

INSIDE THIS EDITION

Ten Percent of American Adults Consider Themselves in Recovery From Drug or Alcohol Abuse



GetYOUR Medical Marijuana card TODAY, only \$150!  
by Dr. Marlo Archer



PLUS:  
Some Reflections on SANITY  
by Jeff Friedman, MHS, LISAC

# Tech, Sex, and Porn Addiction: The New Generation of Sex Addicts

By Rob Weiss, LCSW, CSAT-S

## Tech to Connect

These days, virtually everyone owns a computer, smart-phone, or mobile device. Digital interaction is an integral part of our everyday routine. We check emails and texts, update our Facebook page, fire off a tweet or two, and then finish our morning coffee. Digital interconnectivity provides endless new opportunities that support our very human needs for community and social interaction. Innovations like Facebook, with over 500 million users, and Twitter, with over 300 million users, now allow real-time interactions with an increasingly wider and more diverse group of people. Best of all, friends and family who may have been too distant for regular contact just a few years ago can now be intimately folded into our lives. We make friends, we share our experiences, we celebrate, and we commiserate — one world, a growing interactive community.

The digital world has also done a great deal toward educating the general public about topics formerly considered too personal or embarrassing to discuss with friends and family or even a professional. Thanks to the Internet, nonjudgmental clinical information regarding mental illness, spousal abuse, sexuality, relationship intimacy, and drug and alcohol abuse, just to name a few, is now available online 24/7. This availability of much needed information has helped to de-stigmatize formerly shameful topics and facilitate useful connections with like-minded individuals.

For partners, spouses, and families separated for long periods of time by work or

military service, the tech-connect boom is a godsend. Couples are now able to bond long-distance in real time, sharing a growing child's latest milestone and even engaging in visual intimacy via the webcams now routinely incorporated into computers and smart-phones. Those not yet in a committed relationship can put technology to good use when home or traveling via e-dating, establishing and growing budding relationships with less of a focus on who lives where.

## Tech to Disconnect

Our increasing online connectivity has also brought with it access to an unending collection of highly arousing sexual content (pornography) and increasingly unfettered connections to willing sexual partners. While these activities are a source of highly pleasurable amusement and distraction for the vast majority of healthy people who choose to engage in them, those individuals predisposed to addictive and impulsive behavior patterns can find themselves lost in an escalating, obsessive quest for sexual and/or romantic intensity. Ultimately they begin abusing online sexual experiences — more as a means of escape than pleasure. For such people, viewing online porn and creating quick Internet sexual hook-ups can lead over time to an addictive relationship with online sexuality. This in turn produces profoundly negative relationship, personal, health, career, and even legal consequences — which are often ignored in order to continue cybersex activities.



*“Recent studies indicate that the problem of sexual addiction is escalating and simultaneously becoming more evenly distributed between men and women.”*

Pre-Internet research in the 1980s suggested that approximately 3 to 5 percent of the adult population struggled with some form of addictive sexual behavior. These were individuals, mostly men, hooked on video porn, affairs, prostitution, old-fashioned phone sex, and other similar behaviors. However, more recent studies indicate that the problem of sexual addiction is escalating and simultaneously becoming more evenly distributed between men and women. This escalation appears to be directly related to the easy access to both porn and sexual partners the Internet provides. And today this access is furnished not only via home and laptop computers, but also by the smart-phones and other geo-locating mobile devices we carry around in our pockets.

Whenever our access to intensely pleasurable and arousing substances, like cocaine and crystal meth, or experiences, like gambling and sex, is increased, the potential for addiction rears its ugly head. This is especially true when these substances or experiences are highly refined and amplified as in the case of newer pharmaceutical drugs and Internet porn. As our increasing technological interconnectivity has brought with it affordable, easy links to intensely pleasurable sexual content and anonymous sex, addiction and mental health professionals are seeing a corresponding increase in the number of people struggling with sexual and romantic addictions. It's just that simple.

## What is Sexual Addiction?

Sexual addiction involves repetitive and often secretive sexual behavior patterns over which people feel they have lost control. Their sexual acting out is driven by feelings of emo-

# Top 5 Mistakes Parents Make When Faced With A Young Person's Addiction

By KAREN FRANKLIN

Coping with a young person's growing addiction can be one of the most challenging and stressful issues we will ever deal with as parents. When addiction enters our homes, it can feel as if an illusive enemy has taken over our family bringing chaos and destruction. Denial, frustration and shame begin to overwhelm us and we naturally react by trying to get control of the situation. The thing that hurts parents most of all in this situation is the lack of knowledge that addiction is a disease that cannot be controlled. Here is a list of some of the top mistakes we can make with our addicted teens and young adults.

1. **Bailing them out.** The nature of addiction is that it will eventually lead to troubles for the addict. In most cases our desperate teens and young adults will turn on the manipulation to try and get us to “fix” the problem. This is when we need to practice a loving detachment and allow them to experience the pain of their consequences. They will never accept help if we make it easy for them. Most addicts are in deep denial they have a problem that is affecting their lives. It

will be impossible for them to face the truth until they begin to feel some of the repercussions of their own bad decisions.

2. **Trying to control their behavior.** When we try to control addictive behavior it generally ends up with our own frustration and disappointment. Addiction is a disease that manifests itself through the addict's words and actions. When my daughter was out of control, I fought with everything in me to try to get her to change. Sadly, it never accomplished anything. What worked is when I sought the help of addiction professionals for her illness. Once the disease of addiction was treated, changes in her behavior for the better swiftly followed. The best thing we can do for our teens is to empower them to enter treatment and seek assistance in changing their own lives.

3. **Giving them more chances.** Parents want to believe that their teen is telling the truth. Many times when a teen or young adult is abusing drugs they become willing to protect their secret at any cost which includes telling a parent what



they want to hear. Those that are further along in their addiction may be incapable of keeping promises or adhering to any rules you make. **Remember: it is your home and your child. You set the rules.** Though you want to respect your child's independence and privacy, it should never be at the price of his or her health or safety. Send a clear no-use, zero-toler-

Top 5 continued page 10



# *publisher's note* Looking Ahead to Recovery Month

By BARBARA NICHOLSON-BROWN

While National Recovery Month is six months away, we at the Art of Recovery Expo are excited to announce our 7th Annual event on Saturday, September 22, at the Phoenix Convention Center. As always the Expo is FREE to the public. Joining us this year is nationally renowned author John Bradshaw and NFL Football legend Herschel Walker.



For the past four decades, John, has combined his exceptional skills as the role of counselor, author, management consultant, theologian, philosopher, and public speaker, becoming one of the leading figures in the fields of addiction/recovery, family systems, relationships, spiritual and emotional growth. He currently leads workshops around the country, and is a Senior Fellow at The Meadows treatment program in Wickenburg, Arizona. John has written three *New York Times* best-selling books: *Homecoming: Reclaiming and Championing Your Inner Child*, *Creating Love*, and *Healing the Shame That Binds You*. A much sought out speaker, John has truly touched and transformed the lives of millions.

At the University of Georgia, Walker set an NCAA freshman rushing record and helped capture the national collegiate football title. He earned consensus All-American honors three consecutive years, set 10 NCAA records, 15 Southeast Conference records, 30



Georgia all-time records, and capped a sensational college career by earning the 1982 Heisman Trophy in his junior year.

Walker joined the Dallas Cowboys in 1986, where he led the entire NFL in rushing and earned All-Pro honors. Walker moved to the Minnesota Vikings as starting running back in 1989. In 1992, he joined the Philadelphia Eagles football team, but returned to the Dallas Cowboys in 1996. In 2002 he was voted into the Collegiate Football Hall of Fame, and was selected as the second greatest player in college football history, just behind the legendary Red Grange. In a 2008 memoir, *Breaking Free*, Herschel Walker revealed that he had suffered for many years from dissociative identity disorder, a mental illness previously known as multiple personality disorder. With psychotherapy, the disorder can be treated, and Walker decided to make his affliction public, to advance understanding of the disorder and encourage others so afflicted to find the help they need.

Save the date now!

*I personally want to thank Rob Weiss for his outstanding feature on Tech, Sex and Porn Addiction. While the topic of sex addiction may be uncomfortable, it too, is one we need to discuss openly without shame or the fear of being judged. No addiction, in my opinion is any worse or better than another. We must focus our attention on help, hope and treatment.*



## Some Reflections on Sanity

By JEFFREY C. FRIEDMAN, MHS, LISAC

Psychology is an area of philosophical inquiry dating back to the civilizations of ancient Greece and Egypt. But in over two thousand years of psychological research, what seems to have most successfully eluded organized investigation is any definition of the qualities of sanity — that which makes for soundness, rationality and healthiness of mind. For as long as the human psyche has been studied, psychologists have largely focused their energies mainly on cataloguing, analyzing and generally fussing over the myriad ways in which a person can be psychologically ill. *The Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association: Fourth Edition – Text Revision* (DSM-IV-TR), the standard reference for psychiatric diagnosis describes in clinical detail over 400 distinct syndromes of psychopathology. But when one searches the DSM or even the greater body of psychological literature for any unified theoretical or clinical description of the qualities of sanity, they will find little.

For readers of *Together AZ*, an essay on the characteristics of sanity may be of some interest since the readership of this publication are people engaged in the process of recovery — an ongoing and proactive passage from neurotic suffering to more optimal mental and behavioral health.

### What is recovery but a journey to greater sanity?

But the sad fact is that many of the people on this journey to sanity are likely to be more familiar with the qualities of insanity than with those of sanity. At some point, we who dedicate our energies to improving our mental and emotional health might be wise to wonder if we would even recognize sanity if it came our way.

But recognizing sanity is not as easy as it might at first seem. Ideas on sanity will differ from person to person. These differences are the natural result of our own individual struggles and unique life experiences. This is not only as it should be, but as it only can be. If this commentary serves as the impetus for reasoned discussion on the qualities of sanity it will, I think, have served at least some good purpose.

So this is an article that will dwell more in the question of “what is sanity” than in the answer. It is meant to be an inquiry into, rather than a definitive or comprehensive description of, the qualities of sanity.

But readers must be warned. Distilling the constituents of sanity is a process that contains several moving parts and is one that is constrained in several ways. Because of the lack of psychological research on the subject, there is little broadly accepted theory on what exactly constitutes sanity. Even societal and cultural norms appear to be of little help here. In his book *A Sane Society*, psychologist Erich Fromm pointed out, “The fact that millions of people share the same vices does not make these vices virtues... and the fact that millions of people share the same form of mental pathology does not make these people sane.” We all seem to possess a mix of both sane and insane qualities. And the elements of sanity and insanity, like those of joy and sadness, may exist only in relation to one another. Aristotle recognized this when he wrote: “No excellent soul is exempt from a mixture of madness.”

One way to approach the task of describing the qualities of sanity is to start with a model of its opposite, insanity and sort of work backwards. Dr. Dan Siegel, a Harvard-trained neuropsychiatrist and author of *The Mindful Brain*, offers a simple model for insanity, which he describes as “either rigidity or chaos.” When Dr. Siegel uses this paradigm in his conference presentations, he purses the fingers of his hands and holds them a couple of feet apart, carving out of the air a continuum terminating in two extreme and differential states of being. Siegel’s gesture is instructive because it implies a middle ground between the two extremes. Could sanity reside in the space between the doctor’s hands — between rigidity and chaos? Might the middle ground of sanity contain the qualities of flexibility, resilience, moderation, tolerance and adaptability? This idea may be worth some thought for anyone for whom the premise feels right.

And what feels right to any given person may, itself, be a clue to sanity. Many psychologists believe that all human beings have in innate attraction to what they instinctively experience as “sane.” People seem to sense the inherent health in others. Could it be that a journey to sanity might best be taken in the company of trusted others — especially if those others are also trying to improve their own emotional wellness?

This premise can be turned into an exercise. Find a person you admire and experience as a particularly sane person (a personal hero, perhaps). Make a list of the personal qualities in that person that you most admire. This list might be the beginning of your personal template of sanity.



*Jeffrey C. Friedman, MHS, LISAC is a primary therapist at Cottonwood Tucson, a 50-bed inpatient behavioral health treatment center located in Tucson, AZ. 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 United States, Europe and Asia. His articles have appeared in Together AZ, Counselor Magazine and Addiction Professional.*



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# ·N·E·W·S·

## Study: Teens Addicted to the Internet More Likely to Admit to Drug Abuse

A new study suggests teenagers with “pathologic” Internet use are more likely to admit to drug abuse.

“Not only did we find that specific personality attributes were important in both substance abuse and Internet addiction, but that Internet addiction remained an important predictor of substance abuse,” study co-author Georgios Floros told ABCNews.com.

The study, conducted by Greek researchers, included 1,271 students ages 14 to 19 on the Aegean island of Kos. They were asked about their Internet use, substance use and personality. The study included an “Internet addiction test,” which asked how often they stayed online longer than they had intended, how often their grades suffered because of the amount of time they were online, and how often they would act annoyed if someone disturbed them when they were online.

The researchers found the teens who reported substance abuse had significantly higher average scores on the Internet addiction test. Those scores were important predictors for past or present substance use, the researchers reported in the *Journal of Addiction Medicine*. “Targeting the adolescent population that engages in increased Internet use may be of benefit for drug abuse prevention programs,” they wrote.

The article points out that there is no agreed-upon definition of Internet addiction. The article notes the study found links between Internet use, drug use and personality type, but not a cause-and-effect relationship.

“Correlation data is not causative,” David Greenfield, founder of the Center for Internet and Technology Addiction, told ABCNews.com. “You can’t assume because the person has one marker that they’re going to have the final issue. But you do need to be aware of what your child is doing online and how much they’re doing it.”

## Ten Percent of American Adults Consider Themselves in Recovery From Drug or Alcohol Abuse



Ten percent of American adults consider themselves to be in recovery from drug or alcohol abuse problems, according to a new survey released today by The Partnership at Drugfree.org and the New York State Office of Alcoholism and Substance Abuse Services (OASAS). The findings indicate there are 23.5 million American adults who are overcoming an involvement with drugs or alcohol that they once considered to be problematic.

The nationally representative survey found 10 percent of adults answered yes to



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the question, “Did you once have a problem with drugs or alcohol, but no longer do?” — one simple way of describing recovery from drug and alcohol abuse or addiction that was devised by Dr. Alexandre Laudet, a leading researcher in addiction recovery, now at National Development and Research Institute (NDRI).

“Bill White, a treatment and recovery champion, has said that there is ‘a science of addiction, but not a science of recovery,’” explained A. Thomas McLellan, PhD, Former Deputy Director, White House Office of National Drug Control Policy. “That statement is completely correct. With the survey conducted by **The Partnership at Drugfree.org** and OASAS, we now have a very strong beginning to developing that science. Through past initiatives, we established some sensible definitions of what ‘being in recovery’ actually means — and this additional work provides fundamental information on how many

people are in recovery. These are not only the building blocks for the ‘recovery science’ that have been called for, but they are the foundation for public understanding, acceptance and ultimately, the celebration of recovery.”

The survey also uncovered some basic demographic information about those saying they once had a drug or alcohol problem, but no longer do: more males say they are in recovery than females (12 percent of males vs. 7 percent of females). More adults ages 35-44 report being in recovery, compared to younger adults (18-34) and adults who are 55 years of age or older. The Midwest has a higher prevalence of adults (14 percent) who say they are in recovery compared to adults in the South (7 percent). In other regions of the country, the percentage of adults (not statistically significant) who say they are in recovery is 11 percent for the West and 9 percent for the Northeast.

“This research marks a vitally important step for those who are struggling with addiction by offering clear evidence to support what many know experientially — that millions of Americans have found a path to recovery,” said New York State Office of Alcoholism and Substance Abuse Services (OASAS) Commissioner Arlene González-Sánchez. “It is my hope that this new evidence will strengthen and inspire individuals and those that provide treatment and recovery services to help the broader community understand that treatment does work and recovery is possible.”

The survey was conducted in 2011 by Opinion Research Corporation for The Partnership at Drugfree.org and OASAS via phone (landline and cell) among a nationally representative sample of 2,526 adults.

“The OASAS study is an important contribution to the public’s understanding of recovery, as it represents the actual voices of millions of Americans whose lives have improved because they are living free of alcohol and other drug problems,” stated Steve Pasierb, President and CEO of The Partnership at

Drugfree.org. “This new learning provides a big reason — more than 23 million reasons — for all those who are struggling with their own, or a loved one’s substance use disorder, to have hope and know that they are not alone. These findings serve as a reminder that addiction is a treatable disease and recovery can be a reality. We are just scratching the surface here and more research is needed in this area, but we are proud to collaborate with New York OASAS in this meaningful process.”

## Tobacco Companies’ Ads May Influence Youth to Start Smoking: Surgeon General

A new report by the U.S. Surgeon General says tobacco companies’ ads and promotional campaigns may influence teens and young adults to start smoking.

The report, “Preventing Tobacco Use Among Youth and Young Adults,” says the “evidence is suggestive” that the companies have changed cigarette packaging to increase their appeal to teens, according to CNN.

“Targeted marketing encourages more young people to take up this deadly addiction every day,” Health and Human Services Secretary Kathleen Sebelius said in a news release. “This administration is committed to doing everything we can to prevent our children from using tobacco.” The release notes that “targeted messages and images that portray smoking as an acceptable, appealing activity for young people are widespread, and advertising for tobacco products is prominent in retail stores and online.”

Surgeon General Regina Benjamin also discusses menthol cigarettes, and their appeal to young smokers, noting, “tobacco companies have long known of menthol’s ability to mask harshness associated with cigarette smoke, increase the ease of smoking, and provide a cooling sensation that appeals to many smokers, particularly new smokers.”

The report says state tobacco control programs could play a bigger role in pre-  
*NEWS continued page 12*

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# A Healthy Marriage Starts With Good Self-Care

By LARRY SOLOMON, M.A., L.P.C., L.I.S.A.C.

**A**s a newly licensed counselor (many years ago) I operated under the fantasy that since school was over, the hardest work was behind me. I vowed never to write another paper and to catch up on the many years of sporting events I was forced to miss in order to obtain my degree.

That didn't last very long. Only a few short months after graduating I was enjoying a game one evening, when God interrupted and placed on my heart the makings of a book. I tried bargaining, saying "Haven't I worked hard enough to get where I am?" It was no use. The more I resisted the idea of writing, the more my anxiety increased. Four and a half years later I published *"Love Never Fails... But a Marriage Can."*

This forced me to perform extensive research on marriage. Through that research I learned several different theories on what makes a marriage healthy. Eventually, I had to develop my own theory. I concluded that many marriages fail because one or both individuals fail to keep themselves spiritually, physically, emotionally and mentally healthy. A healthy individual will be an asset to the marriage, which makes the marriage healthy. While my spouse is more than willing to assist me in addressing my needs, ultimately the responsibility is mine.

## So I defined a healthy marriage as...

"Two individuals that agree to assist in meeting each other's needs, but each takes responsibility for their own happiness."

You cannot rely on your spouse, or the marriage to make you happy. That is your responsibility. We have all seen a couple that is planning on getting married soon that really isn't ready to make such a commitment. Perhaps they argue constantly or only seem to get along when things are going well. They lack the maturity or insight to work through the difficult times. Yet inevitably, one or both will make the statement, "Things will change once we get married." Or one might say, "I'll change that aspect about him (or her) after we are married. After a couple of years, when things are not working out so well one may say, "Let's have children. That will bring us closer together." A short time later they may end up in counseling wondering why they can't get along.

In order for a marriage to be healthy, each person takes responsibility for their own emotional health.

I am responsible for verbalizing my needs. Think of the many qualities that

attracted you to your spouse. If you were to list them I am sure you would come up with several talents he or she has. Of these many talents it is important to understand that mind-reading is not one of them. We all need encouragement at times. At other times we may need affection or perhaps some alone time. If you need something from your spouse, verbalize it. If you simply rely on his or her (lack of) ability to read your mind it will lead to making assumptions. Eventually this will lead to hurt feelings as the assumption will often be wrong.

One of the underlying reasons for failure to verbalize your needs is the misconception that it will bother the other individuals. I have heard, "I don't want to ask her help, I should be able to handle it myself." I have also heard, "He's really busy, I don't want to bother him." Remember that your spouse has agreed to meet your needs. Your spouse will not be bothered by you expressing your needs. He or she wants to be important to you. Verbalizing needs is important in keeping communication flowing and healthy.

I am responsible for my behavior. You have no one to blame for your actions but yourself. No matter what the circumstances are, your spouse cannot make you act in a certain way. Making statements like, "She made me do it," or "I had no choice" is nothing short of immaturity.

Taking ownership for behavior helps anytime there is a need for amends or reconciliation. When we own our behavior without excuses we open the way for healthy communication and greater trust in the relationship. Isn't this exactly what the first step in recovery is about? I claim responsibility for my actions with no more excuses.

I am responsible for my feelings. Your spouse cannot make you mad, sad or happy. All of that is your responsibility. The reverse is true as well. You cannot be responsible for your spouse's feelings. That is the basis of codependency. Just like owning your behavior improves the quality of the marriage, taking responsibility for your feelings will improve it as well.

A healthy marriage is part teamwork and part individual work. I must take responsibility to address my needs, while being willing to assist you in meeting yours. After all, helping you meet your needs... is one of my needs.

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## Tobacco Killed 50 Million People in Last Decade Worldwide

Fifty million people worldwide have died from tobacco-related causes over the past decade, according to a new report by the World Lung Foundation and the American Cancer Society. The groups estimate that if current trends continue, a billion people will die from tobacco use and exposure in this century.

*The Tobacco Atlas* notes smoking rates in the developed world are on the decline, while rates are climbing in poorer areas of the world. Last year, tobacco use resulted in the deaths of almost 6 million people worldwide, with almost 80 percent occurring in low- and middle-income countries. In China, tobacco

is the number one killer, responsible for 1.2 million deaths per year, according to the atlas. That number is expected to grow to 3.5 million by 2030, Reuters reports.

The report said the tobacco industry has launched legal challenges to anti-tobacco policies such as plain cigarette packaging, laws banning smoking in public places, bans on advertising and health warnings on cigarette labels.

According to the report, the world's six biggest tobacco firms made \$35.1 billion in profits in 2010, an amount equal to the combined earnings of Coca-Cola, Microsoft and McDonald's.

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FOUNDER & CEO: H.P.

In gratitude and the memory of

William B. Brown, Jr.

Publisher/Managing Editor

Barbara Nicholson-Brown

Advisors

Rick Baney

Karen Franklin

Bobbe McGinley, MA, MBA, LISAC

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## April Is Alcohol Awareness Month

April marks Alcohol Awareness Month. This year, CDC (Center for Disease Control) is drawing attention to the risks to women from binge drinking, a dangerous behavior that leads to many health and social problems for women, particularly if they are pregnant or may become pregnant.

### Binge Drinking and the Risks to Women's Health

- Binge drinking is defined as consuming 4 or more drinks per occasion for women and 5 or more drinks per occasion for men. It is a common and dangerous behavior that contributes to more than 11,500 deaths among women in the U.S. each year—approximately 32 deaths per day.
- In 2009, more than 1 out of every 10 women reported binge drinking during the past 30 days. On average, women who binge drink said they engaged in this risky behavior at least three times per month. Among women binge drinkers, they consume, on average, almost six drinks per drinking occasion, which exceeds the threshold for binge drinking.
- Binge drinking usually leads to impairment, and women who binge drink with greater frequency and intensity put themselves and those around them at increased risk of experiencing alcohol-related harms, particularly if they are pregnant or may become pregnant.
- Binge drinking increases the risk for breast cancer, heart disease, and stroke, all of which are leading causes of death in women.



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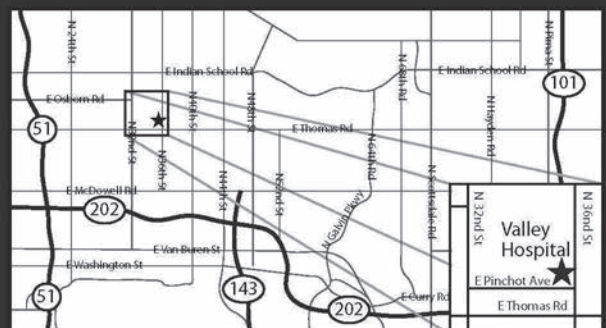


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### TECH, SEX AND PORN from page 1

tional emptiness, loneliness, boredom, and obsession. They continue to act out despite repeated attempts to stop, and regardless of the inevitable negative consequences that follow. Sexual addiction is not defined by sexual orientation or preference of one sexual activity over another, but by the fact that sex addicts use the pursuit of sexual and romantic intensity as a means of diversion from life stressors and as a way to stabilize and distract themselves from difficult emotional states. Much as a drug addict turns to his/her drug of choice to mellow-out after a challenging day, sex addicts find themselves turning to compulsive masturbation, porn abuse, adult book-stores, affairs, sensual massage, and casual hook-ups in a misguided attempt to control stressful emotions and experiences.

### Who Becomes a Sex Addict?

Most sex and relationship addicts come to the table with dysfunctional family histories. Often they are either victims of or witnesses to emotional, sexual, or physical abuse and neglect in early life. One prominent early study reported that 72% of male sex addicts who entered sexual addiction treatment had experienced childhood physical abuse, and 81% had been sexually abused (either overtly or covertly). Nearly all the sex addicts surveyed reported incidents of early emotional abuse and/or neglect.

Often intellectually intact and highly functional in life, sex addicts are emotionally challenged, particularly by relationship intimacy, and they pursue sexual intensity as a means of avoiding uncomfortable emotional triggers, anxiety, depression, and a variety of relationship deficits that can lead to feelings of isolation. For such people, repeated sexual acting out becomes a way to self-medicate; they abuse the natural excitement evoked by the pursuit of sex and romance, which for that moment fully distracts them from uncomfortable emotions or situations. Over time this pattern escalates into full-blown sexual addiction, just as repeated self-medication with a substance such as cocaine or heroin eventually escalates into full-blown chemical addiction. Sex addicts are not addicted to sex per se. Instead, much like the compulsive gambler, they are addicted to getting “high” on their own neurochemistry, to the intensity of the natural, biologically based distractions evoked by the search for sex and arousal-based connection.

### How Has Technology Escalated Sexual Addiction?

The escalation in sexual addiction problems described above has its roots in technology, most recently the advent of both cable television and the Internet. Prior to the early 1980s, if you wanted to look at pornography you had to get dressed, get in your car, drive to a seedy shop in a bad part of town, and fork over hard-earned cash for an overpriced magazine – all the while hoping not to be seen by the neighbor's teenage kid, your boss, the police, or your spouse. That all changed in the 1980s when cable TV and “soft-core” entered our homes. The 1990s brought us Internet access, and with that came pornography via a home or office computer. In lockstep with these technological leaps came a spike in problematic sexual behavior.

Today, thanks to streaming video and smart-phones, finding porn doesn't even

require getting out of bed. Affordable access to stimulating sexual imagery of every ilk imaginable is virtually unlimited, easily and instantly downloaded. And most often it's free. Porn manufacturers — now hip to the fact that women are more turned on by relationship-based sex than the simple images of body parts that attract men — are creating porn to appeal to women. And it's working. Unfortunately, for some individuals porn use can evolve into an addictive behavior, starting as a pleasurable distraction and ending in shame, humiliation, isolation, and negative life consequences.

### There's an App for That...

Pornography abuse and the use of Internet websites to find sexual partners or prostitutes are only the beginning of the challenges faced by sex addicts today. Recent technological advances have also facilitated access to anonymous sexual hook-ups and extramarital affairs via your cell-phone. Using the same technology it takes to find a good, nearby Italian restaurant, so called “friend-finder” smart-phone apps like Ashley Madison and Blendr allow you to instantly geo-locate anonymous, willing, and available sex partners. Download the Blendr or Ashley Madison app on your smart-phone, log on, and the interface instantly display a grid of pictures of immediately available potential sex partners. These apps even use geo-locating software to show you which potential partners are geographically closest — often they're within a few hundred feet. Tapping on a picture displays a brief profile of that user, along with the option to chat, send pictures (sext), or share your own location. If the interest is mutual, then you make a plan to meet and have sex. No more fumbling around in bars or on the street risking rejection or worse. There's no muss and no fuss (and no history of the behavior ever having happened left on your phone). Not surprisingly, these apps are fast becoming the crack cocaine of sex addiction.

Consider Jason, a 36-year-old married, hard-working, self-employed electrician. When Jason's first child was born about a year ago, time alone with his wife changed from emotional intimacy, playful banter, and good, frequent sex to bathing babies and late night bottle warming. A few months ago, after getting his first smart-phone, Jason discovered the apps for Ashley Madison and Blendr, setting up accounts on both and getting hooked right away.

Before long, Jason found himself spending more time searching for sexual hook-ups than managing his shop. He couldn't believe how easy it was to find someone for sex and still be home for dinner. Time formerly spent calling on clients and making repairs was replaced with stop and go sexual hook-ups that took place wherever his phone apps led him that day. Needless to say, business suffered. Jason fell behind on his mortgage, credit card payments, and other bills. He also started lying to his wife, telling her he needed stay later at work to drum up business when in fact all of his available time was spent with women he'd met online via his smart-phone.

One day Jason's wife inadvertently borrowed his phone. She was shocked to find several nude pictures of her husband, dozens

**TECH, SEX AND PORN cont. page 9**



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# One's Man's Ceiling is Another Man's Floor

By BOBBE MCGINLEY, MA, MBA, CADAC, LISAC, NCGC II

When a couple is facing difficulties they can no longer remedy on their own and decide to seek professional support, the first step involves the process of defining problems in the hopes of discovering ways to change. This involves a reflection on the outcome of treatment itself. These can be very difficult issues to evaluate since, in fact, "one's mans ceiling is another man's floor." What may constitute clinical success to a therapist may be very different from an individual or a couple's perspective for a successful outcome. Chances are the couple will have different ideas of whether or not their therapy was successful. Another significant component of evaluating problems, goals, and outcome is the time period during which the evaluation occurred. If the same criteria were examined two years down the road, there is little doubt the outcome would be very different.

In the beginning of the treatment process, a strong reliance is placed on what the clients hope to achieve through therapy. Establishing a relationship where a couple participates in setting the agenda of their therapy via their current circumstances is important. The therapist is working with the paradox of taking control by giving it back to the clients. It is the clients, not simply the therapist, who establish the goals. This sets the stage for the use of the symptom as the point of departure in the therapeutic process. Then the couple can understand the message that change will occur from naming, accepting, and working with the symptom, and not fleeing from it. These goals are a reflection of how they view their problem.

The beginning of the process is initiated by each partner simply stating what their goals are. In many ways, the two declarations define the problem as each partner viewed it when the couple entered therapy. Open communication will help define the ways to change what had felt burdensome in the past. The goals of the couple will be the core of their treatment agenda; if the stated goals were not met, one could say the therapy failed.

Over the course of the therapy, the goals are continually re-evaluated and over time each partner can add new intentions to be worked on during the course of the therapy. Now they have established couple goals, namely to improve their communication through the expression of their grief, anger, fears, rejection, and inhibitions. Many couples find the single most important helpful strategy is talking to each other, openly and honestly.

From an intergenerational perspective, the goal of the therapist is to help the couple see the larger pattern established by their experiences within their families of origin. This can be facilitated by the use of consistent reframing and highlighting where each partner was repeating patterns within the relationship interpretations and predictions from their learned experiences growing up.

Once grounded in the couple's perspective on their problems, and having discussed individual and couple goals, experience about family of origin issues can be addressed.

Many couples have some insight into this perspective yet live with guilt of blaming where they have learned some of the behaviors they find now do not work on their behalf. Couples who face the facts they have chosen to continue old behaviors and now want to live differently can break the mold of the past. I am not judging...I am just saying...we can and, in many instances, must learn to do relationship business differently!



*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*

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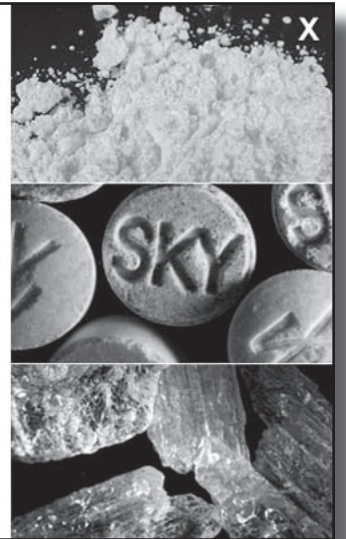
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# EVENTS CALENDAR

DO HAVE AN EVENT? CLASSIFIED? Email us: [aztogether@yahoo.com](mailto:aztogether@yahoo.com) Submissions accepted one month prior to event.

**APRIL 4—St. Luke's Behavioral Health Center Clinical Breakfast Series.** 8:00-9:00 a.m. *Ethics Series 2: Review of Ethics & Client Care, with Chip Coffey, MAPC, LPC, NCC.* Behavioral Health Center Auditorium, 1800 E. Van Buren. 1 CEU. Breakfast, networking. FREE. 602-251-8799.

**APRIL 13—** 8:30 Registration, 9:00-11:00am Presentation. **Valley Hospital Presents 2012 Continuing Education Series. *Dream a Little Dream, Symbol & Metaphor in Counseling.*** Dennis Ryan, LPC. Using the work of both Carl Jung and Joseph Campbell, the presentation will dissect the impact of both the person and collective unconscious of the mental, spiritual and emotional health of the individual. Specific strategies for utilizing symbolic content in the therapeutic process will be discussed with special attention to trauma and addiction. Valley Hospital, 3550 E. Pinchot Ave., Phoenix. Free CEU 2 hours. Register by 4/9/12. Online: [www.valleyhospital-phoenix.com](http://www.valleyhospital-phoenix.com). Email: [michelle.david@valleyhospital-phoenix.com](mailto:michelle.david@valleyhospital-phoenix.com). 602-717-9941

**APRIL 16-20 – Tucson – Cottonwood Tucson – InnerPath Women's Retreat.** Five-day 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](http://www.cottonwoodtucson.com) or call Jana at 520-743-2141 or email at [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com) for information and registration.

**APR 23-27 and MAY 21-25 – Tucson – Cottonwood Tucson – InnerPath Beginnings & Beyond Retreat.** 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](http://www.cottonwoodtucson.com) or call

Jana at 520-743-2141 or email at [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com) for information and registration.

**MAY 19 Saturday, 9:30-4:30** at The Sedona Creative Life Center, Sedona, *"Are you tired of being tired? Awaken to Balance in the Healing Vortexes"* with **Dr. Marissa and Mary Richardson:** Are you ready to jump off the hamster wheel of life?...whether you are the "multi-tasker," the "giving to much of yourself to others" or the "living to much in the future" woman, this day is for you. Dr. Marissa and Mary Richardson will lovingly guide you through a day of experiential Chakra balancing exercises, Balance Tai Qi Qong: moving meditation in the vortexes and the gift of sharing within a circle of women. \$148 if paid in full by May 19; \$188 at the door for those not pre-registered. Register at <http://www.4balance.org/sedonaretreat2012.html>.

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**Franciscan Renewal Center Support Groups: Divorce, Separation and Significant Relationship Endings.** Deals with the pain of divorce, separation, and relationship endings in a positive, healing way, among supportive and caring people. Mondays, 6:30 - 8:00 p.m. *Facilitators: Judith McHale, MA, LPC and Tom Mitchell, Ph.D, LPC. GRIEF Support.* For individuals grieving the loss of a loved one. Tuesdays, 5:30 - 7:00 p.m. *Facilitator: Sylvia*

*Hernandez, LICSW and Judith McHale, MA, LPC. DEPRESSION Support.* Helps with issues surrounding depression, stress and anxiety. Every other Tuesday (call counseling office for dates), 6:30 - 8:00 p.m. *Facilitator: Mike Finecey, MA, LPC, LISAC. GESTALT THERAPY Support.* Gestalt Therapy is an existential and experiential psychotherapy that focuses on the individual's experience in the present moment and the environmental and social contexts in which these experiences take place. This group will help attendees acquire the tools to make self-regulating adjustments that enhance their lives. Wednesdays, 6:30 - 8:00 p.m. *Facilitators: Deborah Weir, MC, LPC and Barry Evans, MC, LPC.* Franciscan Renewal Center, 5802 E. Lincoln Drive, Scottsdale. 480-948-7460. [www.thecasa.org](http://www.thecasa.org)

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](mailto:zeebies@msn.com). Gilbert location.

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

**Every Week – Tucson – Cottonwood Tucson – InnerPath Developing Healthy Families Workshop.** This five-day workshop is for families impacted by addictions, psychiatric disorders, anger and rage, and trauma. Facilitated by Cottonwood staff. Visit [www.cottonwoodtucson.com](http://www.cottonwoodtucson.com) or call Jana at 520-743-2141 or email at [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com) for information and registration.

**COTTONWOOD TUCSON.** Ongoing Alumni Meeting: the first Wednesday of each month 6:00-7:30 p.m. on the **Cottonwood campus in Tucson.** 4110 W. Sweetwater Drive. Come early at 5:00 p.m. for dinner. Contact Jana Martin 520-743-2141 or email

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**OCD Support. Banner Scottsdale,** Room 539. Group held 2nd and 4th Thursday of each month 7:00 p.m. to 9:00 p.m. 480-941-7500. 7575 E. Earll Drive, Scottsdale,

**ACOA (Adult Children of Alcoholics)** Thursdays, 7:00 p.m., North Scottsdale United Methodist Church, 11735 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). Contact Michael 520-419-6723. Plus 7 more meetings in Tucson call for details.

**Overeaters Anonymous** is a 12 Step program that deals with addictions to food and food behaviors. OA has 18 meetings scheduled throughout the week. For more information call 520-733-0880 or check our web site [www.oasouthernaz.org](http://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 p.m., 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, 1445 W. Northern. Janice 602-909-8937.

*Events continued page 14*

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TECH, SEX AND PORN from page 6

of pictures of nude women, and text messages setting up more than thirty sexual encounters. In a fit of understandable rage she threw the phone in the toilet, took their children, and left him there and then. Today she is strongly considering divorce, while Jason, in an attempt to save his marriage, is at the Sexual Recovery Institute in California, taking part in a specialized two-week intensive program designed to assist individuals struggling with technology-related sexual addictions.

For years now, online hook-up sites like Craigslist and Ashley Madison have fueled sex addicts by providing ample opportunities for meeting, chatting up, and being sexual with strangers. On Ashley Madison it is actually better to be married and looking for sex than single! In fact, the company slogan reads: “Life is Short, Have an Affair.” Hooking up on Ashley Madison means both parties are likely married and not looking for anything beyond a quick sexual encounter. At last look, Ashley Madison had more than 12 million members, making it one of the world’s most popular and financially profitable websites/smart-phone apps. Ashley Madison has managed to successfully monetize infidelity.

Facehooked?

Perhaps it is no surprise that even seemingly benign apps like Facebook can be problematic for those predisposed to addiction. Social media sites have, in fact, become a new (and socially acceptable) place to peruse intimate photos, gain personal information, seek out hot chats, and hook up for virtual or in-person sexual encounters. Sex and relationship addicts increasingly describe these networks as a primary location in which they conduct their obsessive search for sexual and/or romantic intensity.

Consider Janelle, a 29-year-old housewife and mother of two young boys. She takes great pride in being a good mom and both admires and appreciates her husband. Sadly, her past was a lot rockier than her present, and as a result she spent much of her early adulthood with an active drug and alcohol addiction. After several years of involvement and hard work in therapy and AA, Janelle got sober and was able to attain nearly five years of sobriety. Recently though, feeling beyond bored and stuck at home with no one to talk to other than her toddlers, Janelle found Facebook. Initially she reconnected with old friends from high school and distant family, but one day — out of the blue — she received an email from an attractive man she’d never met asking her to chat online. This simple communication triggered a cascade of unanticipated excitement she had not felt since before getting sober. Within a few weeks Janelle was impatiently waiting for her husband to leave each day so she could get to the computer and connect. Within a few months she found herself involved in a string of online affairs, distracted from parenting and having strong fantasies of hooking-up with several of the men she’d met online. Nine months and several anonymous sexual encounters later, she relapsed with alcohol and cocaine. Today Janelle is in treatment at The Ranch in Tennessee, in a gender-separate program designed for women with multiple co-occurring addictions and underlying trauma. She is working hard to understand how once again her life got away from her.

What Was I Thinking?

Sexually addicted clients report that when active in their addiction they somehow feel invulnerable — safe from the possibility of their compartmentalized, sexual secrets being discovered by a spouse, loved one, or boss. Think former US Congressman Anthony Weiner sexting anonymous women from the US Congressional gym, seemingly without thinking about how badly that could, and did, turn out for him. Study after study shows that when addicted people are in pursuit of their substance or behavior of choice, the neurochemically induced pull toward emotional arousal consistently leaves them with a false sense of invincibility. The emotional and physiological pull of their addiction fosters a false sense of safety and denial — one that is easily shattered when a loved one walks in the door at the wrong moment or finds a few thousand

porn images on the home computer.

What Happened?

While most of us find comfort in our increasing interconnectivity, those who struggle with sexual addiction find that technology has left them in a prison of their own making. And that is the basic issue. As anonymous online connection to sexually explicit content and willing sexual partners increases, so does sexual addiction. The faster an individual can access pornography and willing partners, the easier it is to engage in troubling sexual behavior that can result in personal, professional, and sometimes even legal trouble. And the technological future that lies ahead is all about faster connections — more messages, more profiles, and more pictures. Plus, the inhibitors to such behaviors are now gone. No longer do you have to walk into a sleazy shop to buy pornography or slip a bellhop \$20 to help you find the red-light district. All you need to do these days is download a streaming video or ask Siri (the “voice” in your smart-phone) to find you a hooker.

Going Forward

Happily, the news is not all bad. As the Internet has evolved, so too has public awareness of the problems it can cause. And new technologies are also being utilized toward positive change. For example, all 12-step sexual recovery support groups (SA, SAA, SCA, SLAA, etc.) offer websites explaining the nature of the problem along with meeting information, phone support lists, and entrée to chat-room based 12-step meetings, sponsors, and social support. Treatment centers like The Ranch in Tennessee are now using SKYPE and other connective software to bring patients into 12-step social support without having to leave the safety of the treatment environment. And as readily as you can use the Internet to search for porn and anonymous sex, you can also utilize it find individuals skilled in sex addiction treatment, educational materials, and 12-step recovery groups. Furthermore, apps are being created and utilized to help addicts stay sober, and they can be uploaded to any computer or smart-phone.

What is most needed going forward is more compassionate education for both the general public and those who provide treatment. Our culture needs to understand that sexual addiction is not an excuse for bad behavior, nor is it a fun pastime. And while sex addicts are absolutely responsible for the hurt and loss left in the wake of their sexual acting out, *their addiction does not make them bad or unworthy people*. The same moral stigma that left past generations calling alcoholics bums and compulsive overeaters fat and lazy is still in play whenever sex is identified as the problem. Words like pervert, sleaze, and nympho diminish the emotional pain that lies at the heart of this complex, escalating problem. What is needed is money for research, public education, a clear diagnosis, and treatment methods proven to help sex addicts regain their self-respect and life stability.



Robert Weiss is the author of three books on sexual addiction and Founding Director of The Sexual Recovery Institute in Los Angeles. He is Director of Intimacy and Sexual Disorders Services at The Ranch and Promises Treatment Centers. Mr. Weiss is a clinical psychotherapist and educator. He has provided international training for clinicians, addiction treatment centers, and the US military. A media expert for Time, Newsweek and the New York Times, Mr. Weiss has been featured on CNN, The Today Show, Oprah, and ESPN among many others. Follow Robert on Twitter @RobWeissMSW

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Top 5 from page 1

ance message to your son or daughter. Make them accountable for money given to them so that you know you are not contributing to their addiction.

4. **Waiting for the bottom to fall out.** The problem with waiting for every addict to hit rock bottom is some will die, get arrested, or suffer irreversible harm before they get there. All addicts have their

*“Addicted teens that don’t get help and find sobriety are out there for an average of 15 years before they seek help as adults.”*

own bottom when they decide enough is enough. Get help for yourself and connect with professionals that can guide you to help raise the addict’s bottom.

5. **Wasting a good crisis.** There may be one, and only one, opportunity to approach the addict and convince them to enter treatment. Don’t blow that chance. Act before drastic measures are needed and dire consequences appear. A crisis event can be an opportunity for some families to confront the addict. Facing real consequences can wake some addicts up. Any intervention, either formal or informal, is an attempt to convince an addict that they are at their bottom, and it is time to make a change. The goal is to get the addict to the place that they stop fighting for their addiction.

Plenty of kids experiment and have no long-term issues, but every child is different. Addiction almost always begins in adolescence. Some 22 million people in this country are addicted to drugs or alcohol and it can happen to anyone. Addicted teens that don’t get help and find sobriety are out there for an average of 15 years before they seek help as adults. Parents need to understand that ignoring these signs or blaming it on others is not going to help your child. You need to seek treatment so it doesn’t escalate to a much worse problem. A parent in denial is not helping the child, they are actually harming them.

Protecting your child from the consequences of their behavior only results in taking away the lessons they need to learn.

What’s most important to remember is that when you learn your young person has used drugs or alcohol, take it seriously. There isn’t any shame in having a child that is struggling, there is only shame if you don’t reach out and seek help.

Karen Franklin is an interventionist for InterventionASAP and the co-author of *Addicted Like Me; A Mother-Daughter Story of Substance Abuse and Recovery*. She may be reached at **602-690-8440**. [www.interventionasap.com](http://www.interventionasap.com) | [www.addictedlikeme.com](http://www.addictedlikeme.com)



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# The Numbers that Matter

By DR. DINA EVAN

On March 12th, I turned seventy. Turned seventy is such an odd phrase because there were no yellow caution lights, hand signals or blinking arrows. There was simply an easing into a number for which I have no affinity, and with which I am not engaged. Numbers, however, are funny things and I am irrefutably engaged with life and the other numbers in mine.

### For Instance...

I feel forty-five inside and people tell me I look fifty-five outside. I can’t sign up on Match.com which promises to help me meet hundreds of potential life-mates, because if I tell my true age, which seems pretty basic to the process, the Matches I am sent are in their eighties. They are people who live in retirement communities, many no longer vibrating at warp speed like me.

I left home at thirteen, and have worked every day since and no doubt will until I drop simply because I love it. That is fifty-seven years, or seventeen thousand, seven hundred and eighty-four days. In that time, I have had zero real vacations, mostly because I never felt I had anything from which I needed to escape.

I have had one true love who, gratefully, broke my heart open and although gone, still hangs out in it now and then. I have five precious true friends who stayed throughout my life and continue to be inextricably woven into my soul. I have four amazing children I am passionately in love with, six grandchildren who keep me in awe and two miniature poodles who keep me in line.

I put myself through college and have married more than one thousand and two hundred people, ten thousand of whom I married on the steps of the IRS in 1987, during the March on Washington.

In 1982, I fasted longer than Gandhi...thirty-seven days on water on behalf of Equal Rights. I have taught thousands of people about an energy they can’t see called love, and hundreds more about character issues they can’t see either...things like ethics, honesty, impeccability, integrity and personal character.



I have written five books, created one meditation CD, composed twenty-seven songs, created one perpetual calendar and one website and a partridge in a pear tree...no wait that one wasn’t me. I have, however, written over five hundred and sixty thousand words, or eight hundred columns for several magazines, and taught more than three hundred classes or more than 10,000 students.

I have no doubt pissed off countless numbers of people in my life just by telling the truth and being who I am. I have pushed at a million edges and invited hundreds of people to step into their true purpose and greatness, some kicking and screaming and gratefully flipping me off.

*“The numbers that matter are the million moments that made me cry and caught my breath during this life.”*

I have also made a million mistakes, some that took my breath away, and brought me to my knees in humiliation and pain, and others that gave me gifts too profound to be contained by words. Every mistake and every person who hated me, loved me, hurt me or cared for me became a master teacher. I cannot imagine having traded any of them or any challenging circumstance, for anything. The numbers of my years are so less meaningful than the numbers of our lessons learned.

So, here I am looking back over the years from 1942 to 2012, wondering what the next few years will bring and feeling as if I have that Board in the movie, Mission Impossible in front of me and I get to pick the numbers that matter. Okay, let’s do it.

The numbers that matter are the million moments that made me cry and caught my breath during this life. They are the two handfuls of people who have journeyed through life with me, each one knowing we had a contract with each other that was more important than any circumstance or words that might have broken it.

They are the seven principles that were often painstakingly earned and frequently took too long to own.

1. Stay present to everything.
2. Take personal responsibility.
3. Judge nothing.
4. Love to the point of letting your heart break open.
5. Tell impeccable truth, and
6. Remember that nothing real is ever lost and
7. There is no end to this journey. Life just simply is evolving beautifully.

And maybe there is one more... to learn to stand back with a huge grin on your face as life happens and you ease into seventy, with a big “Ahhh so.”



Dr. Evan is a life/soul coach in Arizona working with individuals, couples and corporations. For more information **602-997-1200**, email [drdbe@attglobal.net](mailto:drdbe@attglobal.net) or visit [www.DrDinaEvan.com](http://www.DrDinaEvan.com).



# Good Enough to be True

By ALAN COHEN

When I began to teach classes on spiritual principles, I devoted some time at the end of each class meeting to pray for students and their loved ones. One woman asked the group to pray for the continued health of her sister, who had had cancer, but the disease was now in remission. At that time I had not heard the term “in remission, so I asked her what it meant.

“It means that the disease went away for now, but it might come back,” she explained.

The explanation made no sense to me then, and it makes even less sense to me now. The idea is that the disease is here and real, a prevalent condition, but it has temporarily gone behind a curtain and may pop out again. The notion was jarring to me because my understanding is that health is our prevalent condition and our natural state. When a disease occurs, our health is temporarily in remission, and will return when the temporary condition of the disease has been alleviated.

Modern medicine, for all its wonders and benefits, subscribes to many beliefs that are upside down and inside out. Disease, for one thing, is not a thing. It does not have a life of its own. Disease, as illuminated by the ancient science of Chinese medicine, represents a blockage of the natural life flow, or chi, that moves through the body and keeps it alive and healthy. If the chi is blocked consistently at the same point, and reinforced with life-denying thoughts, emotions, attitudes, habits, and lifestyle, the organ will manifest what we call a disease. Yet the disease has no life or power in and of itself; it is simply a sign of where life has momentarily not been allowed

*“It’s the best possible time to be alive, when almost everything you thought you knew is wrong!”*

to flow. When you invite and allow the life force to flow once again, through methods such as acupuncture, massage, exercise, herbs, diet, attitude upgrade, or cessation of the thoughts, feelings, and habits that created the blockage, healing occurs naturally. There is no disease that has not been cured through restoring life force. Therefore no disease is incurable.

The word “disease” contains a clue as to how to heal it. “Dis-ease” indicates that ease, or well-being, is our natural state, and for the moment we have “dissed” ease with some form of stress or resistance. The answer to disease, then, is to return to our natural state of ease. No dis-ease can live in the presence of ease, so restoring ease is the optimal route to healing.

To heal our lives we need to do a radical figure-ground shift on our understanding of how life works. We need to recognize that health, prosperity, rewarding relationships, and the other conditions we value and seek are our natural state, and everything else is the exception. Just as a cloud passing before the sun does not mean the sun has gone away, a momentary condition of disease does not mean that health has gone away. The health is temporarily in remission. It can return as surely as the sun will return when the cloud has passed.

A seminar participant reported, “I have had a long string of failed relationships over many years. Now I have been dating a guy for

six months and everything is going great. This seems too good to be true.”

I told her, “It’s not too good to be true. It’s good enough to be true.” If you have a history of pain or loss, you may come to believe that suffering is your natural state. I assure you it is not. Well-being is far closer to your nature and destiny than the dismal conditions you and I have been taught to accept.

Around the same time I first heard about remission, my mother asked me to go to the supermarket to pick up some applesauce on sale. When I reached the applesauce aisle, I saw a big sign: “Applesauce — 89 cents — natural or regular.” I read the label on the “regular” jar. The contents included sugar, food coloring, and preservatives. The “natural” jar contained only apples and water.

## What is Regular is not Always Natural

We have become so accustomed to things that are regular that we have forgotten what is natural. Health and well-being are at the top of the list of the inherently natural contents of life. To define health as the temporary absence of disease is insane. That would be like defining light as the temporary absence of darkness. The opposite is true: Light has substance; darkness does not. Health has substance; disease is void of substance. Life is made of substance, not its absence.



Tom Stoppard declared, “It’s the best possible time to be alive, when almost everything you thought you knew is wrong!” If you are happy and healthy and your life is functioning beautifully, you are proceeding from your natural state. If you are ill, struggling, or unhappy, you have subscribed to or inherited beliefs that are out of alignment with how life actually works. If you want to get to the bottom of “remission,” remember your mission in life – to live happily and authentically, and re-store your mission. Then your life will be in permanent remission, and you will return to the ease in which you were born to live.



*Alan Cohen is the author of many popular inspirational books, including the newly-released **Enough Already: The Power of Radical Contentment**. Join Alan for **Metaphysics and Miracles**, May 30 – June 3 at the Sunrise Ranch in Loveland, Colorado. For more information about this program and Alan’s other books and free daily inspirational quotes via email, visit [www.alancohen.com](http://www.alancohen.com), email [info@alancohen.com](mailto:info@alancohen.com), or call 1-808 572-0001.*

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- Child/Adolescent Inpatient

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- Adult Inpatient Detox
- Adolescent Outpatient

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- Momentum – outpatient treatment for long-term mental illness

Intake representatives are available 24 hours a day to schedule appointments for assessment. St. Luke’s Behavioral Health Center does not have an Emergency Department and does not offer emergency services.



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|---|----------------|
| ACT Counseling & Education              | 602-569-4328   |
| AZ NicA                                 | 480-990-3860   |
| Alcoholics Anonymous                    | 602-264-1341   |
| Al-Anon                                 | 602-249-1257   |
| ACA                                     | 602-241-6760   |
| Aurora Behavioral Health                | 623-344-4400   |
| AZ Office of Problem Gambling           | 800-NEXTSTEP   |
| AWEE                                    | 602-258-0864   |
| Banner HELP LINE                        | 602-254-4357   |
| Bipolar Wellness Network                | 602-274-0068   |
| Calvary Addiction Recovery              | 866-76-SOBER   |
| Cocaine Anonymous                       | 602-279-3838   |
| CoDA                                    | 602-277-7991   |
| COSA                                    | 480-232-5437   |
| Commun. Info & Referral                 | 1-877-211-8661 |
| Community Bridges                       | 480-831-7566   |
| Cottonwood de Tucson                    | 800-877-4520   |
| Crisis Response Network                 | 602-222-9444   |
| The Crossroads                          | 602-279-2585   |
| Crystal Meth Anonymous                  | 602-235-0955   |
| 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   |
| Heroin Anonymous                        | 602-870-3665   |
| Magellan Crisis Hotline                 | 800-631-1314   |
| Marijuana Anonymous                     | 800-766-6779   |
| The Meadows                             | 800-632-3697   |
| Narcotics Anonymous                     | 480-897-4636   |
| National Domestic Violence              | 800-799-SAFE   |
| NCADD                                   | 602-264-6214   |
| Nicotine Anonymous                      | 877-TRY-NICA   |
| Our Common Welfare                      | 480-733-2688   |
| Office Problem Gambling                 | 800-639-8783   |
| Overeaters Anonymous                    | 602-234-1195   |
| Parents Anonymous                       | 602-248-0428   |
| Psychological Counseling Services (PCS) | 480-947-5739   |
| The Promises                            | 866-390-2340   |
| Rape Hotline (CASA)                     | 602-241-9010   |

|                            |              |
|----------------------------|--------------|
| Remuda Ranch               | 800-445-1900 |
| Runaway Hotline            | 800-231-6946 |
| Scottsdale Intervention    | 480-588-5430 |
| Sexaholics Anonymous       | 602-439-3000 |
| 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 |
| Teen Dating Violence       | 800-992-2600 |
| TERROS                     | 602-685-6000 |
| Valley Hosptial            | 602-952-3939 |
| WINR                       | 480-464-5764 |
| Workaholics Anonymous      | 510-273-9253 |

### TUCSON

|                               |              |
|-------------------------------|--------------|
| Alcoholics Anonymous          | 520-624-4183 |
| Al-Anon                       | 520-323-2229 |
| Anger Management Intervention | 520-887-7079 |
| Co-Anon Family Groups         | 520-513-5028 |
| Cocaine Anonymous             | 520-326-2211 |
| Cottonwood de Tucson          | 800-877-4520 |
| Crisis Intervention           | 520-323-9373 |
| Information Referral Helpline | 800-352-3792 |
| Half-Way Home                 | 520-881-0066 |
| Narcotics Anonymous           | 520-881-8381 |
| Nictone 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 |
| The S.O.B.E.R Project         | 520-404-6237 |
| Suicide Prevention            | 520-323-9372 |
| Tucson Men’s Teen Challenge   | 520-792-1790 |
| Turn Your Life Around         | 520-887-2643 |
| Workaholics Anonymous         | 520-403-3559 |

To get listed email: [aztogether@yahoo.com](mailto:aztogether@yahoo.com)



# GET YOUR MEDICAL MARIJUANA CARD TODAY, ONLY \$150!

By DR. MARLO ARCHER

I ride my bicycle a number of times per week and over the past few months, I've been noticing a few new obstacles on some of my favorite routes, namely, people standing on the sidewalk, holding large signs that advertise that for a mere \$150, you can get your medical marijuana card today.

The first thing I notice is that the folks who have chosen the sign-holding occupation for themselves seem to be quite startled when I appear out of nowhere, although I can assure you that I am traveling no faster than 10 or 15 miles per hour and that they have the same 2-3 minutes to notice my approach as I have had to notice their presence on the sidewalk and plan my route around them in case they, like other marijuana sign-holders, also don't have sufficient observation skills or reaction time to avert the collision.

As I steer around them, the second thing I generally notice is that they are generally quite cheerful and quite unfazed by my veering off the sidewalk to avoid hitting them. Without fail, all have smiled and most have waved as I maneuver my way back onto the thoroughfare they are effectively blocking with their pharmaceutical ad.

I have found myself wondering why marijuana is being sold this way, as if it's a "CASH FOR GOLD" or "GOING OUT OF BUSINESS" sale. No other pharmaceutical product is marketed that way. We don't have jovial young people, listening to iPods, twirling signs for blood pressure medication. Pharmacies do not put up strings of colorful plastic triangles to alert you that insulin is being sold 200 feet away and that for a mere pittance you can get your insulin today.

People who need medication go get it. They see a doctor, they get a prescription, and then they go to the pharmacy and fill the prescription. What we're doing with medical marijuana is making it look like a product. Something everyone can have if they want it. All you need is \$150 and some sort of vague complaint and you, too, could have your medical marijuana card today.

What message is this sending to the young people we're trying to discourage from smoking marijuana?

Well, as I heard from one of my teen clients, the message it was sending him was that all he really needed to do was to wait until he was 18 and go get "his" medical marijuana card. The marketing is making the card sound like something anyone should be eligible for, like going to get "your" degree. It's not yours until you get it, and there might be a thing or two you have to do in order to get it, but if you've got the time and the money, there's no reason to believe you can't or shouldn't get one.

Parents, Arizona is giving your kids the choice — wait until 21 and get legal permission to drink or wait until your 18 and get legal permission to use marijuana. When you talk with your kids about using drugs or alcohol, **IT IS VERY IMPORTANT TO INCLUDE THE TOPIC OF MEDICAL MARIJUANA.**



Marlo Archer is licensed psychologist serving kids, teens, and families, married and parenting couples, and individual adults. For more visit [www.darmarlo.com](http://www.darmarlo.com).

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## NEWS from page 3

venting youth smoking. In fiscal year 2011, only two states funded tobacco prevention programs at the Centers for Disease Control and Prevention's minimum recommended amount of \$15 to \$20 per person.

Some states have used funding from a landmark \$246 billion national court settlement from the tobacco industry, which was meant to be used for anti-smoking programs, for other purposes. Ohio used \$230 million set aside for tobacco prevention on other budgetary priorities. New Hampshire has diverted tobacco settlement money for other budget needs. Iowa's anti-smoking spending has been cut nearly in half.

## Antipsychotics Increasingly Prescribed for "Off-Label" Conditions

A growing number of patients are receiving "off-label" prescriptions for a class of drugs called atypical antipsychotics, according to *The Washington Post*. These drugs are increasingly being prescribed to treat anxiety, attention deficit, sleep problems, behavior problems in toddlers, and other conditions for which they are not approved by the U.S. Food and Drug Administration.

Atypical antipsychotics, such as Seroquel, Zyprexa and Abilify, are approved to treat mental illnesses including schizophrenia and bipolar disorder. Some also have been approved to treat severe depression, the article notes.

A recent study found prescriptions for antipsychotics for non-approved uses doubled between 1995 and 2008—from 4.4 million to 9 million.

"Antipsychotics are overused, overpriced and oversold," Allen Frances, former Chair of Psychiatry at Duke University School of Medicine, told the newspaper. He said in some cases, off-label use of these medicines may be appropriate for patients who have not responded to other treatments for certain conditions, such as obsessive-compulsive disorder. He added that they are being used "promiscuously, recklessly," in many cases to control behavior. He points out the drugs have serious side effects, including rapid, major weight gain, diabetes, irreversible facial tics, and breast development in boys. The drugs also increase the risk of death in the elderly.

One factor driving the rise in antipsychotic prescriptions is the growing number of non-psychiatrists prescribing them, says James H. Scully Jr., Medical Director of the American Psychiatric Association. Many of these doctors do not have the experience and expertise to properly diagnose and treat mental illness, he said.

Among children, antipsychotic prescriptions are growing in large part because of the increase in bipolar disorder diagnoses, experts say.

## Sign of the Times

By DEE PASRROS

It seems to be a sign of our times today — real estate short sales. Not too long ago, the average home owner didn't know what the term meant. These days, when I describe Short Sales as the bulk of my business, it seems everyone knows someone who's had one or is considering one.

In a short sale, the bank agrees to take a lesser amount for the home than what is owed on the mortgage. For example, you bought the house for \$200k and sold it for \$125k. The portion of the mortgage not covered by the sale of the home (\$75k) is called the deficiency and in many cases will be waived by the bank.

However familiar one is with a short sale, the possibility of short selling your home can be a very difficult decision to make. Over the last few years I've helped many families faced with this decision and have experienced first hand the process they've gone through. It is the very same process one goes through in dealing with grief, which is the normal and natural reaction to loss of any kind.

In his book *The Grief Recovery Handbook*, John James goes on to say, 'grief is the conflicting feelings caused by the end of or change in a familiar pattern of behavior.'

The loss of a home in this manner most certainly causes conflicting feelings. I have supported many families in this process and witnessed them facing this decision with dignity and courage.

One client broke down at the kitchen table and cried her eyes out. She was in a panic because she didn't want this to happen and upset about the loss of not only her home but of the dreams her home represented. As time went on she was able to see that her decision brought a real sense of relief. She was spending the bulk of her income on a mortgage she really couldn't afford and working overtime to make ends meet. From this vantage point of letting go, she started to see a bright future and discovered options she didn't even know existed.

One way to reduce the stress and uncertainty is to learn what your options are. For example, a homeowner is normally taxed on the deficiency owed to the lender but currently there is a relief bill in place that waives those taxes. However, it is scheduled to expire in December 2012. Since short sales can take many months to complete, don't wait too long. This and other incentives are available for homeowners, and the sooner in the process one is, the more options one has.

This process is one we experience every day in our recovery. It encompasses the very fundamental principle of acceptance...to surrender and embrace what is. Like every other simple spiritual tool, it is powerful beyond belief but not easy. And, when faced with a decision that involves a loss, we must allow ourselves the right to grieve, to get the support and encouragement we need and trust, that in God's economy, nothing is wasted as we 'keep on keeping on.'

Contact Dee at 602-486-5363

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# The Recovery Chef

## Anatomy of a Whole Grain

By **LISA MACDONALD**, MPH, RD, Director of Nutrition Services at Cottonwood Tucson and Executive Chef, **RICHARD SERNA**

Grains are an important part of a healthy diet. They provide the body energy, fiber, vitamins, minerals and the ability to make the brain chemical serotonin. There seems to be a lot of confusion about the difference between refined or milled grains and whole grains. A whole grain contains three parts: the endosperm, germ and bran. The endosperm is the large starchy part of the grain. The germ is the kernel of the grain that will sprout in the germination process. The bran is the fibrous covering over the endosperm and germ. If the bran and germ are separated from the endosperm, what is left is a refined or milled grain. When the fiber rich bran and vitamin rich germ are left on the endosperm of the grain, it is a whole grain. Whole grains are always more nutritious than refined grains. The current recommendation is that at least half of our grain intake should be whole grain.

One might wonder why the more nutritious whole grains would be refined or milled at all. Most grains go through some sort of milling or processing after harvest for the purpose of making them cook more quickly and easily, to make them less chewy and to lengthen shelf life. It can be tricky to identify a truly whole grain product. Food manufacturers are very clever with wording on labels. The best tip for determining if a product is whole grain is to read your ingredient list on your food label. Make sure the first word on the ingredient list is “whole” or “whole grain.”

### Nutrition Facts

Serving Size 4 oz fillet (166g)  
Servings Per Container 4

Amount Per Serving

Calories 90      Calories from Fat 5

% Daily Value\*

Total Fat 0g      0%

Saturated Fat 0g      0%

Trans Fat 0g

Cholesterol 0mg      0%

Sodium 10mg      0%

Total Carbohydrate 21g      7%

Dietary Fiber 5g      20%

Sugars 2g

Protein 3g

Vitamin A 8%      • Vitamin C 25%

Calcium 2%      • Iron 6%

\*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

|                    | Calories: | 2,000   | 2,500   |
|--------------------|-----------|---------|---------|
| Total Fat          | Less than | 65g     | 80g     |
| Saturated Fat      | Less than | 20g     | 25g     |
| Cholesterol        | Less than | 300mg   | 300mg   |
| Sodium             | Less than | 2,400mg | 2,400mg |
| Total Carbohydrate |           | 300g    | 375g    |
| Dietary Fiber      |           | 25g     | 30g     |

Calories per gram:  
Fat 9 • Carbohydrate 4 • Protein 4

Chef Richard Serna presents a delicious recipe utilizing bulgur, a whole grain.

### Tabouleh Salad with Garden Vegetables

2 cups cooked bulgur wheat  
½ cup tomato (fine small diced)  
½ cup red onion (fine small diced)  
½ cup cucumber (fine small diced)  
2 Tbsp fresh parsley (minced)  
2 oz fresh lemon juice  
pinch salt and pepper  
to taste olive oil

**Instructions:** In a bowl, combine the tabouleh, tomato, red onion, cucumber, parsley, lemon juice and toss. Season with salt and pepper. Drizzle with olive oil. Serve with your favorite fish or grilled chicken. Great for a spring salad!



*Chef Richard Serna serves as executive chef at Cottonwood Tucson. Cottonwood is a dual diagnosis rehabilitation facility that wanted to foster a holistic approach to recovery. As any chef knows, health begins with what*

*you eat. Richard has completely revitalized the culinary program at Cottonwood in only two years. He became sous chef for Chef Cary Neff at Miraval Life in Balance Spa, which was voted the #1 spa in the world while he was there. Next he was the sous chef at Enchantment Resort in Sedona. He ran the sushi bar at AJ's Fine Foods, attended the culinary program at Pima Community College, and did his internship at the Anaheim Hilton.*

*Lisa MacDonald, MPH, RD is the director of Nutrition Services at Cottonwood Tucson. Lisa is a Registered Dietitian with expertise in nutrition education, weight management and eating disorders. She has worked in a managed care organization, a public health agency and in the health and wellness/spa setting. Lisa is committed to scientific integrity and the “non-diet” approach to weight management.*

## Effective Strategies to Manage Depression

By ELISABETH DAVIES, MC

Depression is a normal human occurrence, if we are experiencing a major loss or traumatic event. If this is the case, you have nothing to worry about, unless your depressive symptoms have lasted for more than several months. Many people experiencing depression do not know they are depressed — they just know they are unhappy with their life and don't know what to do to feel happier.

### Depressive symptoms include:

- Depressed mood most of the day-feeling sad, empty or tearful.
- Diminished interest in activities you used to find enjoyable.
- Significant increase or decrease in appetite, causing a weight change.
- Change in sleeping patterns, whether you are sleeping too much, or unable to get a good nights sleep.
- Decreased energy or feelings of restlessness.
- Feelings of worthlessness or inappropriate guilt.
- Decrease in concentration or inability to make decisions.
- Suicidal thoughts.

There are some effective ways to manage and shorten depressive symptoms. This will take effort on your part.

First you need to make sure you have more positive thoughts than negative ones. Negative thinking is ‘miracle grow’ for depression and keeping us in a bad mood. Start out by writing a daily gratitude list. Say or think of at least 10 things each day you are grateful for. Here is sample list:

- I am grateful for my eyesight
- I am grateful to have a roof over my head
- I am grateful for food today
- I am grateful for my hearing
- I am grateful for music
- I am grateful for Arizona sunsets
- I am grateful for helpful information
- I am grateful for people who love me
- I am grateful I have the ability to change the way I think and feel.

Another effective strategy to increase positive thinking and mood is reading affirming statements each day. Whatever we focus on grows, so to grow positive you must consciously focus on positive. A few affirmations are:

- I am valuable, regardless of what others say or think about me.
- My talents and abilities are useful to others.

- Each day I can choose to love and believe in myself more.
- My worth is inherent. It was breathed into me before I was born and no person or situation can ever take it away.
- I forgive myself for all my mistakes as a way to let go of guilt and move toward emotional freedom.
- As I let love in I have more love to offer others.
- Resources are always available to me to help solve my problems.
- I can have a harmonious relationship with myself as I practice acceptance of who I am.
- I was created for a purpose and there is a plan for my life.
- I can become a better me each day.

Research shows that bright light is an effective treatment for depression. Lucky for us to live in sunny Arizona where we get lots of it! The short of it is when bright light hits our retina, it increases our serotonin levels, which in turn regulates our mood Oh, and if your a woman you will be happy to know bright light is an effective treatment for PMS! We need about 30 minutes per day. If you prefer staying indoors, open the blinds and let the light in each day!

Another thing you might not know that helps treat depression is tryptophan, an essential amino acid released from proteins. It improves our mood and cognition and increases our serotonin production. Foods that are high in tryptophan include: Sea lion (really?), seaweed, soy protein, spinach, egg whites and crab, lobster and halibut

Going for a brisk walk, swim, dance or doing something unspeakably pleasurable that gets our heart rate up for about 30 minutes can all be helpful for managing depression. Dr. James Blumenthal found 30 minutes of exercise 3 times a week was more effective than taking an antidepressant, when it came to treating patients with major depression.

When we are depressed, we are not enjoying our life, so giving ourselves something to look forward to everyday is an effective way to combat depression. One of the symptoms of depression is we have a diminished interest and motivation. This is where we have to really help ourselves out. No one can make us enjoy our life. This part is totally up to us. If you really want to be happy nobody can stop you.

If you are still struggling with depression, after you have tried daily positive thinking, exercise, bright light, giving yourself something enjoyable to look forward to and tryptophan rich foods, please see a professional who specializes with treating depression. Anytime we leave our mental health untreated, it can worsen.



*Elisabeth Davies, MC is an author and counselor. She founded Bright Alternatives Counseling in 1993 and has counseled thousands of clients struggling with addictions, depression, trauma, anxiety, self-esteem and relationship issues. Elisabeth is also the creator of Good Things Emotional Healing cards and Journals, which reinforce healthy thoughts and behaviors. Her newest book, ‘Good Things Emotional Healing Journal: Addiction’ was released on Amazon September 2011. She facilitates weekly addiction workshops that help people manage unwanted habits and compulsive behaviors. For more information call 602-478-6332 or Elisabeth@GoodThingsEmotionalHealing.com or visit www.GoodThingsEmotionalHealing.com*



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# Recovery Resources

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| Alcohol Recovery Solutions            | 480-496-9760 |
| Amity Foundation                      | 520-749-5980 |
| AZ. Dept. of Health                   | 602-364-2086 |
| Office of Problem Gambling            | 800-NEXTSTEP |
| Aurora Behavioral Health System       | 623-344-4444 |
| Banner Health Helpline                | 602-254-4357 |
| Bill Ryan, Interventionist            | 602-738-0370 |
| Celebrate Recovery with               |              |
| Chandler Christian Church             | 480-963-3997 |
| Celebrate Recovery Glendale           | 602-620-4076 |
| at CrossPoint Christian Church        |              |
| Chicanos Por La Causa                 | 602-233-9747 |
| Clean and Sober Living                | 602-540-0258 |
| Clean Adventures                      | 877-442-8767 |
| Community Bridges                     | 480-831-7566 |
| Community Bridges Access to Care Line |              |
|                                       | 877-931-9142 |
| Cottonwood de Tucson                  | 800-877-4520 |
| Crisis Response Network               | 602-222-9444 |
| The Crossroads                        | 602-279-2585 |
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| MASK                                  | 480-502-5337 |
| The Meadows                           | 800-632-3697 |
| NAATP                                 | 717-392-8480 |
| NCADD                                 | 602-264-6214 |
| NotMYKid                              | 602-652-0163 |
| Pathway Programs                      | 480-921-4050 |
| Phoenix Metro SAA                     | 602-735-1681 |
| Promises                              | 866-390-2340 |
| Psychological Counseling Services     |              |
| (PCS)                                 | 480-947-5739 |
| Remuda Ranch                          | 800-445-1900 |
| River Source-12 Step Holistic         | 480-827-0322 |
| Run Drugs Out of Town                 | 480-513-3909 |
| Sage Counseling                       | 480-649-3352 |
| Seabrook House                        | 800-761-7575 |
| SLAA                                  | 602 337-7117 |
| Sober Living AZ                       | 602-478-3210 |
| Sundance Center                       | 480-773-7329 |
| Sex Love Addicts Anonymous            | 520-792-6450 |
| St. Luke's Behavioral                 | 602-251-8535 |
| Teen Challenge of AZ                  | 800-346-7859 |
| Turn Your Life Around                 | 520-887-2643 |
| TERROS                                | 602-685-6000 |
| Valley Hosptial                       | 602-952-3939 |
| WINR                                  | 480-464-5764 |

# Off the Hamster Wheel

By MARY L. RICHARDSON, M.Phil., LISAC, CADAC

This May 19th in the beautiful red rocks of Sedona, Dr. Marissa Pei and I will be presenting, for women only, “Are you tired of being tired? Awaken to Balance in the Healing Vortexes..” at the Sedona Creative Life Center. Like many women, we are actively committed to our families, friends, recovery and work and have experienced running on the hamster wheel of life and the juggling of relationships, time and commitments. We decided to put our talents together and create a safe healing environment where women could experience and share in the balancing of mind, body and spirit — a day off from the “hamster wheel of life”. We will guide each woman through a day of experiential Chakra balancing exercises, Balance Tai Qi Qong and the gift of sharing.

As I reflected on the abundance of blessings I have received over the years I have been counseling and working with women in their healing process, my professional and recovery experiences with women has shown the beauty, strength, compassion and commitment to self that is present in women in recovery. All I have worked with over the years have taught me about myself in ways I would not have seen possible. The experience has been inspiring, uplifting, humbling and graced.

I’m a student of life always and in all ways, spiritually, physically and emotionally. On July 8, 1982 I began my process of recovery from alcohol and drugs that eventually included recovery in 1984 from codependence. My story is not an unusual one, but it has been one that has given me my heart’s desires. My childhood dream was to work in a healing profession, but my addictions numbed out and delayed that dream for many years. Recovery allowed me to believe in myself enough to go back to school, intern, volunteer and work for treatment centers. In 1987 recovery allowed me to trust God and open up a private practice along with my husband and business partner Ken Richardson. I was able to create a business in a way that spoke to my spirit and my



heart. I share this background to remember where I came from and the blessings recovery has brought to me.

When I first entered the doors of recovery, I did not trust women and was cautious when it came to allowing them into my heart and life. As my personal evolution grew, I found that I did not trust myself as a woman and did not allow myself or my Higher Power into my heart. I began working on those issues and the childhood influences that kept me from knowing, loving and trusting myself and God. There was a book I read in the late 1980’s called *Circle of Stones: Woman’s Journey To Herself* by Judith Duerk that was transformational in my healing and my relationships to other women. I remember reading “How might your life have been different if there had been a place for you....a place of women, where you were received and affirmed?.....” It touched my heart every time I read it. I put it into action and began creating Women’s Counseling Groups and co-facilitated “Women’s Acts of Power” with a dear colleague and friend of mine in the meadows and deserts of Sedona, Wickenburg and Texas.

Today I am surrounded by the wisdom and love of so many beautiful powerful women. One of those women is Dr. Marissa Pei, my co-facilitator. We share a recovery bond and friendship and she is not only my friend and colleague, she has been an inspiration to me.

Dr. Marissa lives in Seal Beach, California and has been presenting Women’s Retreats and Workshops in California and

Sedona for many years. She is the creator and instructor of Balance Tai Qi Qong, which she began practicing and teaching 5 years ago in response to her own realization that intellectual and emotional growth was not enough for herself and for her successful professional and exhausted clients. As a “successful” organizational consulting psychologist and inspirational speaker for over 2 decades, a painful personal change created the opportunity to return to her Chinese roots, and integrate New Thought Ancient Wisdom to balance body, mind, spirit and soul.

So, this May 19th at the Creative Life Center in Sedona we will once again have the opportunity to create a place for women to be “received and affirmed.” The cost of the “Self Investment” is \$148 if paid in full by May 19; \$188 at the door for those not pre-registered. Register at [www.4balance.org/sedonaretreat2012.html](http://www.4balance.org/sedonaretreat2012.html)



Mary Richardson, M.Phil., co-created and facilitates “Your Healing Journey Workshop” an innovatively designed workshop for individuals and couples. She chaired the U.S Journal/Health Communications “Woman

To Woman” Conference. She is a pioneer in the codependence recovery movement, international lecturer, licensed addictions counselor, consultant and has facilitated educational and experiential seminars and workshops throughout the U.S. and Great Britain. Mary maintains a private practice in Scottsdale, Arizona. Visit [www.rccaaz.com](http://www.rccaaz.com)

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