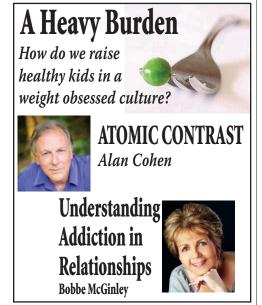
# Together A

**Inspiring Success On The Road To Recovery** 

V.2 — No. 8—May 2011



#### **Cultural Diversity event** addresses ways that Acceptance, Inclusion and Equality issues can affect behavioral health

May is "Mental Health Month," and thanks to a recent behavioral health event sponsored by TERROS, more than 600 healthcare professionals are better prepared to treat clients of diverse cultures.



Dr. Manuel Medina, Dr. Matthew Whitaker, and Dale Rinard: Dr. Manue Medina, V.P. of TERROS; Dr. Matthew Whitaker; and Dale Rinard, president and CEO of TERROS. Dr. Whitaker is an ASU Associate Professor of History and an Affiliate Faculty member of African and African American Studies. He was a distinguished speaker at the 7th Annual Cesar E. Chavez Behavioral Health Conference sponsored by TERROS. Photo credit: Johnny Lozoya, Jr.

The 7th Annual Cesar E. Chavez Behavioral Health Conference on Friday, March 25 at the Arizona State University West Campus in Glendale featured 30 national and local presenters. Topics ranged from: teenage alcohol and drug abuse; how to better treat clients of Mormon faith, Arabic and Islamic and other diverse cultures; how healthcare professionals discriminate against overweight people; why queer youths are at a greater risk for suicide; how art can promote recovery in Latino populations; and others.

Dr. Karol Kumpfer, Ph.D. of the University of Utah, was one of the event's distinguished speakers.

"In the last two or three years, we've had a significant surge in alcohol, ecstasy, prescription drugs and marijuana use among teens. And you notice that those are all the party drugs," said Dr. Kumpfer, a nationally recognized researcher and substance abuse treatment expert.

TERROS continued page 8



By Jeffrey C. Friedman, MHS, LISAC

aul Cox is a man of quiet reserve who in casual conversation gives the impression of a business executive just entering his peak earning years, rather than the hard working carpenter he was in his youth. But today, at 43, Paul has no career—unless you count the prison job he toils at each day in the New York penitentiary where he is serving double life for the 1988 murders of a couple he had never met prior to the night before New Years Eve in 1988, when, in an alcohol-induced blackout, Paul stabbed them to death.

Readers who recall the news events of the early 1990s might remember the case of Paul Cox, not for the fact that he had committed an unspeakably brutal crime while in an alcoholic blackout—crimes committed in alcohol-fueled blackouts are way too common to make the front pages of newspapers. His case made headlines for an entirely different reason. Paul was arrested and charged with two counts of second-degree murder four long years after the night of the stabbings, because he had disclosed his involvement in the crimes at a meeting of Alcoholics Anonymous.

At his trial, Paul's freedom depended on his lawyers' assertion of two key points: point one was that his blackout on the night of the crimes constituted a state of temporary insanity that prevented Paul from appreciating the wrongness of his actions, and point two, that since Paul's confession occurred in the context of an A.A. meeting his statements should be considered privileged in the same way a disclosure to a priest or psychiatrist is. Because communication within an Alcoholics Anonymous meeting was privileged, his other members of A. A. were inadmissible

It was bad news for Paul when the trial judge ruled against him on both of these points. The even worse news was that the state's attorney's case against Paul was of the slam-dunk variety.

#### The Strange State of Oblivion

At trial, the story told by the prosecutor about Paul's actions on that night in December 1988 is one guaranteed to send a chill down the spine of anyone who has ever suffered an alcoholic blackout. After an evening of heavy drinking at a Larchmont, New York bar, Paul was driving home with two drinking buddies. His last memory of that night was trying to negotiate a tight curve and one of his friends warning, "You're not going to make it." Then nothing. The alcohol Paul had consumed that night had triggered a biological reaction deep within his forebrain that temporarily forming new memories. Not even knowing joining A. A., and in the clarity of sobriety, it, Paul had entered the strange oblivion of an alcoholic blackout.

But somehow, he made it home that night and, too early the next morning a bleary-eyed and befuddled Paul was roused by a phone call from the local police who were pointedly interested in why they had found his damaged but drivable car abandoned along a Westchester County highway. Paul stammered through a weak and implausible explanation about why he has left his car by the side of the road the night before, but in reality Paul had no clue about why his car was still out on the highway. In fact, prior to hearing from the police, he had assumed the car was parked in its usual spot in his driveway. Eventually, one of his drinking buddies told Paul that he had hit a guardrail and, even though the car was still operable, he abandoned it and his bewildered friends and calmly walked off down the road.

The same morning he had spoken to the police, Paul first heard an ominous buzz circulating in the neighborhood about a husband and wife, both prominent local doctors, who

lawyers argued, any utterances Paul made to had been stabbed to death the night before while asleep in their beds—in their Dutch colonial home at 36 Lincoln St.—the same house in which the Coxes had lived when Paul was a child.

> The police mounted a vigorous investigation of the murders but before long, despite the money and man-hours they put into the case, the detectives hit a dead end. The police hadn't found any viable suspects, they had no promising leads and they lacked even a plausible motive for the crime. At the same time that the Larchmont police were scratching their heads over the murders, Paul began to feel a haunting unease and an inexplicable but increasingly intense sense of guilt whenever anyone talked about the crime. He also began to experience fragmented but persistent dream-like recollections of stabbing his own parents in their old family home.

These frightful quasi-memories combined with other alcohol-related life unmanagabilities and eventually Paul sought recovery but effectively prevented Paul's brain from in Alcoholics Anonymous. Two years after

BLACKOUT continued page 10

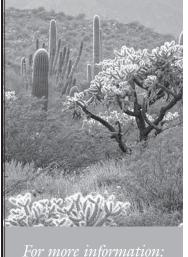


Jeffrey C. Friedman, MHS, LISAC is a primary therapist at Cottonwood Tucson, a 60-bed inpatient behavioral health treatment center located in Tucson, Arizona. He is a summa cum laude graduate of The School of Human Services of Lincoln University (PA). Jeff's work at Cottonwood includes

treating chemically dependent and disordered gambling patients, lecturing on the neurobiology of addictive and mood disorders, and presenting workshops on a range of behavioral health issues at counseling conferences throughout the U.S., Europe and Asia. His articles have appeared in Counselor Magazine and Addiction Professional. For more information about Cottonwood de Tucson' visit www.cottonwoodtucson.com, call 800-877-4520. Email Jeff at jfriedman@ Cottonwoodtucson.com

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## <u>publisher's note</u>



## Guardian angels working overtime

By Barbara Nicholson-Brown

t the age of 14 I had my first alcoholic blackout. All these years of that day.

One minute I was standing up gulping a concoction of every available liquor from a friends parent's secret cabinet—then what seemed to be seconds later, (I came to find out it was over eight hours), I was waking up from being passed out, underneath a pool table—with a headache and nausea from hell. Still wobbly and drunk, I was petrified to go home to face my mom and dad. Like many parents, they were standing at the door waiting to interrogate me. It was then and there I told my first alcoholic lie.

For the next 23 years I drank...not everyday, but most. No matter how hard I tried and if you've experienced them, it's probably not to get too drunk, inevitably it happened. fitting to thank your guardian angels too! Ninety-nine percent of those drinking excursions resulted in a blackout. My pattern was the same every time—I had absolutely no recollection of what happened in the missing hours.



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In gratitude and the memory of William B. Brown, Jr.

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Dina Evan, Ph.D. Dr. Marlo Archer

Bobbe McGinley, MA, MBA, CCGC, NCGCII, LISAC No part of this publication may be duplicated or used without expressed written permission from the publisher.

Sometimes I drove, sometimes I stumbled on foot. How I made it home alive, still amazes later I still remember fragments me and it's impossible to count the time that has been lost in alcohol. My husband always said I must have had a tribe of guardian angels working overtime.

Most of us have heard stories of blackouts, some are hilarious, yet too many of them are tragic, just like the story of Paul Cox in our feature article. I want to extend a very special thank you to my friend Jeff Friedman for this insightful and eye-opening look into what happens to the alcoholic brain in a blackout.

My blackouts included everything from difficulty walking, slurred speech, blurred vision and memory loss. I have come to learn that blackouts can last for hours or even days,

May is Mental Heath Awareness month and within in these pages you will find the latest edition of Magellan of Arizona's insert The M. As the Regional Behavioral Health Authority for Maricopa County, Magellan Health Services of Arizona serves as a critical point of connection to the more than 80,000 individuals who have experienced life challenges as a result of mental illness and substance abuse. Magellan gives these individuals voice and choice to realize their desired outcomes and supports them with caring, unrivaled customer service that is sensitive to the diversity of our communities.

I personally want to congratulate Greg Dicharry, Magellan's Youth Empowerment Director and his team for organizing another wonderful event, MYLIFE festival on April 23 at Tempe Beach Park. Great job!

Enjoy this issue,

Banks



## relationships

By Dr. Dina Evan | www.DrDinaEvan.com

## Making the Right Decisions

s it possible to be a conscious, spiritu- will not be stewing about whether or not you ally evolved person without being a person with good ethics? I don't think so. In fact, the issues of values, morals, spirituality, character and ethics all seem to me to be on the same continuum of who we are as conscious human beings. Although we might think of ethics more as standards, and morals more as individual judgments, you can't have one without the other. Values and ethics are central to our lives and our organizations, however, today, we have unfortunately lost these moral guidelines.

It can, at times, feel hard to make the right ethical and moral decision. So let's revisit some basic guidelines that would be useful.

#### What is your priority?

First, determine what your personal highest priority is. For example, do no harm.

Then determine what the affect of your decision will be, both short term and long term, on the people or situation involved.

Examine your use of power in your decision-making process to be sure it is just. Your decision should embody equal treatment and you taking equal responsibility. Even when you are not the wrong doer, you are still responsible for your response to those involved and your response to the situation. Make sure you are keeping your word, telling your truth and standing in your integrity.

#### Don't jump to conclusions

Think about the ethical dilemma that you are facing and ask, "What don't I know?" We often make decisions without having all the facts. I remember in college my classmates and I were furious with a classmate and we sternly confronted him because he had disconnected from us and pulled away. We were indignant. Later we found out he had AIDS and was not ready to tell us about it. We were horrified and ashamed. Don't jump to conclusions.

Consider all your options before making a decision. There are very few decisions that require an instant answer. Give yourself the time for due diligence so that you can know the decision you are making is the best and most ethical one.

Toss your decision around with people whose ethics you admire and respect. I have a friend who seldom makes any major decision without discussing it with several people. I use to think that was silly. That is, until I realized that she normally does what her instincts told her in the first place, but she often increased her scope of understanding because these people brought up information that she had not considered.

Make sure your decision is consistent with your individual purpose, vision and code of ethics. If you decision is the right one, you

did the right thing later.

Check in with yourself frequently to make sure that you are behaving in ways that are consistent with what you say you believe your code of ethics to be. Having that code clearly in mind is a gift you can give yourself that shortens the time needed to make ethical decisions. When you are clear about your ethics and purpose, when issues arise, you'll already know what you need to do.

It's always important to behave in ways that build self-esteem and self-respect. The bottom line is that who you are as an ethical and conscious person is all that people will remember about you when you are gone. They won't remember how many cars you had or even how big your house was. However, they will remember your kindness, fairness and ability to be humble and ethical.

#### Ethics anyone?

Be willing to be different and be a pioneer of ethical behavior. We live in world without ethics, hence the situations we are currently experiencing. Had we had ethics, we would not have pillaged or polluted the planet. With ethics, we would not have a legislature frozen in its need for personal power. We would not be dealing with the politics of party as opposed to the good of the people. We would not have had a financial crisis, a housing crisis...well, you get the picture. You being an ethical pioneer, even when it isn't comfortable, and isn't popular, is the spiritual mandate for all of us right now.

Remember what is truly important to you personally. You may not achieve or have everything you want in this life, but be sure to remember, that how you responded to life and every circumstance in it will become the defining elements of your character. Moreover, that is a gift you want to give your self when all is said and done. You want to be ale to say, "I did what I can here to do as a conscious human being.'

Dr. Evan is a life/soul coach in Arizona working with individuals, couples and corporations. For more information call 602-997-1200, email her at drdbe@attglobal.net or visit www. DrDinaEvan.com.



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## $\cdot N \cdot E \cdot W \cdot S \cdot$

#### Over 700,000 Young Teens Drink Alcohol; Most **Get It From Home**

new analysis of four years of government data shows that most underage youth get alcohol from home, and about a third were given it by their parents or guardians, according to a Feb. 17 press release from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Drawing on data from the National Survey on Drug Use and Health (NSDUH) conducted annually 2006 through 2009, SAMHSA estimated that about 709,000 U.S. adolescents ages 12 to 14 currently drink alcohol.

Over 44,000 teens ages 12 to 14 participated in the surveys, of whom 5.9 percent said they drank alcohol in the previous month.

Nearly half of the youth surveyed either got their alcohol from a parent or guardian (29.6 percent), or from home (15.7 percent). Others acquired it from an unrelated adult (13.5 percent) or from another underage youth (19.6 percent).

before the age of 15 are six times more likely than those who start at age 21 and older to develop alcohol problems," said SAMHSA Administrator, Pamela S. Hyde. "Parents and was published in the Data Spotlight (PDF) other adults need to be aware that providing alcohol to children can expose them to an increased risk for alcohol abuse and set them on a path with increased potential for addiction."

TIME reported the SAMHSA data Feb. 21, but questioned whether parents who **New Service Matches Clinicians** shared alcohol with their children put them at greater risk of serious alcohol problems later in life. TIME cited a Wake Forest University study from 2004 that appeared to show that launched to help primary care providers teens who shared alcohol with their parents at

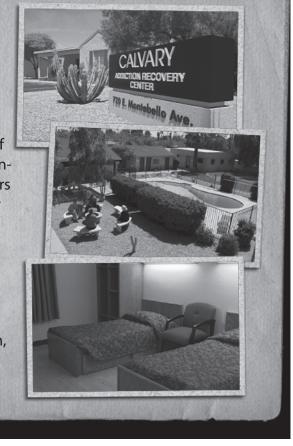
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given alcohol for a party) were less likely to drink or to develop drinking problems.

A one page summary of SAMHSA's data from SAMHSA's Center for Behavioral Health Statistics and Quality. More information: Stop Underage Drinking—a portal of federal resources. Visit www.stopalcoholabuse.gov/

#### with Mentors to Help Treat Patients' Substance Abuse

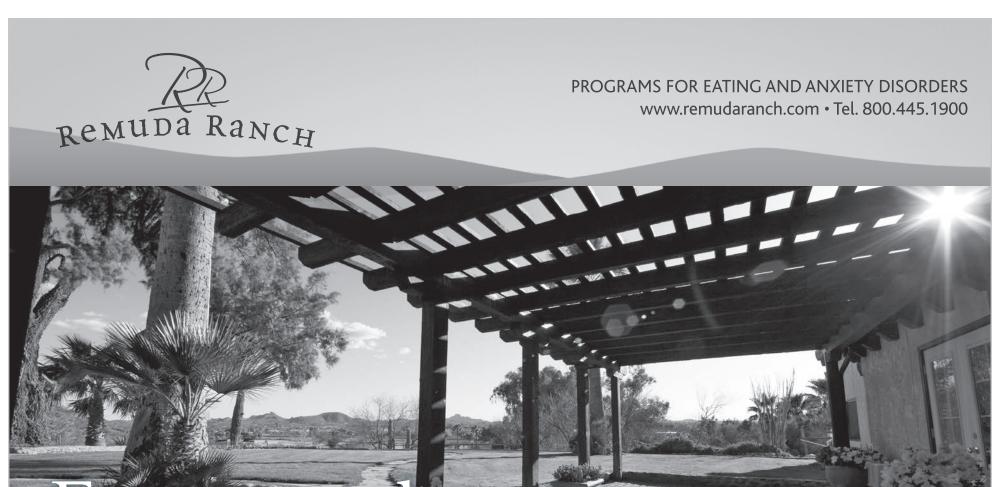
A free nationwide service has been who are looking for help in identifying and

"People who begin drinking alcohol dinner or in a religious context (versus being advising substance-abusing patients. Medi- on Drug Abuse (NIDA) and the American cal News Today reports that the Physician Clinical Support System for Primary Care (PCSS-P) provides peer-to-peer mentorship and resources on incorporating screening and follow-up into regular patient care.

> The service is known as a "warm line" instead of a "hotline" because doctors and other health care providers receive a response within 24 hours instead of immediately. Providers register with the service and receive the contact information of a mentor who specializes in screening, brief intervention, treatment and referral for patients who have substance abuse problems. The providers can contact the mentors via phone or email with specific questions. PCSS-P is a project of the National Institute

Society of Addiction Medicine.

NIDA also launched an online interactive single-question screen to help health care providers identify patients with potential substance-abuse issues. The screen asks, "In the past year, how many times have you used the following: alcohol (more than 4 or 5 drinks in a day for women or men, respectively); tobacco products; prescription drugs for nonmedical reasons; and illegal drugs?" If the answer indicates a potential substance abuse issue, the provider can conduct NIDA's full screening tool for the specific substance.



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## **Understanding Addiction** in Relationships

By Bobbe McGinley Clinical Director/CEO of ACT – Counseling & Education

hose who are closest to an alcoholic, addict or gambler find it very difficult to understand and accept the changes occurring within the person they think they know. The often-erratic nature of those changes makes them not only confusing but easy to interpret as a lack of love and

It is possible, however, to understand the belief system and personality that evolves with the disease of addiction. The more you can comprehend this belief system and personality, the more objective you will be about the disease.

When you are able to see that the behavioral changes of the person you are close to are not aimed at you, when you can avoid taking them personally, you will be able to intervene much more successfully.

Many addicted people, by their very nature, are kind, sensitive, big-hearted, altruistic, loving, gentle and caring. It is this core structure of their personality that makes coming to grips with the addiction so difficult, both for them and those close to them. Addicted individuals are often the kind of people who will go out of their way to help someone in need; even find the most interesting ways of saying "I love you." But as the disease progresses, this kind, sensitive side of the person becomes more difficult to see as it becomes progressively obscured by defense mechanisms.

Most addicts will deny, rationalize, justify, defend, and blame. When all the other defenses fail, anger surfaces and many will simply tell you to mind your own damn business: "This is my life. What I do is up to me. You take care of you and I will take care of me."

The extent to which these defense mechanisms represent depends solely on the stage of the disease. The more advanced the disease, the more these defense mechanisms and behavior will dominate the core personality. Defense mechanisms evolve to protect the psyche of the affected individual. They protect them from feeling the overwhelming sense of guilt and shame that would come with facing the behavior and the symptoms of this disease head on. Defense mechanisms are neither good nor bad, but natural: difficult to understand and to cope with, but not bad.

A dictionary of psychological terminology defines a defense mechanism as "an involuntary or unconscious measure adopted by an individual to protect her/himself against the painful effect associated with some highly disagreeable situation, physical or mental, of frequent occurrence; it may be employed to cover a wide range of phenomena."

In other words, these mechanisms are not malicious or purposeful; they are not used deliberately to inflict emotional pain on you or loved ones. The alcoholic, drug addict or gambler act and behave the way they do because they need to, not because they want to.

"Most addicts will deny, rationalize, justify, defend, and blame. When all the other defenses fail, anger surfaces and many will simply tell you to mind your own business."

Remember that if the addiction has progressed, you may only be able to see his or her core personality and beliefs by looking at the past. The more the disease progresses the less visible the core personality is —the further back in your memory you will need to look. Sometimes it is initially difficult to remember the good in this prson because your own hurt and anger get in the way. These feelings are as normal as the defense mechanisms of the addicted person. Don't try to swallow your feelings and pretend they aren't real, and certainly don't get angry at yourself for feeling what is normal and natural.

If you are faced with these challenges, now might be the time to research intervention. It is very important to the intervention process that you develop an understanding of the addicted person. It is equally important to understand how this disease has affected you, and what defense mechanisms you have developed to cope with it.

No one can be emotionally involved with an alcoholic, addict or compulsive gambler without experiencing hurt. Because of the presence of the addiction, the chances to deal with that hurt within the context of the relationship become infrequent and often nonexistent. The lack of opportunity creates anger, and would be the ideal time to investigate self-help groups in your area, where you can become grounded, and informed and ready to take the next step in your own recovery which may in turn will help the addicted person in your life.

Bobbe McGinley MA, MBA, CADAC, LISAC, NCGC II, is a nationally known speaker, author, presenter and trainer, consulting many different industries about Problem Gambling She currently serves as their Gambling Program Consultant. Call 602-569-4328 or visit www. actcounseling.com

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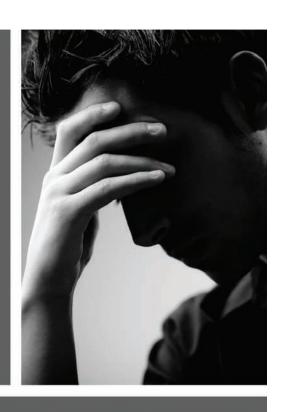
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## NIDA raises the curtain on addiction

"Addiction Performance Project" premiers for clinicians in Phoenix May 6

The National Institute on Drug Abuse (NIDA) announced the launch of its Addiction Performance Project, an innovative continued medical education program designed to help primary care providers break down the stigma associated with addiction. The program includes dramatic interpretation of a family's struggle with addiction, followed by a dialogue among participants aimed to foster compassion, cooperation, and understanding for patients living with this disease.

Of the 23.5 million patients who needed specialized treatment for a drug or alcohol problem in 2009, nearly 90 percent had not received it. Research suggests that primary care providers could significantly help reduce drug use, before it escalates to abuse or addiction. However, many express concern that they do not have the experience or tools to identify drug use in their patients.

"Primary care providers can play such a vital role in screening for drug abuse", said NIDA Director Dr. Nora D. Volkow. "Yet, for many providers, discussing drug abuse with their patients is beyond their comfort zone. NIDA's Addiction Performance Project is a creative way for doctors to earn CME credit while breaking down the stigma associated with drug addiction."

Addiction Performance Project is part of NIDAMED, NIDA's outreach to practicing physicians, physicians in training, and other health professionals. It has a limited run during 2011 and 2012, with the next scheduled performance in Phoenix on May 6.

Performances are free, but seating is limited, and registration is recommended. Attendees do not have to be registrants at the conferences where some performances take place. For more information on the Addiction Performance Project, or to register for a performance, visit: http://www.drugabuse. gov/nidamed/APP.



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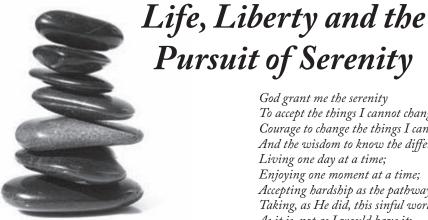
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By LARRY SOLOMON, MA, LPC, LISAC

hen the focus of recovery is "not using"there is often a failure. An attempt to not use is an effort at denying the flesh. It can only last so long. Kind of like swearing off chocolate. A person can last for awhile, but how much effort is involved?

A successful recovery is one where the individual actively pursues his or her serenity. The first word of importance is "actively." One cannot sit still and hope recovery will find them. The second word of importance is "pursue." Think of an officer on the show "COPS." When he is in pursuit he isn't relaxed, one hand on the steering wheel having a casual conversation with his partner. No, he is leaned forward, focused and intent on catching what he is after. We should have the same determination in recovery.

I have heard from countless graduates how easily they found their serenity inside the walls of Calvary, but once they got back into the real world it seemed elusive and difficult to find.

No doubt, when the outside world is removed as a stressor it is easier to find your internal serenity. Removing the distractions is paramount to giving the early recovering person a chance to make it. However, 30 days of residential treatment isn't going to keep anyone sober if they don't apply the lessons learned to their everyday life.

#### Life around you is going to go at its own pace

Your every fiber doesn't have to keep up. Slow your heart and mind down and strive to keep the inner peace from being affected by the outside world. It's like a sturdy structure in the middle of a storm. The inside environment isn't affected by the storm that is raging

Serenity is that sturdy structure in the storm. The key to maintaining serenity isn't about the environment you're in. It's about the environment you create within. Applying the serenity prayer is a great start to pursuing your serenity. Most of us only know the first part of the prayer.

#### The Serenity Prayer

A Pastor from Detroit, Reinhold Niebuhr, is credited with being the author of the serenity prayer for use in a sermon. The full version of the prayer is...

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God grant me the serenity To accept the things I cannot change; Courage to change the things I can; And the wisdom to know the difference. Living one day at a time; Enjoying one moment at a time; Accepting hardship as the pathway to peace; Taking, as He did, this sinful world As it is, not as I would have it; Trusting that He will make all things right If I surrender to His will; So that I may be reasonably happy in this life And supremely happy with Him

"Accepting the things I cannot change," may be the most important step in building a life of serenity. However, this is difficult to put into practice. We all like things structured in a certain way and when things don't go that way we experience anxiety. That is simply part of being human.

Forever and ever in the next.

"Courage to change the things I can." The list of things I can change is a rather short one. Put simply, if it isn't something about myself (my thoughts, my behavior...) it doesn't belong on the list of things I can

Remember that God deals out life "one day at a time," and we can only live one moment at a time. If we are focused on the past, our overwhelming feelings will be remorse and guilt. If we are focused on the future our overwhelming feelings will be fear and anxiety. God calls Himself, "I am." The only way to have God's serenity is to be focused on the present.

Another key to serenity isn't removing hardship. It is accepting turmoil as the "pathway to peace." I have said it a bit simpler in many groups and lectures. "The key is learning to be okay, not being okay."

Finally, let God be God and quit trying to do His work for Him. Instead, do His work with Him. God wants you to have His peace. The storm doesn't. The storms of the world will rob every ounce of peace from you if you do not tighten down the structure of your heart. Life is busy enough. Going faster won't make it less busy. Slow down at every opportunity and make serenity a priority. Resist the temptation in the morning to rush out the door with the thought, "I don't have time to read or meditate." You don't have time not to.

Take that extra time to slow down and read one single verse from the Bible or a line out of the Daily Reflections book. The cost to your time for doing so will be the equivalent of sitting at one traffic light. The cost to your serenity if you don't will be much greater.

Larry Solomon is Clinical Director at Calvary Center. Calvary has expanded services to include inpatient medical detox, partial hospitalization (day treatment) and intensive outpatient services. Calvary works with all major insurance companies. Call 1-866-76-SOBER (866-767-6237), or visit www. calvarycenter.com.



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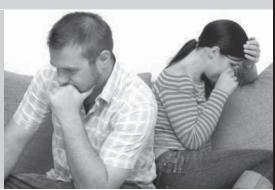
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## Can anger promote Intimacy?

By Dr. Mamiko Odegard

e are bombarded with admoniconsider "anger management." When discussing the benefits of allowing honest anger to be present within a relationship, I am often asked, "Can anger really promote intimacy?" That question is frequently followed with yet another common question, "Isn't anger a negative emotion?" The answer to the first question is a resounding, "Yes!" and to the second, an equally passionate, "No!"

#### Is anger a negative emotion?

Unfortunately, most of us have been taught that we should not get angry and that anger is a negative emotion. Quite frankly, it is one of those myths that has been perpetuated too long. Anger is just another emotion like joy, excitement, or frustration and is absolutely a necessary and important emotion that signals to us that something is not right—or that we are feeling threatened in some way.

Ignoring and shoving aside our angry feelings simply does not work. This is clearly evidenced by the frequency of the type of explosive responses that can occur at any tool in managing ourselves and promoting healthy relationships.

#### What are the benefits of constructive anger?

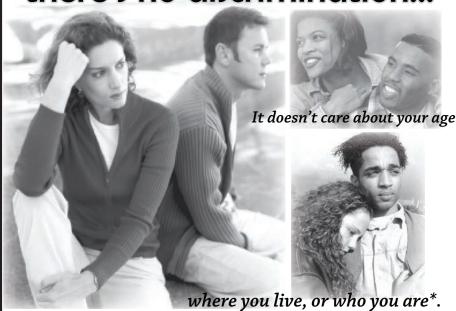
In contrast, anger, and the mindful, constructive expression of anger can actually help us to become closer with others. It allows us to make mindful choices about expressing our emotions. Mindfulness has to do with us carefully choosing how we want to view and communicate our emotions with another.

When we are in touch with our thoughts tions to curb our anger and to and feelings and can be honest enough to express them to others, we are free to reveal our hurt, sadness, disappointment, fears. Having the freedom to express these emotions is vital because beneath anger are the much deeper feelings of hurt and sadness. Therefore, the art of using constructive anger is being able to communicate in a direct manner saying "I was angry when you criticized me in front of our friends. I felt humiliated and disrespected by you when you said that I spend too much money shopping. I felt ashamed and embarrassed when you said this."

When we can remain calm and clearly state the behavior that is bothering us and let the other know exactly why we are so troubled by certain statements or behaviors, others with whom we are communicating can begin to understand, and-emotionally taking our place, be able to sense for just a moment just how we might actually feel. Not only does the other person have a better understanding of our feelings and responses to a given situation, we can feel understood, cared, and listened to... ultimately promoting given moment over even small irritations. It is deeper relations and true intimacy through healthier by far to use anger as a constructive honesty and openness to allow our authentic selves to emerge.

> Dr. Mamiko Odegard is a psychologist offering individual and couples therapy; a Relationship and Self-Empowerment Coach, and author of the highly acclaimed book, Daily Affirmations for Love: 365 Days of Love in Thought and Action. www.DrMamikoOdegard.com. 480-391-1194.

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## Study On Teen Substance Abuse Highlights Need for Screening and Prevention Programs

of incorporating screening and prevention programs into all health care interactions with adolescents and their parents, says a Teen Drinking Normalized leading expert on adolescent substance abuse

to work with parents or teenagers, even if it's not directly about a substance abuse issue, they should be putting drug use on the radar screen," says Ken Winters, Ph.D., Director of Research, Professor in the Department of Psychiatry at the University of Minnesota, and Research Scientist at Treatment Research Inthe luxury of specialized and expensive drug

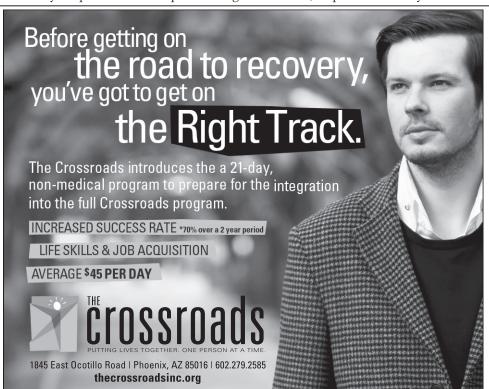
A new study showing marked increases treatment, but a quick screening and a brief alcoholic drink for the first time by age 12 in teen use of marijuana and Ecstasy over the discussion about drug use should be more or younger. Almost half of teens (45 percent) past three years underscores the importance achievable in pediatric and other adolescent said they do not see a great risk in heavy daily health settings."

Dr. Winters said the findings of the 22nd annual Partnership Attitude Tracking "Any time professionals have an option Study (PATS), released by The Partnership at Drugfree.org and MetLife Foundation earlier this month, echo the reality that substance abuse treatment professionals see every day. The study shows that underage drinking has the Center for Adolescent Substance Abuse become more normalized among adolescents. Of those teens who reported alcohol use, 62 percent said they had their first full alcoholic drink by age 15, not including sipping or stitute. "Many health care settings don't have tasting alcohol. Of those teens who reported alcohol use, 25 percent said they drank a full

Age of first use is critically important: research has shown that more than 40 percent of those who start drinking at age 14 or younger developed alcohol dependence, compared with 10 percent of those who began drinking at age 20 or older. The study also found that marijuana use is on the rise. Past-year marijuana use among teens increased by 22 percent (from 32 percent in 2008 to 39 percent in 2010). There was a 67 percent increase in the number of teens who reported using Ecstasy in the past year (from 6 percent in 2008 to 10 percent in 2010).

**Prescription Drug Abuse** 

The PATS survey touched on an issue that parents are often unaware of: teen abuse of prescription medicines. The data found that 25 percent of teens reported taking a prescription drug not prescribed to them by a doctor at least once in their lives, and 23 percent used a prescription pain reliever not prescribed to them by a doctor. "Health care professionals need to alert parents that if they're taking prescription drugs, they can't just take the medicine home and put it in an unsecure place -that's risky," Dr. Winters says. "Parents are often surprised to find out how common it is for teenagers to take medication from the medicine chest and use it or sell it. We have to remind them not only to monitor their prescriptions, but also to dispose of unused medications with the many drug disposal programs that are now available."



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### CALENDAR OF EVENTS

HAVE AN EVENT? CLASSIFIED? Email us: aztogether@yahoo.com Submissions accepted one month prior to event.

#### **MAY EVENTS**

MAY 4—P. Chip Coffey, MAPC, NCC, LPC "Ethics Series 3: Review of Ethics and Client Care"—St. Luke's Behavioral Health Center Clinical Breakfast Series. 8:00-9:00 a.m. Behavioral Health Center Auditorium, 1800 E.Van Buren. Free CEU. Breakfast, networking. Chip Coffey, 602-251-8799. pcoffey@iasishealthcare.com.

MAY 4—6:30-8:00 p.m. FREE LECTURE **SERIES— TUCSON. The Meadows** presents "Emotional Incest: The Seduction of Being Special" with Debra Kaplan, MA, LAC, LISAC, CSAT. Jewish Community Center, 3800 E. River Road, Tucson. Earn 1.5 Continuing Education Credits. For information: Meagan Foxx, email: mfoxx@themeadows.com or call **866-633-5533**/ **602-531-5320**.

MAY 7—I:00- 2:30 p.m. American Hospice Foundation and Hospice of Arizona presents "Remembering Mom." At Hospice of Arizona's Peoria Inpatient Unit located at 12740 N. Plaza del Rio Blvd., Peoria, 85381. FREE and open to all adults who are grieving the loss of their mother. Space is limited. RSVP. Debra Moorhead: 602-589-2203. www.americanhospice.com

MAY 23-7:00-8:30 p.m. FREE LECTURE SERIES.The Meadows presents—"Understanding and Healing Your Pool of Pain" -Charlie Atkinson, MA, MSW, LCSW. Chapparal Christrian Church 6451 E. Shea, Scottsdale. For information: Meagan Foxx, email: mfoxx@themeadows.com or call 866-633-5533/602-531-5320.

MAY 23-27, Jun 27-Jul I-Tucson - Cottonwood Tucson-InnerPath Beginnings & Beyond Retreat. This five-day intensive retreat is tailored to meet the needs of those individuals who want to make healthy changes in their lives. Facilitated by Rokelle Lerner. Visit www.cottonwoodtucson.com or call Jana at 520-743-2141 or email at jzeff@cottownoodtucson.com for information and registration.

May 24-11:30-1:30 p.m. Earn 1.5 CEUs with lunch. Aurora Behavioral Health System, Lunch & Lecture Series. "Neurofeedback Is It Right For My Patient?" Neurofeedback is one of the best-kept secrets in behavioral health and a very powerful adjunct to talk therapy, especially when dealing with addiction and/or trauma. Learn what neurofeedback is, how it works, the power of brain mapping. Live demonstration. Presented by: Sue Shipman, The Institute for Optimum Balancing 6015 W. Peoria Ave. Glendale. RSVP Erin Boyd 623-344-4416 Cell: 623-256-3469. Email: erin.boyd@ aurorabehavioral.com.

MAY 4 through JUNE 8-6:30-8:00 p.m. American Hospice Foundation and Hospice of Arizona offers 6-week Bereavement Education and Support Program. Hospice of Arizona, 1241 W. Warner Rd., Ste.#110,Tempe. Gain perspective and understanding of the grief experience in a safe, comfortable environment. FREE and open to any adult who has experienced the death of a loved one. RSVP required. Pamela BurkeCowing: 480-327-4925, email Pamela. burkecowing@americanhospice.com

PROMISES ALUMNI MEETING-MAY 10, JUNE 14, JULY 12, AUG. 9, SEPT. 13, OCT. 11, NOV. 8, DEC. 13. 7:00 p.m. For information

about location. Contact Tracey 310-595-0166 tsimmons@promises.com or Ann 602-996-6395.

JUN 20-24, JUL 25-29 - Tucson - Cottonwood Tucson - InnerPath Women's Retreat—Fiveday retreat has been designed especially to meet the needs of women who are re-evaluating their relationships, their priorities, and their sense of self. Facilitated by Rokelle Lerner. Visit www.cottonwoodtucson.com or call Jana at 520-743 2141 or email at jzeff@cottownoodtucson.com for information and registration.

#### ON GOING SUPPORT

PATHWAY presents CHOICES. Teen workshop/ support group, activities night open to all teens ages 12 to 21. 480-921-4050 or email: zeebies@msn. com. Gilbert location.

Incest Survivors Anonymous ISA meeting in Phoenix—Freedom Hall (corner of 12th Street & Highland). Contact Gloria, 602-819-0401

**COTTONWOOD DE TUCSON. On going** Alumni Meetings: Every Wednesday @ 6:00 -7:30 p.m. Cottonwood campus in Tucson. 4110W Sweetwater Drive. Tucson 1st and 3rd Tuesday of every month in Scottsdale at 7:00—8:30 p.m. 7219 E. Shea Blvd, Scottsdale. Contact Sally Hicks 520-743-0411 ext. 2517or email shicks@cottonwoodtucson.com

TUCSON—ARTS Anonymous a 12 step program for creative people. Fridays, 5:30pm. First United Methodist Church of Tucson 915 E. 4th Street. Tucson. Alison 520-203-7763

(ACOA) Adult Children of Alcoholics and Dysfunctional Families. Saturdays 4:00 p.m. First United Methodist Church of Tucson 915 E. 4th Street. Tucson. Alison 520-203-7763

ACOA (Adult Children of Alcoholics) Thursdays, 7:00 p.m., North Scottsdale United Methodist Church, I 1735 N. Scottsdale Rd, Scottsdale. Contact: John V. 602-403-7799.

ACA meeting. Tucson. Every Wednesday 5:30-7:00 p.m. Streams In the Desert Church 5360 E. Pima Street. West of Craycroft. Classroom A (Follow the signs). Micheal **520-419-6723**.

Do you know food can also be an addiction? **OVER-EATERS Anonymous** is a 12 Step program that deals with addictions to food and food behaviors. OA has 18 meetings scheduled through out the week. For more information call 520-733-0880 or check our web site www.oasouthernaz.org

FAMILIES Anonymous—12-step program for family members of addicted individuals. Two locations: Phoenix/Scottsdale. 800-736-9805.

PILLS Anonymous—Tues: 7:00 p.m., Glendale Community Church of Joy, 21000 N. 75th Ave. Tuesday: 7:00 pm, Mesa- Open Discussion. St. Matthew United Methodist Church, 2540 W. Baseline Road Room B 14, Mesa. Jim 480-813-3406, Meggan 480-241-0897. Wed: 5:30 p.m. North Scottsdale Fellowship Club, Room 3, 10427 N. Scottsdale Road, Thurs: 7:00 p.m., Phoenix, Desert Christian Church Rm. D-2, I445 W. Northern. Janice 602-909-8937.

continued on page 11

## A Heavy Burden

How do we raise healthy kids in a weight obsessed culture?

By Deborah Russo, PsyD, & Amy Spahr, LCSW

ave you ever noticed that babies

don't have a trace of body image

insecurity? They play, giggle with

glee and just delight in themselves.

How can it be that 40 to 60% of preteens and

adolescents report being dissatisfied with their

bodies? What happens between infancy and

adolescent years that transform that joy to in-

security? And, how can we help kids navigate

toward healthy attitudes and choices related to

food and weight in this weight and diet trend

than over 10,000 women and girls suffering

with eating disorders for the past 20 years.

For instance, (1) eating disorders including

body image issues are complex and involve a

myriad of interrelated contributing factors, (2)

physical perfection has no form and, therefore,

can never be attained, (3) popular media and

marketing will never let you believe this, and

(4) friends and family are too often the worst

sounding board for negative thoughts about

ance is a growing trend among females and

males and effecting younger ages. Bedford

and Johnson (2006) compared body image

concerns in younger and older women and

revealed no age-related differences in body

It is not so easy to point to one influence

on children. The influencing factors of weight

related and body image issues are complex.

Eating disorders and obesity are caused by

many factors that interact with each other. In-

dividual characteristics, including genetics and

temperament, family factors, peer influences,

community factors, and societal factors all may

play roles in causing weight related issues and

firm that body dissatisfaction is closely linked

to self-esteem in adolescents, more so than in

adults. Thus, if a teen is struggling with body

dissatisfaction, it may interfere in the develop-

ment one's self-concept and sense of identity.

Regardless of our levels of sensitivity to our

own imperfections, vulnerability to criticism

increases during the developmental years as

puberty brings both physical and emotional

changes. Society's narrow standard of beauty

confuses most children. We often hear teen

girls say..."Those images are living inside of

me; how am I supposed to be feminine with-

out being overly sexual?", "How do I see my strengths apart from my looks?"

teen girls believe they must restrict their food

intake to become thinner and they just can't

measure up. This internalized sabotaging critic

may be carried throughout life. As example,

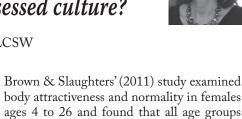
Studies indicate a growing trend of pre-

body dissatisfaction. Numerous studies con-

Where does all this start?

Dissatisfaction with physical appear-

We've learned a lot working with more



rated photos of women who were significantly

thinner as more attractive than women they

viewed in normal weight ranges.

It is clear that given the countless ways children are bombarded with messages that reinforce negative body image, parents play a powerful role in shaping weight-related ideals and must start within themselves to encourage healthy perceptions, beliefs and actions in their children. Schuman (2010), a recent study of the correlation between parents' weight related ideals found that parents' overt and covert restriction of children's food intake were significantly associated with child body dissatisfaction. The research demonstrates that both direct and indirect parent weight-related attitudes and behaviors can negatively influence a child's body satisfaction.

What can you do? The following is a list of ten ways to help children build resilience, make healthy food choices, and maintain positive body awareness.

#### **Inner Dialogue**

Pay attention to your own inner dialogue related to body and weight attitudes – they are directly linked to a child's inner sense of "fit" inside their own body and attitudes related to weight and food choices. Listen, process, and engage. Listen to how your child speaks to herself/himself during play - you can learn a lot about how they are processing emotions and resolving conflict. Purposeful play can be a vehicle to introduce respect and regard for diversity of body sizes and people in general. It is never too early. These are precious times to engage this developmental phase to build bridges of healthy cognitive functioning including healthy body awareness and image!

Body Image is influenced throughout our lives by multiple factors. Puberty experiences and changes greatly influence body image and can remain fairly constant through life. Puberty brings windows of opportunity to guide as the body changes and the desire to meet expectations of "fitting in" intensifies. This is a perfect time to emphasize appreciation for different body sizes and shapes. Parental modeling of this is a powerful teaching tool.

Sites like *Kidshealth.com* provide creative ways to talk about questions related to body, growth and esteem. They can also teach kids how to respond to peers who may be overly focused on unhealthy ideals.

#### **Sports and Games**

Kids who are involved in athletic en-HEAVY BURDEN continued page 11



obsessed culture?

body image.

dissatisfaction.

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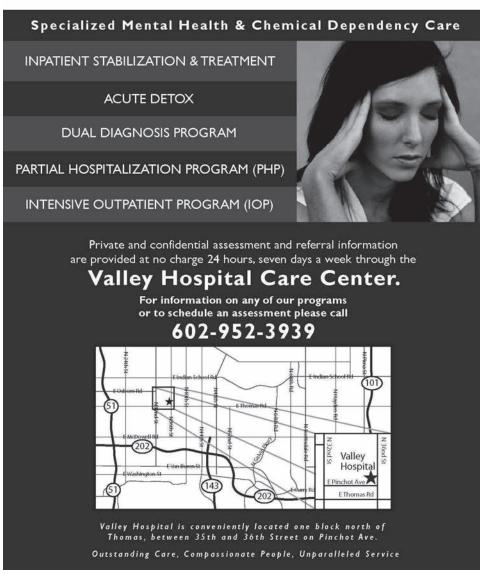
"Understanding and Healing Your Pool of Pain"

Charlie Atkinson, MA, MSW, LCSW



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TERROS from page 1

Dr. Kumpfer believes the upsurge in party drug abuse among teens is their attempt to reduce some of today's economic stress in families and the loss of time that they can spend with their parents. National statistics reveal that parents are spending about one third less time with their kids in the last three years—an average of only 4.2 hours per week.

To prevent teen drug abuse, Dr. Kumpfer advises: "Research shows that in the area of bonding and attachment, time together is incredibly important in building positive relationships. Parents do matter. Try and stay involved with teenagers in positive ways." And if a situation calls for intervention or treatment, she recommends that parents choose parenting and family therapy programs.

"If there's anything that you can do, don't just do youth-only groups," she said. "Don't just do individual therapy. Do family work because you have to change the family system."

The event workshops focused on helping participants to better understand diversity issues when providing counsel to clients dealing with substance abuse and other behavioral health problems.

"Our treatment system is evolving," said Dale Rinard, president and CEO of event sponsor, TERROS. "We're moving

from a model of the provider as expert to a system of recovery based on a belief of Cesar Chavez—that we must show more responsibility to and for one another."

This new philosophy looks upon providers more like guides in the recovery process, and puts the power to change in the hands of the person who is undertaking the journey of recovery and discovery, according to Rinard.

TERROS board member and artist April Edwards shared her inspiration for a commemorative altar she created in honor of Marcia Powell, who suffered from mental illness and died tragically of heat exposure in 2009 while left for hours in an Arizona prison's uncovered, outdoor chain-link cage.

#### **About TERROS**

TERROS is a community-based behavioral health organization that helps people recover from substance abuse, mental illness and other behavioral health problems. TERROS provides a wide range of services throughout Maricopa County, Arizona, including mobile crisis intervention, prevention of substance abuse and HIV/AIDS, outpatient treatment and specialized services to assist persons who have a serious mental illness. To learn more, visit www.terrros.org or call 602-685-6000.



## From the Heart

By Alan Cohen

www.AlanCohen.com

## **ATOMIC CONTRAST**

was invited to present a seminar in Hiroshima, Japan, the city devastated by the atomic bomb in 1945. As I approached the Hiroshima train station via the bullet train, I felt uneasy, wondering if the psychic shadow of the holocaust would linger unto this day. To my surprise, Hiroshima Station felt light and airy, passersby friendly and upbeat. At initial encounter the place actually felt more peaceful to me than the dozen other cities in Japan I have visited.

As my host drove me through Hiroshima's streets, I was impressed by the comeliness of the area. Rivers wended beneath many bridges, banks highlighted by cherry blossom trees in full bloom. Families picnicked by the riverside as children laughed and played. Was this the same city instantly burned to a crisp by the world's most dire single act of manmade destruction?

At the center of Hiroshima resides a lovely manicured park, dedicated to the intention that peace prevail on earth. Manicured green commons create a soft backdrop to fountains and a waterfall. At one end burns an eternal flame set atop a simple altar where people from all over the world pray and leave flowers as a symbol of their wish for peace.

There my host told me that various seers at this site had explained that in the wake of such massive destruction through warfare, the desire for peace has magnified to an extraordinary degree. Hiroshima has become a nexus for many gatherings in the name of world harmony. Recently His Holiness the Dalai Lama was joined by Bishop Desmond Tutu and another Nobel peace laureate, Betty Williams, for a conference, ceremony, and prayer to further world peace.

As much as the name Hiroshima was once synonymous with decimation, the name is now being associated with healing. Abraham (of Abraham-Hicks) underscores the value of contrast. Negative events generate intense motivation for their opposite. When you get what you don't want, you are more highly motivated to create what you do want. A bad marriage moves you to have a better one. Physical illness amplifies your intention for wellness. A business failure induces you to generate more success. When you experience what is clearly Not It, the next question is "What is It?" and "How can I get It?"

A few blocks from the peace park stands a small monument indicating the exact spot where the atomic bomb fell. That spot now has a grocery store on one side of it and a parking lot on the other side. The street is busy and unless you notice the stone slab you might overlook it altogether.

That night as I lay in bed in my hotel room a few blocks from the monument, my mind was spinning. I had no box in which to file such an experience. I was about to go to sleep a few hundred yards from the hypercenter of where an atomic bomb had once exploded. When the bomb went off, it instantly reduced to ashes practically everything in a twenty-kilometer radius. Yet now there stood parks, hotels, stores, restaurants, apartments, and people in the midst of a vital, colorful life.

What was the truth about that place on the globe? How did I fit into it? What could I learn from it?

I was slipping back and forth between parallel realities. In one, a huge mushroom eclipsed the sky, signaling the beginning of humanity's ability to wipe itself off the face of the earth with one careless press of a button. In another reality—life was blooming in glorious, productive ways, love was clearly present, and the greatest respect for peace on Planet Earth prevailed.

### "Life rushes to replace death and healing seeks to erase wounds."

On some level I was being prompted to choose which reality I would live in. The more I focused on the idea of an ominous megalithic cloud overtaking life with all its evil consequences, the more unsafe and depressed I felt. When I looked out the hotel window and saw Hiroshima's main promenade with people driving, walking, talking, laughing, and listening to iPods, I felt encouraged. Then I recognized that I serve far better to focus on life rather than death.

#### All things change

Nothing is always one thing or one way. Before I went to Hiroshima I spent a week in Tokyo. Considering the radioactive pollution from the Fukushima nuclear plant, I thought, "I'm looking forward to going to Hiroshima to get away from the radiation." While at first this felt like a bad joke, later I realized the profound lesson of juxtaposition. Life rushes to replace death and healing seeks to erase wounds. As the bumper sticker says, "Nature bats last." Human beings can do an act as heinous as dropping an atomic bomb on their brethren, and horrific as that act is, life will return. With the exception of one skeleton of a building now used as a tourist attraction, Hiroshima has been resurrected. Not just as a city, but as a city of determined peace.

You and I, too, have had our moments of pain, destruction, and perhaps even decimation. Yet those experiences always give way to life, and sometimes even greater life. May we all learn from the contrast in our lives, individually and collectively, so that we may build parks of beauty over the ashes of war. As A Course in Miracles tells us, "The holiest spot on earth is where an ancient hatred has become a present love."

Alan Cohen is the author of many popular inspirational books, including his newest book of uplifting messages, A Daily Dose of Sanity. Listen to Alan's weekly radio show Get Real on Hay House Radio at www.hayhouseradio.com, and join him for Life Coach Training beginning September 1,2011. For more information about Alan's books, programs, or his free daily inspirational quotes via email, visit www.alancohen.com, email info@ alancohen.com, or phone 1-808 572-0001.



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## The Marriage Gamble

"You got to know when to hold 'em, know when to fold 'em Know when to walk away and know when to run You never count your money when you're sittin' at the table There'll be time enough for countin' when the dealing's done"

"Every gambler knows that the secret to survivin' Is knowin' what to throw away and knowing what to keep 'Cause every hand's a winner and every hand's a loser And the best that you can hope for is to die in your sleep" (Kenny Rogers, The Gambler)

In a game of cards, there can only be one winner and the only way that gambler can win is to turn everyone else at the table into losers. Unfortunately, too many people look at marriage the same way. They act as if it's some sort of special skill they have in knowing when the marriage is worth holding and when it's time to fold and walk or run away. Lots of people are somewhat unhappy in their marriage and they will often waste lots of time trying to determine whether they should stay or go, or how they would go if they did decide to go, thinking about what they'd lose if they left and what they'd gain if they left, rather than spending time to work on whatever it is they are doing that is contributing to the unhappiness.

Unhappy couples will often sit, poised on the crossroads of divorce, counting their money, trying to see whether the relationship is worth sticking around for. I've heard numerous people talk about not leaving their marriage for fear of losing the house, the 401K, the business they bought together, or the vacation home in Sedona, yet, spending no time talking about what it is they're willing to pay into the relationship to make it worth staying for so that both parties can grow old and enjoy all those things together. If couples would focus on what they're paying in, rather than what they can cash out, there'll be time enough for counting when the dealing's done, when the marriage ends by the 'death do we part' method.

The Gambler lyrics speak honestly about marriage when they say that every hand's a winner and every hand's a loser. Every marriage has potential to be a winner and every marriage has potential to be a loser, it all depends on the two people involved. Not just one person, both people. The notion of knowin' what to throw away and what to keep can be applied to hopes, dreams, expectations, grudges, boundaries, and limitations within a marriage. If you married with the idea that you could make your spouse become a much better person through your continual criticisms, it would be really good to give up that idea. If you married with the notion of loving your spouse complete with all their faults and quirks, that would be good to keep. Grudges are best thrown out. Boundaries are typically best if kept, unless they are unnecessarily rigid. Unwarranted fears and jealousy should be thrown out. The hope of attending your children's weddings or college graduations together should be kept.

As the Gambler so eloquently stated, the best that you can hope for is to die in your sleep. That is also quite true for marriage. It doesn't sound very fun or happy, but a marriage that has been nurtured, cared for, worked on, and fought for will last until one of the spouses expires and frankly, most people would prefer to go peacefully in their sleep, surrounded by loved ones and that is the best of endings for the best of marriages, but you never find that out, if you fold every potentially winning hand you've got.

Dr. Marlo Archer is a licensed psychologist specializing in working with kids, teens, and their families. DrMarlo.com or 480-705-5007.



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AWEE	602-258-0864	S
Banner HELP LINE	602-254-4357	S
Bipolar Wellness Network	602-274-0068	S
CCARC	602-273-9999	7
Cocaine Anonymous	602-279-3838	7
CoDA	602-277-7991	7
COSA	480-232-5437	1
Commun. Info & Ref	602-263-8856	1
Community Bridges	480-831-7566	
Cottonwood de Tucson	800-877-4520	,
Crisis Response Network	602-222-9444	F
The Crossroads	602-279-2585	F
Crystal Meth Anonymous	602-235-0955	P
Emotions Anonymous	480-969-6813	(
EVARC	480-962-7711	(
Gamblers Anonymous	602-266-9784	(
Greater Phx. Teen Challenge	602-271-4084	(
Grief Recovery	800-334-7606	Ι
Heroin Anonymous	602-870-3665	I
Magellan Crisis Hotline	800-631-1314	ľ
Marijuana Anonymous	800-766-6779	ľ
The Meadows	800-632-3697	(
Narcotics Anonymous	480-897-4636	5
National Domestic Violence		S
NCADD	602-264-6214	5
Nicotine Anonymous	877-TRY-NICA	7
Our Common Welfare	480-733-2688	5
Office Problem Gambling	800-639-8783	5
Overeaters Anonymous	602-234-1195	7
Parents Anonymous	602-248-0428	7
Psychological Counseling Services (PCS		7
The Promises	866-390-2340	'
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Rape Hotline (CASA)	602-241-9010
Remuda Ranch	800-445-1900
Runaway Hotline	800-231-6946
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Sex/Love Addicts Anonymous	602-337-7117
Sex Addicts Anonymous	602-735-1681
SANON	480-545-0520
Sober Living of AZ	602-478-3210
Suicide Hotline	800-254-HELP
St. Lukes Behavioral	602-251-8535
Step Two Recovery Center	480-988-3376
Stonewall Institute	602-535-6468
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Suicide Prevention	520-323-9372	
Surv. of Incest Anonymous	520-881-1794	
Tucson Men's Teen Challeng	e 520-792-1790	
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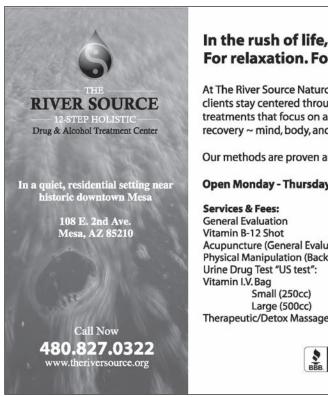




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By Coach Cary Bayer www.carybayer.com

## How your dog can awaken you

best friend. He may also be his best teacher. A dog embodies so many qualities of the Enlightenment described by great teachers like Jesus, Buddha, Krishna, Lao Tzu and Mohammed that it's hardly a coincidence that dog is god spelled into the future that has not yet come.

love at the top of the list of requirements on its way. He is firmly and resolutely focused for the cultivation of that highest state of consciousness that we call Enlightenment. catch some shut-eye, he will often still keep A dog demonstrates not just love, but an unconditional love that's hard to find. What husband and wife don't like to think that their partner loves them unconditionally? Many a husband who's turned his head too long to gaze at the "hottie" in a mini-skirt at the mall, has discovered how quickly his spouse's love is less than unconditional. What if a woman gains 75 pounds? Unfortunately, that's moved many men in our disposable culture to be on the lookout for a slimmer model.

But it doesn't matter how much you weigh, it doesn't matter how many hotties and hunks you stare at, it doesn't even matter how many other dogs you pet your dog is your pal forever. He'll love you unconditionally to his dying breath. A dog will greet you with a wagging tail and endless licks and kisses. (Does your wife or husband do that? I didn't think so.) You can yell at a dog in anger, and he will perhaps cower away in fear, but an hour later, he's completely forgiven you of that points to an awakened state of being such unconscious cruelty. Most spouses are that our great teachers have both explained less forgiving.

Another quality the great teachers place high on the list as a prerequisite for spiritual us, who really are the masters? Perhaps they attainment is that of service. It's a quality love to awaken us so much that we're like our that's second nature to a dog. Make that first teachers' pets. nature. There are still many a dog around who, if shown how, will retrieve the slippers of his master on a nightly basis. The service that a You can find him at www.CaryBayer.com and dog manifests for his man rivals that of the reach him at successaerobics@aol.com most refined Jeeves-like butlers.

Consciousness firmly awakened in the present is another necessity for the achieve-

dog, so the proverb goes, is a man's ment of the highest states of human development. Eckhart Tolle wrote a best-seller, The Power of Now, in which he elucidated the necessity for, and advantages of, keeping yourself in the present moment, as compared to looking over your shoulder at the past, or

A dog never dwells in what once was, nor Every great spiritual teacher has put is he obsessed with what may or may not be on the present. Even when lying down to one of those eyes open to the goings on of the humans around him, just to stay present.

> Enthusiasm, from the Greek entheos or "in god," is another criterion for gaining higher consciousness, as well as a symptom of it. If the wagging tail of a dog doesn't remind you to stay enthusiastic, nothing else can. Retrievers of the Golden and Labrador type, for example, are perfect embodiments of an enthusiasm that's hard to top in this world. A human being can throw the same ball to the same retriever over and over again but, while the person may soon tire or be bored from this repetition, the dog never will be bored. The jaded human being, far too often, says, "Been there, done that." But to a retriever, the idea cannot possibly arise. Each new toss of the ball is a brand new moment, the first time to fetch. His presence in the moment and his enthusiasm for chasing the same thing time and time again display the kinds of freshness and embodied.

With all of these things that dogs teach

Cary Bayer conducts a private practice

BLACKOUT from page 1

Paul was beginning to connect the dots of that horrible night, and ultimately shared his fears and haunting recollections about the stabbings at an A. A. meeting. Another person at the meeting informed the police about what he had disclosed, and detectives soon matched Paul's fingerprints with those left in the victims' blood all over the grisly crime scene. Short months later, Paul was looking at the world through the bars of the upstate New York prison where he will likely spend the rest of his life.

#### What is an Alcoholic Blackout?

Paul Cox's journey to prison began in an alcoholic blackout—a phenomenon known to anyone with a working knowledge of alcohol and alcoholism. Actually, an alcoholic blackout is a peculiar form of anterograde amnesia caused by the presence of a sufficient amount of alcohol in a drinker's bloodstream. The term anterograde amnesia refers to memory loss in which the affected person is unable to form new memories after an actuating event (in this case, alcohol intoxication) but can remember everything—including procedural or how-to memory, known before the onset of the amnesia. Anterograde amnesia is distinct from another kind of memory loss called retrograde amnesia. In retrograde amnesia, a person can remember present and ongoing events but cannot recall anything that happened prior to the actuating event (typically a traumatic brain injury) that triggered the amnesia.

drinking histories of A. A. members, Jellinek concluded that alcohol-induced blackouts, especially blackouts occurring early in one's drinking career, were an accurate biological marker of alcoholism. In 1969, and based on interviews with 100 hospitalized alcoholics, Goodwin and his colleagues concluded that there were two distinct forms of alcoholic blackout: en bloc and fragmentary. According to Goodwin, an en bloc blackout is a complete loss of memory, characterized by an inability -despite all efforts by the drinker or others to cue recall - to remember any events that occurred while intoxicated. Fragmentary blackouts, as the term implies, involve only a partial inability to remember events that occurred while the person was drunk. In fragmentary blackouts, forgotten events can sometimes be recalled with persistent cueing. These data and their clinical implications were the result of careful observations of blackout drinkers. Alcoholism researchers had to be content with this kind of observed clinical data because they lacked the kind of neuroimaging technology that would allow them to look deeply into the brains of blacked-out subjects. In the late 1960s though, innovative neuroimaging systems allowed a new generation of brain scientists to unravel the neurobiological intricacies of the alcoholic blackout.

### The Neurobiology of an Alcoholic

In order to make sense of how alcohol can disrupt the brain's ability to make memories, researchers first had to identify a model of

"A drinker who is in the netherworld of an alcoholic blackout can appear fairly normal; they are usually able to carry on conversations and even negotiate their way through difficult or complex tasks."

Alcohol can produce measurable impairments in memory after only 2-3 drinks. A drinker who is in the netherworld of an alcoholic blackout can appear fairly normal; they are usually able to carry on conversations and even negotiate their way through difficult or complex tasks. There are even documented cases of pilots flying airplanes, surgeons performing complex operations and lawyers trying cases—all while in full-blown alcoholic blackouts. Both men and women drinkers seem to experience blackouts in about equal numbers and, surprisingly, blackouts are as common among social drinkers as they are in alcoholics (White, 2003). Some drinkers, particularly those with a history of blackouts, are at a higher risk for blacking out whenever they drink heavily. There might also be a link between prenatal exposure to alcohol and a vulnerability toward blackouts. Some researchers believe there may even be a specific genetic predisposition to having blackouts (Hartzler & Fromme, 2003).

And, while the alcoholic blackout is something that has long been recognized by medical science, the neurobiological process by which alcohol robs the brain of its ability to remember has only more recently been discovered.

#### **Early Research**

The noted alcoholism researcher E. M. Jellinek (1946) studied alcoholic blackouts in the 1940s by surveying recovering alcoholic members of Alcoholics Anonymous. Because

memory formation that could be used as a contextual reference for the process of remembering, and also one that was adaptable to the rigors of neuroscientific investigation. A number of the early studies into the neurobiology of alcoholic blackouts used a paradigm of memory formation first described by Atkinson and Shiffrin (1968) and called the Modal Model of Memory.

In the Modal Model of Memory the formation of memories involves a number of distinct but coordinated actions that begins with sensory input forming an immediate, or sensory memory (the kind of memory that lasts only a few seconds). If a person attends to the sensory memory and if information encoded in the sensory memory is important enough or if the information related to the memory is rehearsed, the immediate memory may then proceed to long-term storage—a place where it can be retrieved whenever it is needed. Each of these processes is handled by a different part of the brain (Scoville and Milner, 1957); the most critical of which is the hippocampus, a chili pepper shaped structure deep in the forebrain. The job of the hippocampus is to coordinate the process of memory formation by routing raw sensory data from a variety of sites in the neocortex (the outer, wrinkled surface layer of the brain) and sorting this often-jumbled information into a coherent autobiographical memory. The hippocampus then sends the memory on—via tiny structures on its surface called pyramidal

of the high prevalence of blackouts in the BLACKOUT continued page 12



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Depression/Bipolar Support Alliance Peer support groups. 480-593-4630.

GA meeting Sunday night. ACT Counseling & Education. 5010 E. Shea, D 202, 6:30 to 8:00. Details call 602-569-4328.

Spanish Speaking GA-448 W. Peoria Avenue, Suite 203, Glendale. Contact Sue, 602-956-4931.

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Are sexual behaviors in and out of relationships causing you problems? Sex Addicts Anonymous www.saa-phoenix.org 602-735-1681 or 520-745-0775 in Tucson.

Tempe Valley Hope Alumni Support Groups, Thursdays 6-7:00 p.m., 2115 E. Southern Ave. Phoenix. Tuesdays 8-9:00 p.m., 3233 W. Peoria Ave. Ste. 203, Open to anyone in recovery.

Special Needs AA Meetings. Contact Cynthia SN/AC Coordinator 480-946-1384, email Mike at mphaes@mac.com

North Phoenix Visions of Hope Center—Recovery center for 18 or older enrolled in Magellan 15044 N. Cave Creek Road #2. Phoenix. 602-404-

Survivors of Incest Anonymous. 12-step recovery group for survivors. Tucson Survivors Meeting, Sundays 6:00 to 7:15pm. St. Francis in the Foothills, 4625 E. River Road (west of Swan). Carlos 520-881-3400

**OVEREATERS Anonymous**—Teen Meeting, Saturdays 4:00 p.m. 1219 E. Glendale Ave. #23 Phoenix. www.oaphoenix.org/ 602-234-1195.

CLUTTERERS Anonymous—Thurs. 6:30 p.m North Hills Church, 15025 N. 19th Ave, Rm F-103 Phoenix. 602-601-1414.

SLAA—Sex and Love Addict Anonymous

602-337-7117.www.slaa-arizona.org

FOOD ADDICTS Anonymous—12 step group www.Foodaddictsanonymous.org

GAM-ANON: Sun. 7:30 p.m. Desert Cross Lutheran Church, 8600 S. McClintock, Tempe. Mon. 7:30p.m., Cross in the Desert Church, I2835 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 pm, University Medical Center, 1501 N. Campbell. 520-570-7990, www. arizonada.org.



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HEAVY BURDEN from page 7

deavors tend to have a healthier body image Family Adventure than those who don't. Encourage parents to involve kids in fun and doable sports that will challenge, and provide experience of mastery. These activities will help kids find their own unique physical strengths and provide excellent ways to reduce stress and increase mood and energy levels.

#### Modeling Body Gratitude

You are the most powerful model for your children. Teach them ways they can appreciate about their own bodies and its function. It is important they see you living in your body in peace. For example, catching you smiling at yourself in the mirror, or expressing gratitude for your strong legs, bright smile, and skillful

#### Critical Thinking Skills

Media messages about food and bodies are often distorted and kids are the most vulnerable to these messages. But, not if they are taught to be watchdogs of the media! Help them question advertisement messages and use "talk back" techniques with your kids when hearing messages that both discourage healthy realistic attitudes and behaviors related to eating and weight. The National Eating Disorders Association has project ideas to build resilience and tips on how to be proactive against negative media messages.

#### The Whole Picture

Take a realistic approach to your family's heath. Identify free seminars on nutrition and activity lifestyles for families. Parents have the most difficult job in the world. Lead kids to resources that provide building blocks for healthier choices. Balance, variety and moderation are wise templates to help kids create their own internal healthful boundaries with food and weight. There are multiple tools that are free and easily available to guide families to making the right choices to improve eating and exercise health and to make the best of their bodies! Bodyworks at www.womenshealth.gov is one excellent resource.

#### **Genes versus Jeans**

Broaden understanding of the influence of genetics on body types. Biological traits speak a great deal to body shape and individual frames. We all benefit from knowing the "how to's" of working with our genes versus the energy, time and failed attempts to be something they are not. Keep the goal on body health and move away from fitting a form that is not true to you. What's on the Science, 1, 24-43. inside is what counts.

Include activities that promote physical movement as well as problem solving and communication skills. Experiential and adventure activities help families get "out of the box" and get into new awareness and learning through fun challenges.

#### **Tool Kits**

More than ever kids need guidance and assistance related to overall health and nutrition. Keep your resources plentiful. Include updates of online and community resources such as free educational seminars on nutrition, family stress busters, healthy esteem and body image enhancers.

#### Red Flags

Know the warning signs that might indicate over concern with poor or distorted body image. This may indicate deeper problems. Sometimes it is difficult to see the forest through the trees and even committed parents may miss early detectors indicating a concern. One behavior does not cause eating disorders; however, some behaviors can be an indicator that one could be more vulnerable to an eating disorder. Some of these include:

- Anxiety that does not resolve
- Isolation and withdrawal
- Extreme change of attitude and mood
- Unrelenting disparaging talk about hating
- Increasing rigidity about food to point of cutting out healthy and needed food for proper growth
- Over-exercise and calorie counting that seems obsessive
- Strict and fad dieting practices

Visit www.remudaranch.com to learn more about the indicators of both eating and anxiety disorders in youth. View our calendar of free continuing educational events for treatment professionals in your area.

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Schuman, S. (2010). Weight-Related Attitudes and Behaviors: Influence on

Child and Adolescent Body Dissatisfaction. University of Florida Journal of Psychological

Dr. Deborah Russo is a licensed clinical psychologist and member of the National Speakers Bureau for Remuda Ranch Treatment Programs. Amy Spahr, LCSW, is Director of Clinical Services at Remuda Ranch Programs for Eating and Anxiety Disorders. Remuda Ranch is located in Arizona.

Remuda Ranch has resources for women and girls, families and treatment providers about the signs and symptoms of eating and anxiety disorders. Call 1-800-445-1900 for more information. Online at www.remudaranch.com.

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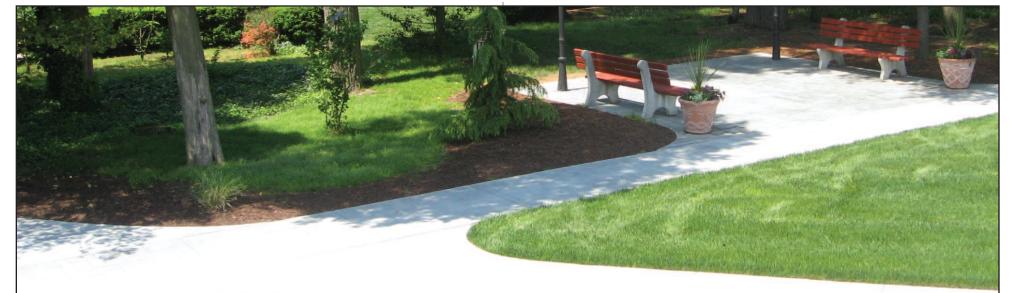
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Recovery from chemical dependency is a process that no one can achieve alone. Seabrook House helps individuals and their families reclaim their lives in a safe, healing environment. Founded by Jerry and Peg Diehl in 1974, Seabrook House is licensed and CARF-accredited to provide a range of programs, including specialized opioid detox.

Our main treatment center is only 45 minutes from Philadelphia, nestled on a 40-acre manicured estate in rural Southern New Jersey, offering a beautiful, tranquil setting for self-discovery. You can rebuild your life. Treatment works.

Most insurances are accepted. Call to find out about scholarships through the Seabrook House Foundation.



Available 24 hours a day

800-761-7575

www.seabrookhouse.org

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cells—to the brain's frontal cortex, where it can be used to reason, plan and guide behavior (Zola-Morgan et. al, 1986).

In sufficient amounts, alcohol can prevent memory formation by disrupting the normal function of the hippocampus and paralyzing the pyramidal cells. When affected by alcohol the hippocampus loses its ability to sort the random sensory data sent to it by various areas of the neocortex. Hippocampal impairment is then compounded by alcoholsoaked pyramidal cells that are now incapable of sending memories, jumbled or otherwise, to the frontal cortex. By causing a dysfunction in the hippocampus and pyramidal cells, alcohol ensures that the drinker's brain cannot form new usable memories. A person in an alcoholic blackout lives only in the present, lacking any kind of immediate or recent memory to guide their speech or actions. Memory loss is why intoxicated people often repeat themselves in conversation—going over the same conversational ground again

Some drinking behaviors can increase the risk of triggering an alcohol-induced blackout. There is persuasive data that suggests that gulping drinks can heighten one's risk of blacking out. Drinkers who suffer alcoholic blackouts often drink too much and too quickly. The rapidity of rise in blood alcohol level (BAL) may be as important in triggering a blackout as a high BAL itself (NIAAA, 2011). Alcohol can also interact with other drugs, several of which even when taken alone, are capable of producing dysregulation in hippocampal function similar to that produced by alcohol.

Benzodiazepines, like Valium® and Xanax® can cause memory impairment even when taken alone and in amounts only minimally higher than a large therapeutic dose (White, et. al, 1997). And when alcohol and benzodiazepines are taken in combination, their mutually potentiating effects are almost guaranteed to result in a blackout. A recent addition to our collective knowledge on the neurobiology of alcohol-induced blackouts is

data that clearly show that using alcohol and marijuana together results in greater memory impairment than would result if either drug were taken alone (Ciccocippo, et. al, 2002).

"A person in an alcoholic blackout lives only in the present, lacking any kind of immediate or recent memory to guide their speech or actions."

The last twenty years have been a time when tremendous advances have been made in our understanding of the neurology of alcohol-related memory loss. In the near future, a new generation of electrophysiological recording devices—instruments that will allow scientists to gather data from many parts of the brain simultaneously, will likely yield new and more detailed information and possibly a more nuanced understanding of how alcohol can impact a wide range of brain functioning, including memory formation. But these new insights may end up being of more interest to the neuroscientific community than to the typical problem drinker.

Most problem drinkers are already familiar with a much more cogent reality: Horrible things can happen to people when alcohol shuts down their brain's ability to remember. Just ask Paul Cox.

For more information about Cottonwood de Tucson visit www.cottonwoodtucson.com, call 800-877-4520.



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