traumatic experience can alter brain function.

Thankfully, the brain is pliable and "plastic." This means that while trauma from the past can alter our brains, our brains can also change in response to what we experience now and in the future.

Picture the brain as a beautiful, living example of the evolutionary process. Anatomical function from the front of the brain to the back of the brain represents "newest" to "oldest" development. The most "evolved" or newest anatomical development in the brain is the pre-frontal cortex which is located behind the forehead. It is the thing that makes us human. No other animal has this.

Simply put, it is the "thinking" part of the brain, where rational thought, personality, empathy, problem solving, and decision making reside. The less evolved or "older" mid-brain or limbic system is the "emotion regulation" center and is where memory, compulsivity and addictive behavior is generated. Finally, the most ancient part of the brain known as the amygdala or reptilian brain is the "fear center." When trauma occurs the functional connection between the amygdala and the frontal lobe can be affected. The amygdala will become over activated as if "the house is on fire" even if the threat is gone.

In contrast, the frontal cortex is under activated and cannot provide a cohesive message telling the fear center "we are no longer in danger." In a metaphorical sense, the smoke detector is going off in the absence of smoke.

Unresolved trauma can also stay "stuck" within our bodies. When we are unable to fight or run due to an inescapable attack we go into a "freeze" response which is high activation. This leads to an inability to complete an active, defensive response. Trauma energy generated by biochemical response can collect in our bodies at a cellular level. This can become toxic and inflammatory and lead to autoimmune disease and other physical pathologies. Survivors of sexual assault often carry this trauma energy in their pelvic region resulting in a significant predisposing risk for somatization of chronic pelvic pain and other pelvic pathologies.

Finding Recovery

Sexual assault, rape and incest are life altering experiences but recovery is possible. Finding a compassionate therapist who specializes in trauma and understands its affects, including mood disorders and addiction can be a first step. Therapeutic modalities aimed at trauma resolution include:

- **Eye Movement Desensitization and Reprocessing Therapy (EMDR)** uses subtle eye movement and/or bilateral stimulation – to rewire the brain and modify the way a survivor processes the event.
- **Somatic Experiencing (SE)** works with the felt sense of the body to build emotional resiliency and tolerance. It addresses the dysregulated autonomic nervous system.



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- **Cognitive Behavioral Therapy (CBT)** addresses the negative core beliefs we carry about ourselves and reframes them. For example the idea of “I am bad” can be reframed to “I feel bad” and transformed into “A bad thing happened to me.”
- **Trauma Informed Yoga** is a body based modality that can facilitate the safe return to one’s body.
- **Mindfulness Based Stress Reduction (MBSR)** is a national program developed by Jon Kabot-Zinn out of the University of Massachusetts Medical Center. It is an eight week long, evidenced based program designed to reduced emotional and physical pain through the practice of mindfulness.
- **Bio-feedback** is an evidenced based modality used to increase functional brain activity and reduce trauma symptoms through brain training exercises. It can also help to address addictive behaviors and compulsivity.

In the wake of the #METOO movement, fueled by the self-reports of survivors and the unmasking of perpetrators, I observed the flurry of celebrities, politicians and pundits who quickly shared their thoughts and feelings. Many expressed outrage and disbelief. They were “**SHOCKED!**” at the extent to which sexual abuse and misogyny ran as a rampant thread throughout the tapestry of our culture.

I was shocked that they were “Shocked!” They were quoted time and again as having said, “I have a mother, sister, daughter, wife and I cannot condone this behavior!” I do not recall hearing, “I have a father, brother, son, husband and I cannot condone this behavior,” when a male was identified as a survivor or perpetrator.

My interpretation of this message is female survivors of sexual violence are acknowledged, valued and legitimized when they are identified in relation to others, usually men. While male survivors and victimizers were seen as individuals unto themselves who needed no point of relational reference to define their humanity. Women were “second-tiered” even in the acknowledgement of their trauma. The female survivor’s experience was hijacked and redirected to address how the traumatic experience affected others, usually men.

I am hopeful that the #METOO movement will continue to re-energize the women’s rights movement of the 1970’s. This has been an ongoing battle to define who and what we are in an often unforgiving and maddening society. I am thankful for women like Barbara, who bravely step out of the shadows and into the light to share their stories of sexual trauma and recovery.

Perhaps not unlike our evolving brains, we can evolve from “only me”

to “me, too” and then on to “we, in connection to me”.



Suzanne Berndt – MC, LAC, MHSA, is a licensed associate counselor with a masters in counseling and a masters in health services administration from Arizona State University. She holds a bachelors degree in psychology and anthropology from the University of Michigan. She is trained in Somatic Experience which addresses unresolved trauma that may be carried in the felt sense of the body.

Suzanne works closely with clients to achieve goals and develop lasting skills that will support them in life’s journey. These skills may include setting functional boundaries, creating mindfulness practices, defining wants and needs in recovery, providing relapse prevention support, developing a healthy sense of self, utilizing sound coping skills and supporting resiliency and self-agency to address unresolved trauma and grief.

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20

Lies Addicts Say to Justify their Addiction

Addicts lies to themselves and others in order to justify continuing their behaviors, have you ever used any of these?

1. **"It's not that bad."** At the first sign of confrontation, addicts minimize their addiction by claiming it isn't that bad. They might even say they were far worse in the past.
2. **"I only use it occasionally."** Instead of flatly denying, they might admit to far less than what they are doing. The rule of thumb is that an addict admits to less than half of their actual usage.
3. **"I can't deal with (fill in the blank) without it."** The irony of this statement is the addict begins to look for reasons to use their drug of choice. They might even create unnecessary problems to support it.
4. **"I can stop whenever I want to."** To keep from thinking they are addicted, they deceive themselves into believing they can stop at any time. They might even go for a short period of time to prove it, but it is only temporary.
5. **"I'm not like ... he/she is worse."** By comparing themselves to others, addicts can minimize the effects of the addiction while highlighting the severity of another person.
6. **"I'm different than ..."** Again, they pick another addict that is strongly disliked and say they are not like them. This comparison might even be accurate but it doesn't diminish the reality of the addiction.
7. **"Everyone else does it."** This is a larger comparison where an addict claims everyone they know does the exact same thing and therefore, they can't have an addiction. It is a type of group think.
8. **"This is my thing, not yours."** Addicts tend to become weirdly possessive of their drug of choice. It is an affair of sorts where they are uniquely connected to the substance.
9. **"Life without it is boring."** This is further evidence of a substance affair. An addict sees life as dull and meaningless without the use of the substance.
10. **"I just like how it feels."** True addicts develop a personal relationship with their substance and assign properties to it as if it was a human. The substance can generate feelings within the addict.
11. **"I can't be social without it."** A common belief is an addict is unable to engage in society or with family and friends without the using.
12. **"If everyone is, I have to too."** Addicts will claim everyone else does it and they have to too, as if there were no other options.
13. **"I need it to be creative."** This lie actually gives the substance credit for the addict's creativity instead of the person doing the task.
14. **"I need it to relax."** Instead of dealing with stress and anxiety, they cover it up with their substance usage. But the problem that brought on the stress still remains.
15. **"You are trying to take away my fun."** As soon as the addict receives some resistant from others for using, they resort to believing everyone is trying to keep them from enjoying life.
16. **"It makes me a better person."** To justify their usage, addicts will say without the substance they are more angry, frustrated, anxious, depressed, and/or bitter.
17. **"It hasn't changed me."** The contrast to the previous statement is the substance doesn't have any effect on the abuser. In reality, the worse the addiction, the more dramatic the personality changes.
18. **"I'm not hurting you."** After being confronted, an addict will minimize the effects of their addiction by claiming they are not doing any harm to others.
19. **"I'm still working, so it's not that."** To prove they are not addicted, an addict will use their ability to continue with work as justification. Many addicts are able to function.
20. **"The kids don't know, so it's okay."** Another common lie is the belief that kids won't notice the addiction. Unfortunately, most kids are very observant.

Get Opioid Resources and Support Sent Straight to Your Phone via Text

Help + Hope by Text - SMS messages about opioids

The opioid epidemic in our country has impacted countless families. Unfortunately, the needs of parents and caregivers are often neglected by mainstream care, and every day more families are turning to us for help and support.

Partnership for Drug FreeKids recently introduced **Help & Hope by Text**, a way to get customized, mobile messages on your cell phone that provide you with personalized, ongoing support and relevant resources for families struggling with heroin and other opioids.

In other words, parents and caregivers who are concerned with their son's or daughter's opioid use can sign up to receive text messages —informed by parents who have been there themselves — containing evidence-based resources, tips, skills, support and hope. Parents can also text "CHAT" to connect with one of our Parent Helpline Specialists at any time, if and when they're ready.

How It Works

It's a simple process to sign up:

- Enter your mobile phone number or text JOIN to 55753.
- Answer a quick series of questions about your child and his or her substance use in order to help customize the messages you'll receive.
- Receive messages with information, support and hope specific to your family's needs.
- Text CHAT at any time to speak directly with a Parent Helpline Specialist.

What You'll Receive

Messages will share important information and useful evidence-based skills and suggestions to help you better communicate and get the help your child struggling with opioids needs, such as:

- **Life-Saving Information:** Learn how to guard against and respond to overdose.
- **Strategies to Help Motivate Your Child:** Understand the benefits and concerns of different treatment options for opioid disorder.
- **Reminders to Take Care of Yourself:** Get tips on how to better take care of yourself in order to help your child.
- **Live Support:** Connect live with our Helpline Specialists to ask questions and receive additional support.

Don't forget that you're your child's best advocate. We're here to be yours.

Help & Hope By Text

Get support and information by text to help your son or daughter struggling with opioids. Text **JOIN** to **55753** or enter your mobile number below.

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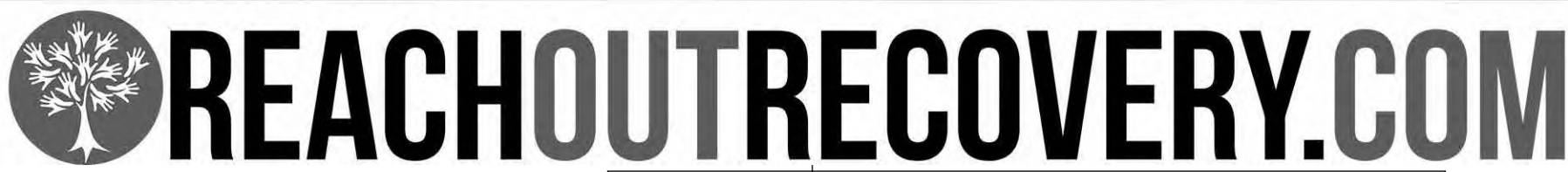
5 Signs Of An Opioid Overdose

Think S-B-S-B-S



-  Small pinpoint pupils
-  Breathing slowly
-  Severe sleepiness
-  Blue fingernails & lips
-  Slow heartbeat

Information Sourced From: SAMHSA



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HAPPENINGS, EVENTS & SUPPORT

Professional Events

May 15—PCS Networking Luncheon, 12:15 -1:30 pm. 3302 N. Miller Road, Scottsdale. Register: Jacquee Nickerson, 480-947-5739, email: pcs@pcsearle.com

May 31- June 2 and July 5-7—Doorways is hosting, **EMDR Basic Training**. All inclusive training includes: Part 1, Part 2 and 10 hours of required consultation to become an EMDR Therapist* 8:00 AM - 5:00 PM. With specialized trainer, Lauren Day, LPC. Contact Lauren at **602-997-2880** or Lauren@DoorwaysArizona.com.

Open Support Groups & Events

LGBTQ IOP Program. Dedicated specialty program designed to meet the mental health and substance abuse, treatment needs of the LGBTQ+ population. Mon., Tues., Thurs. 6:00-9:00 pm. Transportation available. Call **602-952-3939** or **602-952-3907**. Valley Hospital, 3550 E. Pinchot Ave. Phoenix. www.valleyhospital-phoenix.com

SIERRA TUCSON— Alumni Groups. Scottsdale, Tues., 6:00- 7:00 p.m. Valley Presbyterian Church. 6947 E. McDonald Drive, Paradise Valley. 480-991-4267. Meet in Counseling Center (Parlor Room). Rob L. 602-339-4244 or stscottsdalealumni@gmail.com.

SIERRA TUCSON— Continuing Care Groups—Phoenix. Thursdays – Resident Alumni. Psychological Counseling Services, 3302 N. Miller, Scottsdale. 5:30 –7:00 p.m. Group facilitated by staff of PCS. No charge for Resident Alumni. Courtney **520-624-4000**, Ext. 600205 or email: Courtney.Martinez@SierraTucson.com.

NEW TIME!—SIA (Survivors of Incest Anonymous) 12-step, self-help recovery program for men and women, 18 years and older, who were sexually abused as children. The only requirement for membership is you were sexually abused as a child and want recovery. Scottsdale, Tues 2:00-3:00 p.m., Bethany Lutheran Church, 4300 N 82nd St. **480-370-3854**. **www.siaawso.org/**

FAMILY RECOVERY GROUP—Facilitator, Brough Stewart, LPC. 5:30-7:30 p.m. Designed to help begin/continue family recovery. Meadows Outpatient Center, 19120 N. Pima Rd., Ste. 125, Scottsdale. Jim Corrington LCSW, **602-740-8403**

Celebrate Recovery — COMPASS CHRISTIAN CHURCH. Fridays 7 p.m. Room B-200. For men and women dealing with chemical or sexual addictions, co-dependency and other hurts, Hang-ups and Habits. 1825 S. Alma School Rd. Chandler. **480-963-3997**.

Valley Hospital—IOP Group for Chemical Dependency/Co-Occurring. Mon., Tues., Thurs. 6:00-9:00 p.m. 602-952-3939. 3550 E. Pinchot Avenue, Phoenix. valleyhospital-phoenix.com

Open Hearts Counseling Services — Women's Therapeutic Group for Partners of Sex Addicts. Comfort, strength and hope while exploring intimacy issues. Cynthia A. Criss, LPC, CSAT **602-677-3557**.

FAMILIES ANONYMOUS—12 step program for family members of addicts. Scottsdale Sun. 4:00 p.m., 10427 N. Scottsdale Rd., N. Scottsdale Fellowship **480-225-1555 /602-647-5800**

NICOTINE ANONYMOUS (NicA) Fellowship for those with a desire to stop using nicotine. Phoenix Sat., 5-6:00 p.m. Our Saviour's Lutheran Church, 1212 E. Glendale Ave., Glendale, Sun., 9:15-10:15 a.m. Fellowship Hall, 8910 N. 43rd Ave. **480-990-3860** or www.nicotine-anonymous.org

Chronic Pain Sufferers "Harvesting Support for Chronic Pain," 3rd Saturday of month, 12-1:00 p.m. Harvest of Tempe, 710 W. Elliot Rd., Suite 103, Tempe. **480-246-7029**.

Jewish Alcoholics, Addicts, Families and Friends. 1st / 3rd Wed., 7:30 p.m. Ina Levine Jewish Community Campus, 2nd floor. 12701 N. Scottsdale Rd. **602-971-1234 ext. 280**.

COSA (12-step recovery program for those whose lives have been affected by another person's compulsive sexual behavior) Thurs. 11:00 a.m. 2210 W. Southern Ave. Mesa. **602-793-4120**.

LIVING GRACE SUPPORT GROUP— A Christ centered approach for individuals and families affected by mental illness. Oasis Community church, 15014 N. 56th St. Scottsdale. **602-494-9557**. 2nd & 4th Tuesday 6-8 p.m.

WOMEN for SOBRIETY —women-forsobriety.org. Sat. 10-11:30 a.m. All Saints of the Desert Episcopal Church-9502 W. Hutton Drive. Sun City. Christy **602-316-5136**.

Co-Anon Family Support— Message of hope and personal recovery to family and friends of someone who is addicted to cocaine or other substances. "Off the Roller Coaster" Thurs., 6:30-7:45 p.m., 2121 S. Rural Rd., Tempe. Our Lady of Mount Carmel Church. Donna **602-697-9550 /Maggie 480-567-8002**.

Cottonwood Tucson Alumni— First Wednesday of month 6:00 p.m. 4110 W. Sweetwater Drive. Tucson. **800-877-4520 x2141**. www.cottonwoodtucson.com

ACOA Thurs., 7:00 p.m., North Scottsdale United Methodist Church, 11735 N. Scottsdale Rd., Scottsdale. **www.aca-arizona.org**

ACA. Tucson. Wed. 5:30-7:00 p.m. Streams In the Desert Church 5360 E. Pima Street. West of Craycroft, Tucson. Room A. Michael **520-419-6723**.

OA—12 Step program for addictions to food, food behaviors. **520-733-0880** or **www.oasouthernaz.org**.

Pills Anonymous—Glendale, Tues. 7-8:00 pm. HealthSouth Rehab 13460 N. 67th Ave. Rosalie 602-540-2540. Mesa Tues. 7-8:00 pm, St. Matthew United Methodist Church. 2540 W. Baseline. B-14. Jim, 480-813-3406. Meggan 480-603-8892. Scottsdale, Wed. 5:30-6:30 pm, N. Scottsdale Fellowship, 10427 N. Scottsdale Rd., Rm 3. Tom N. 602-290-0998. Phoenix, Thurs. 7-8:00 pm. First Mennonite Church 1612 W. Northern. Marc 623-217-9495, Pam 602-944-0834, Janice 602-909-8937.

GA—Christ the Redeemer Lutheran Church, 8801 N. 43rd Ave. Sunday, Spanish 7:00-9:00 p.m. Good Shepherd Lutheran Church, 3040 N 7th Ave. Sunday, English 6:00-8:00 p.m. 5010 E. Shea Blvd., Ste. D-202, Contact Sue F. 602-349-0372

SAA — www.saa-phoenix.org **602-735-1681** or **520-745-0775**.

Valley Hope Alumni Support. Thursdays 6-7:00 p.m., 2115 E. Southern Ave. Phoenix. Tues. 8-9:00 p.m., 3233 W. Peoria Ave. Ste. 203, Open.

SPECIAL NEEDS —AA Meetings. Cynthia SN/AC Coordinator **480-946-1384**, E: Mike at mphaes@mac.com

SLAA—Sex and Love Addict Anonymous 602-337-7117. slaa-arizona.org

GAM-ANON: Sun. 7:30 p.m. Desert Cross Lutheran Church, 8600 S. McClintock, Tempe. Mon. 7:30 p.m., Cross in the Desert Church, 12835 N. 32nd St., Phoenix, Tues. 7:00 p.m., First Christian Church, 6750 N. 7th Ave., Phoenix, Tues. 7:15 p.m. Desert Cross Lutheran Church, Education Building, 8600 S. McClintock, Tempe, Thurs. 7:30 p.m.

Debtors Anonymous—Mon., 7-8:00 p.m., St. Phillip's Church, 4440 N. Campbell Ave., Palo Verde Room. Thurs. 6-7:00 p.m., University Medical Center, 1501 N. Campbell. 520-570-7990, www.arizonada.org.

Eating Disorder Support Groups— PHX— Monday 7:00 p.m. 2927 E. Campbell Dr. Ste. 104, (Mt. View Christian Church). Jen (602) 316-7799 or edaphoenix@gmail.com. Wed. 7:00 p.m. Liberation Center,



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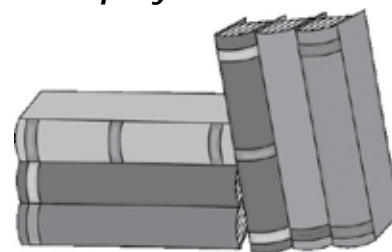
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"I Am Jane Doe"

Documentary reveals the sordid world of underage sex trafficking, specifically as it pertains to young women who were forced into prostitution, their 'services' made available on the on-

J.S. was an honor student who played the violin and ran on her high school's track team. But in the spring of 2010, her free-spirited nature led to her wanting more. Living in the Seattle suburbs, the 15-year-old decided to run away to the city, where she quickly met a man twice her age who seduced her with gifts and a place to stay.

It didn't take long for the 32-year-old man to abuse the trust J.S. had placed in him, beating and raping her before posting explicit photos of her in an ad on Backpage.com. And just like that, her new life was being raped for money.

"All the people that responded to the Backpage ad of this ninth-grade girl would come over and engage in what is essentially child rape," said Erik Bauer, a Washington-based attorney representing J.S. in her lawsuit against Backpage.com. "It was a horrific situation."

The legal battle between Backpage.com, J.S., and other girls like her who were forced into the multimillion-dollar sex trafficking industry, are the focus of the new documentary *I Am Jane Doe*, which debuted last February is now available on Netflix. In light of recent events of the alleged trafficking facilitator and classified advertising website being seized by the FBI under accusations including facilitating prostitution and money laundering, this film is extremely important.

J.S.'s story is not uncommon

She was forced to meet with men in hotel rooms around the clock, was raped repeatedly for months.

"At one point, I finally accepted this was my fate and this was what I was going to be doing for the rest of my life," says J.S., now 22. "I just kind of gave up."

Fortunately for her, J.S.'s family never gave up looking for her. In a police sting operation, she was rescued from her nightmare. J.S.'s pimp was convicted of promoting commercial sex abuse of a minor, third-degree child rape and second-degree assault. He was sentenced to 26 years in prison.

But she was still only a child, and she struggled to regain a sense of normal life after what she had been through. "I was scared, I didn't know if I was going to be in trouble or if my parents were going to be mad."

About the Film

But J.S.'s story is just one of many. *I Am Jane Doe* follows the epic battle that several mothers are waging on behalf of their daughters who became victims of sex trafficking through Backpage.com when they were underage.

"At one point, I finally accepted this was my fate and this was what I was going to be doing for the rest of my life," says J.S."

Narrated by Academy Award-nominee Jessica Chastain, the documentary reveals how, after rescuing their daughters, these mothers filed lawsuits against Backpage. Although many of the lawsuits have been an uphill battle, their efforts sparked a political movement that included a Senate investigation.

The Jane Doe girls featured in the film include middle schoolers from Boston, a 15-year-old violinist from Seattle, and a 13-year-old girl from St. Louis. The documentary follows the journey of these young girls and their mothers in real time as they run head-on at Backpage but also with judges, government groups, and tricky internet freedom laws.

To give back to the issue, 50% of all profits from this project have been donated back to non-profit organizations which serve Jane Doe children.

By the Numbers

We live in a world that needs to see solid numbers to legitimize an issue. Unfortunately, since sex trafficking is an underground business, those numbers are hard to come by. But a lot of what we do know about the current state of the industry comes from survivors, and they have a lot to say about how porn and the internet were largely connected to or included in their trafficking experience.

According to anti-trafficking non-profit, Rescue:Freedom, in 9 countries, 49% of women in prostitution said that pornography was made of them while they were in prostitution and 47% said they had been harmed by men who had either forced or tried to force them to do things they had seen in porn.

JANE DOE continued page 16



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Families Anonymous	602-647-5800
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PAL	480-300-4712
Parents Anonymous	602-248-0428
Phoenix Metro SAA	602-735-1681
RAINN (Rape, Abuse, Incest National Network)	RAINN.ORG
Rape Hotline (CASA)	602-241-9010
Sexaholics Anonymous	602-439-3000
Sex/Love Addicts	602-337-7117
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Emergency medicine experts lead national effort to reduce harm from opioids

Yale emergency physicians Dr. Arjun Venkatesh and Dr. Kathryn Hawk are lead investigators for a \$1.4 million initiative to disseminate best practices and implement evidence-based interventions in the Emergency Department to reduce harm from opioids. The grant supports a unique collaboration between Yale School of Medicine, Brigham and Women’s Hospital, the American College of Emergency Physicians, and the Addiction Policy Forum.

Emergency physicians are often the first to treat patients suffering harm from opioid use, such as overdoses. Yet many emergency departments (EDs) lack access to resources to improve outcomes for patients. To address this issue, the three-year grant will fund the creation of an Opioid Initiative for dissemination through the Emergency Quality Network (E-QUAL), a national quality-improvement network of emergency departments, co-led by Venkatesh and launched through the Centers for Medicare and Medicaid Services Transforming Clinical Practice Initiative.

“The Emergency Quality Network includes over a 1,000 Emergency Departments from across the United States, and we are excited to leverage this successful platform to combat the biggest epidemic facing the nation today,” said Venkatesh.

With support from the Addiction Policy Forum, the initiative will: recruit emergency departments nationwide to collaborate on opioid-focused interventions; develop a best-practice toolkit based on available evidence; collect data on quality of care; assess the current state of ED and hospital care; and study the effectiveness of engaging EDs in quality improvement efforts.

“The CDC recently announced a 30-percent increase in emergency room visits for opioid overdoses between July 2016 and September 2017. As the numbers continue to grow, it is vital we work together to develop evidence-based methods and practices to assist emergency departments as they respond to overdoses and the increasing number of patients struggling with a substance use disorder,” said Addiction Policy Forum’s president and CEO Jessica Hulsey Nickel. “We fully support this initiative and are dedicated to working collaboratively to address addiction in our healthcare system.”

At the end of the grant period, the Yale team and its collaborators anticipate delivering a free, online quality-improvement toolkit for EDs with proven results.

Venkatesh, the principal investigator, is assistant professor of emergency medicine and the director of performance improvement in the Department of Emergency Medicine at Yale School of Medicine and scientist at the Yale New Haven Hospital Centers for Outcomes Research and Evaluation. Hawk, co-principal investigator, is assistant professor of emergency medicine and a NIDA K12 Drug Use, Addiction, and HIV research scholar.

<https://news.yale.edu/2018/04/16/emergency-medicine-experts-lead-national-effort-reduce-harm-opioids>



Helping Teens Identify and Avoid Cyberbullying

By Tyler Jacobson

Mallory was in sixth grade when she began to receive the texts and Snapchat messages. “You are a loser, no one likes you,” some said. Others claimed she had no friends. Some told her that she should kill herself. It would come to be a tragically prolific taunt as after months of the torment, the 12-year-old girl took her own life. Her parents, who had spent those months making complaints to the school and talking to the parents of the four bullies, are now suing Copeland Middle School in Rockaway, NJ. They allege the educators and administrators did nothing to address the problem, even when it became evident that it was causing severe problems with Mallory and her school life. As tragic as Mallory’s story is to parents everywhere, her story is not an isolated incident. In fact, cyberbullying is becoming more prevalent as technology makes everyone more accessible.

The Rising Menace of Teen Cyberbullying

In 2017, Florida Atlantic University did a comprehensive study on nationwide bullying figured among teenagers. One of the alarming figures they found was 70% of participants had experienced someone spreading a rumor about them online.

Bullying has always been a problem young people have faced, some of a severe enough degree that it requires significant interaction to address. Lately, the topic has been especially prevalent as public shootings continue to make headlines across the US.

Cyberbullying is not like other kinds of bullying. The digital age has given access to victims no matter where they are. Where once a child could find solace at home from tormentors, now they are right there, in their pocket at all times. Perhaps this lack of respite could partially explain why the teen suicide rate has increased in recent years, a trend that has followed the uptick in cyberbullying.

Combat Cyberbullying: Arm Teens with Knowledge

There is no easy way around this problem, nor can we protect our kids all the time from the risks in digital media. Cyberbullying is here to stay, regardless of how many campaigns we run to spread awareness. Because it isn’t about warning parents about the prevalence of the issue — for the most part, we are aware.

We should be focusing on attacking the problem where it resides — in our teens. By encouraging them to look out for signs of cyberbullying and what to do to stop it, we can help to eliminate one of the most prominent social issues facing our teenagers today.

How Your Teen Can Identify Cyberbullying

- Anxiety when receiving a message
- Anger when receiving a message
- Signs of depression
- Rumors spreading via online or through apps
- Personal information being spread via online or through apps
- Bullying in person, which may then carry online

What to Do About Bullying

The best way to avoid cyberbullying is to encourage your teenager to be open with you. Ask them to let you know if any online abuse is going on. Tell them they can talk to you about anything. If they come to you about cyberbullying happening to someone else, address the issue together. Finally, you have to be vigilant. Make sure you know the apps and websites your teen uses. Know their passwords and don’t allow locks on their phones which can keep you out.

Keeping Them Safe



Family prevention begins with a healthy and honest conversation.

Visit www.SubstanceAbuse.az.gov to download the “**Keep Them Safe**” brochure & Family Prevention Substance Abuse Plan and the Parent Talk Kit.

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The Governor’s Office of Youth, Faith and Family.

Addiction is an Intimacy Disorder

By Robert Weiss LCSW, CSAT-S

Addiction and Early-Life Trauma

Addicts are people who’ve lost control over their relationship with a substance or behavior. They use when they don’t want to, when they have promised themselves and others they will stop, when it pushes them away from family, friends, and other important people. They use when it impacts their work, schooling, finances, reputation, freedom, etc. They tell egregious lies to themselves and others to rationalize and justify their actions. They do this no matter how abominable their behavior gets, no matter how many problems their addiction creates.

And contrary to popular belief, addicts do this not because they enjoy it. **They do it to escape.** Addictions are not about feeling good, they’re about feeling less. Addicts cope with stress, depression, anxiety, loneliness, boredom, attachment deficits, and unresolved trauma by numbing out instead of turning to loved ones and trusted others who might provide emotional support.

Addicts choose their addiction rather than other people as a coping mechanism because, for them, unresolved childhood trauma has poisoned the well of attachment. Other people can (and often have) hurt them, let them down, and left them feeling abandoned, unloved, or intruded upon. They fear and don’t feel secure with emotional intimacy, and refuse to turn to others, even empathetic loved ones, for help when they’re struggling. Instead, they self-soothe by numbing out with an addictive substance or behavior.

Napoleon

Not so long ago, one of the worst possible forms of punishment was not prison or even death; it was exile. In 1814, after ten years as self-proclaimed Emperor of France, Napoleon Bonaparte was exiled to the Mediterranean isle of Elba. A year later he escaped, returned to France, and retook his throne for approximately 100 days before his ultimate defeat at Waterloo. As punishment, they exiled him again, this time to a much smaller and more remote island, St. Helena, 1,000 miles from the nearest land mass in western Africa.

In the 1800s, you could be drawn and quartered, tortured on the rack, beheaded, hung, and subjected to all sorts of other incredibly nasty punishments. But the meanest, most miserable thing they could think of for a despot like Napoleon was exile. And frankly, not much has changed.

When people do something wrong in modern society, we send them to prison, a form of exile. If they misbehave in prison, we put them in solitary confinement, an extra layer of exile. So, despite the Western ethos telling us we must make it on our own, being alone has long been viewed as a terrible thing.

Consider Henry David Thoreau. Despite what his writings might suggest, in the two years he spent at Walden Pond he was hardly isolated. His cabin, sitting on land owned by his closest friend, Ralph Waldo Emerson, was a thirty-minute walk to the town of Concord and he traveled there frequently, usually to spend time at the local pub with Emerson and other friends. He also had frequent visitors at the cabin, most notably his mother. So, even in self-imposed isolation Thoreau craved connection.

The Isolation of Addiction

Addicts don’t seem to understand this basic human need for intimacy and connection. They choose to live in emotional exile, and do not break this exile even if they visit the local pub like Thoreau. Addicts almost universally say they feel most alone when they’re in the company of other people. And yes, “other people” includes spouses, family, and other loved ones.

This occurs because addicts have learned, usually early in life through neglect, abuse, and other forms of traumatic experience, to fear and avoid emotional vulnerability. They distance themselves from others, turning to addictive substances and behaviors.

When addicts become emotionally needy —related to stress, losses, anxiety, depression, and even joyful experiences—they automatically and without conscious thought turn not to other people but to their addiction, using it as a source of emotional distraction and numbing.

Addicts exile themselves because they learned early on turning to other people for support, validation, and comfort leaves them feeling worse than before they reached out. They avoid the type of deep relational connections that, for healthier people, bring needed consolation, emotional resolution, stability, consistency, and reward, finding it more familiar and thus easier and emotionally safer to escape and numb out via addictive substances and behaviors. They use their addiction as a maladaptive distraction from their painfully unmet womb-to-tomb emotional dependency needs.

Addictions are not moral failings. Addictions are not weakness. Addictions are not a lack of moral fiber. Addictions are an intimacy disorder.

Overcoming Addiction

When addiction is conceptualized in this way — as an intimacy disorder—we see the best long-term treatment for addiction is not the pursuit of in-the-moment sobriety, it’s the pursuit of healthy, intimate, ongoing connection. Thus, a fundamental task of treatment, once the addict has broken through his or her denial and established a modicum of sobriety, is developing and maintaining healthy and supportive emotional bonds. It is this approach—not willpower, or babysitters, or shaming, or threatened

Together AZ Resources

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ACT Counseling & Education	602-569-4328	Scottsdale Providence Recovery Center	
AZ. Dept. of Health	602-364-2086		480-532-4208
Office of Problem Gambling	800-NEXTSTEP	Teen Challenge of AZ	800-346-7859
Aurora Behavioral Health	877.870.7012	TERROS	602-685-6000
AzRHA	602-421-8066	Valley Hosptial	602-952-3939
BBC	602-626-8112		
Calvary Healing Center	866-76-SOBER	Legal Services	
Carla Vista Sober Living	480-612-0296	Dwane Cates	480-905-3117
CBI, Inc.	480-831-7566	Starlight Mortgages	
CBI, Inc. Access to Care	877-931-9142	Tom Sabo	602-524-8035
Chandler Valley Hope	480-899-3335	Real Estate	
Choices Network	602-222-9444	Scott Troyanos	602-376-6086
Continuum Recovery Center	855-351-3709	Tax Intervention	
Cottonwood Tucson	800-877-4520	Renee Sieradski, EA	602-687-9768
Crisis Response Network	602-222-9444	www.tax-intervention.com	
The Crossroads	602-279-2585		
Decision Point Center	928-778-4600		
Dr. Marlo Archer	480-705-5007		
Dr. Janice Blair	602-460-5464		
Dr. Dina Evan	602-997-1200		
Dr. Dan Glick	480-614-5622		
Julian Pickens, EdD, LISAC	480-491-1554		
Foundations Recovery Network	855-316-0114		
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Lafrontera -EMPACT	800-273-8255		
The Meadows	800-632-3697		
Meadows Ranch	866-390-5100		
Mercy Maricopa Integrated Care			
602-222-9444 or 1-800-631-1314			
NCADD	602-264-6214		
PITCH 4 KIDZ	480-607-4472		
Psychological Counseling Services (PCS)			
	480-947-5739		
Rio Retreat Center	800-244-4949		
River Source-12 Step Holistic	480-827-0322		
	or 866-891-4221		

TUCSON

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Al-Anon	520-323-2229
Anger Management	520-887-7079
Center For Life Skills Development	
	520-229-6220
Co-Anon Family Groups	520-513-5028
Cocaine Anonymous	520-326-2211
Cottonwood Tucson	800-877-4520
Crisis Intervention	520-323-9373
Desert Star	520-638-6000
Narcotics Anonymous	520-881-8381
Nicotine Anonymous	520-299-7057
Overeaters Anonymous	520-733-0880
Sex/Love Addicts Anonymous	
	520-792-6450
Sex Addicts Anonymous	520-745-0775
Sierra Tucson	800-842-4487
Sonora Behavioral Health	520-829-1012
Suicide Prevention	520-323-9372
Men’s Teen Challenge	520-792-1790
Turn Your Life Around	520-887-2643

consequences—that is most likely to create lasting sobriety, emotional healing, and a happier, healthier life.

With proper direction, support, and a fair amount of conscious effort, individuals who were not graced with secure childhood attachments (and therefore the ability to easily and comfortably connect in adulthood) can develop earned security via long-term therapy, 12-step groups, and various other healthy and healing relationships—the most important of which are healthy connections with loved ones. This means the dysfunctional lessons learned by addicts in childhood can be unlearned (experienced differently) through empathetic and supportive emotional interactions, especially with loving, healthfully supportive family members and friends.

Interestingly, addiction treatment specialists and the 12-step community have unconsciously operated with “addictions are an intimacy disorder and healthy connections are the antidote” as an underlying principle for decades. In fact, much of what occurs in well-informed, group-focused addiction treatment and 12-step recovery programs is geared, either directly or indirectly, toward the development of reliably healthy social bonds.

Developing healthy intimate connections can be difficult, especially for addicts, who, as discussed, nearly always have histories of childhood trauma and other forms of early-life dysfunction that make intimate at-

tachment uncomfortable and difficult. For addicts, learning to trust, reducing shame, and feeling comfortable with both emotional and social vulnerability takes time, ongoing effort, and a knowledgeable, willing, and empathetic support network (therapists, fellow recovering addicts, friends, employers, and, of course, prodependent loved ones). The good news? Both research and countless thousands of healthy, happy, long-sobriety addicts have shown us such healing can turn an isolated and addicted life into a life of joy and connection.

Robert Weiss LCSW, CSAT-S is a digital-age intimacy and relationships expert specializing in infidelity and addictions—most notably sex, porn, and love addiction. An internationally acknowledged clinician, he frequently serves as a subject expert on human sexuality for multiple media outlets including CNN, HLN, MSNBC, The Oprah Winfrey Network, The New York Times, The Los Angeles Times, and NPR, among others.

He is the author of several highly regarded books, including “Out of the Doghouse: A Step-by-Step Relationship-Saving Guide for Men Caught Cheating,” “Sex Addiction 101: A Basic Guide to Healing from Sex, Porn, and Love Addiction,” “Sex Addiction 101: The Workbook,” and “Cruise Control: Understanding Sex Addiction in Gay Men.” Visit robertweissmsw.com, or follow him on Twitter, @RobWeissMSW.

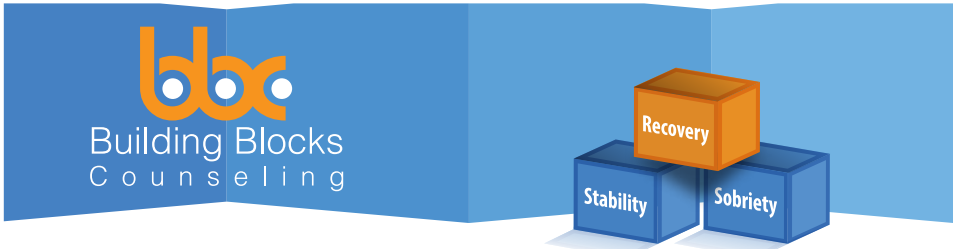
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- By some estimates, **4.5 million** people are trapped or forced into sexual exploitation globally. (*International Labor Organization*)
 - In one survey, 63% of underage sex trafficking victims said they had been advertised or sold online. (*Thorn*)
 - Sex trafficking is big business — it generates \$99 billion annually, just from commercial sexual exploitation alone. (*International Labor Organization*)
- Sex trafficking is a local issue, as well as a global one, it doesn't help when we ignore the issue in our own backyards and choose to look the other way.
- Supporting one area of the sex trade fuels the demand for other areas — porn, prostitution, and sex trafficking are deeply interlinked. Each of us can start conversations by highlighting the heavy connection between these toxic industries. By taking a stand, we can make a difference and help the world fight for real love. Show your support for the victims of trafficking by spreading the word that porn is anything but harmless entertainment.
- SHARE this article to spread the word on how pornography is inseparably linked to prostitution and human sex trafficking. Check out *"I Am Jane Doe,"* available now on Netflix.



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