

# Together A<sup>Z</sup>



Inspiring Success On The Road To Recovery V.2 — No. 9—June 2011

## Designer Drugs are Nothing New

By LARRY SOLOMON, MA, LPC, LISAC

The term “designer drug” was first used by law enforcement in the 1980. Designer drugs truly follow the principles of supply and demand. The intent is to produce an effect similar to an illegal drug while circumventing existing drug laws. This is usually accomplished by slightly altering the molecular structure.



As long as individuals desire the dissociative and hallucinogenic effects these drugs produce, designer drugs will continue to evolve. Unfortunately, the side effects of these drugs can be dangerous and even lethal. The faster designer drugs change, the faster law enforcement agencies develop legislature to combat them. This battle has been going on almost 100 years.

### History

The first designer drug emerged in the 1920’s in response to a ban on morphine and heroin. By slightly altering the chemical structure a virtually identical compound was created, (dibenzoy) morphine. This started a cascade of morphine derivatives over the coming years. Almost a decade following the first morphine derivative, legislation emerged to extend legal control over all esters of morphine.

During the 60s and 70s several synthetic hallucinogens were produced. Most notably were DOM, a derivative of mescaline and various analogues of phencyclidine (PCP).

In the mid 1980s MDMA (ecstasy) experienced a popularity boom. Several versions of methamphetamine were being created as well.

Since the late 1990s the number of new designer drugs has greatly increased. In the past, designer drugs were mostly limited to opioids, hallucinogens, anabolic steroids and amphetamines. More recently compounds such as Mephedrone, MDPV and synthetic cannabinoids have been utilized to create today’s more popular designer drugs. We will explore a few of these more popular drugs.

### Salvia

Actually not a “designer drug,” as defined above. Salvia divinorum is a plant native to southern Mexico and is sometimes thought of as legal marijuana. It became available in the drug culture in the early 1990s. It is listed in this article because it is often obtained in the same manner as designer drugs (over the internet or through specialty shops.) The dried leaves are smoked, but the desired effect

*DESIGNER DRUGS continued page 5*

## Free Your Authentic Self; Understanding Trauma and the Brain

By SHELLEY URAM, M.D.

Mark C., a 35-year old sales representative, is about to either resign or get fired from his job. He does his job well and had enjoyed it until his new manager was hired several months ago. This new boss is a “my-way-or-the-highway” type of manager, and Mark frequently feels unappreciated, undervalued and disregarded by him. Mark has thought that his boss was clearly wrong about some of his decisions and has argued with him several times and left the office early, as he had felt so agitated and angry. Mark’s co-workers also don’t care much for the new manager, but they think Mark is overreacting. Mark had similar strong reactions to a high school math teacher, and a team leader at an earlier job.

Jane M. is a 47-year old part-time clerical assistant for a realtor, and lives with her husband and youngest son, David. David is about to leave home for an out of state college, which will leave Jane and her husband in an “empty nest” situation. Her husband is sad to see David go, but welcomes the opportunity to have more time for himself. Jane had become quite depressed when the older two children had left home, and is already becoming more severely depressed than ever with David’s upcoming departure. She also had depressive episodes during her twenties, whenever boyfriends would breakup with her, and after her mother died several years ago.

What could Mark and Jane have in common?

They could both have underlying psychological “relational” traumas from their formative years, that continue getting “triggered” throughout their lives. Does either of them know this? No. Why not? Because the part of the brain that stores early psychological traumas, and re-triggers them, is completely unconscious.

At the time of our birth, we are 100% Authentic; there is no distinction between who we really are, and what we show to the world.

At approximately 3 months of age, we have a dawning awareness that there is a “me”. As our brain matures, this “me” sense evolves into greater and greater complexity.

What grows “part and parcel” with this evolving “me-sense”, is the brain’s desire to keep us safe.

The Fight/Flight/Freeze responses (FFF) tend to “fire” more often as our sense of self grows more complex. Unfortunately, the



“thinking” and “understanding” parts of our brain are still quite immature when we are young children. Therefore, what typically follows is that during early childhood, our brain records many experiences as dangerous that really are not. But the reality does not matter; it is what our brain perceives as dangerous that matters.

As we grow through our formative years and young adult years, our personalities, coping skills, relational skills, etc. all evolve in complexity. A major part of the underlying foundation for all of these is our brain’s wiring to stay safe; keep parental approval, control our environment, etc. The underpinnings of our personalities and psychological patterns are ultimately fear-based for survival, with the goal of keeping us safe.

If we go back for a moment to our Authentic Self, we find that this core and most authentic aspect of ourselves is neither fear based nor survival based; it transcends these. It is our very essence.

What are some of the characteristics of the Authentic Self?

It is Pure and Real, Peaceful, Joyful, no judgments of “good” or “bad”, no expectations of self or others, exists moment to moment without any form of judgment, and has no sense of past or future.

However, as we were just describing our fear and survival based personality development, if you think this seems contradictory...you are right! In my opinion, this is the very essence of the human dilemma. We are physical creatures hard-wired for survival as the highest priority in the brain; but at our essence, we are transcendent beings who are love-based. Until we expand our “Authentic-Self-consciousness” throughout our day-to-day experiences with ourselves and others, much of our experience of life is dominated by our fear-based survival circuitry through the Fight/Flight/Freeze mechanism.

As young children, with our very immature prefrontal cortex (or “thinking brain”),

when our bodies and emotions strongly experience the Fight/Flight/Freeze response, we tend not to understand the accuracy of our perceptions of what is happening around us. We tend to mis-read dangers much more often than they are actually happening. We often become flooded with strong emotions and bodily responses, followed by our immature prefrontal cortex trying to make sense of it. We develop incorrect beliefs about what is dangerous to us. The accuracy of our deep false beliefs does not matter; they are stored the same way in the brain as actual dangers.

In our two examples at the beginning of this article, what occurred during the childhoods of both Mark and Jane was their forming “deep false beliefs”. In Mark’s case, as a young boy, his father was a “my way or the highway” kind of father. As a typical young child, Mark did not understand that nothing terrible would happen when his father would quite sternly reprimand him for not following orders so closely. The “survival “ part of his brain would scream out that he is in big trouble if he doesn’t follow orders exactly.

*AUTHENTIC SELF continued page 8*



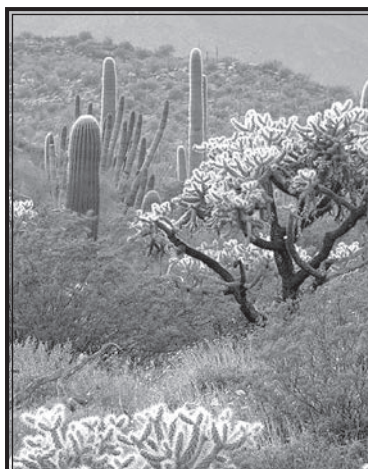
*Shelley Uram, M.D. is a Harvard trained, triple board-certified psychiatrist who speaks nationally and internationally on how the human brain’s survival “wiring” impacts and often interfere’s with our thriving in our lives. She is best*

*known for taking very complex information and turning it into “easy to understand”, fascinating, and helpful presentations.*

*Dr Uram conducts lectures, workshops, and seminars to audiences across the U.S. and has co-facilitated lectures and workshops with Pia Mellody, John Bradshaw, Claudia Black, and more. She is a Senior Fellow at The Meadows and conducts many of the patient lectures, and provides ongoing training and consultation to the treatment staff. She is also a Clinical Associate Professor of Psychiatry at The University of Arizona College of Medicine, and treats patients in her office in Phoenix Arizona.*

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## publisher's note



## Being Authentic

By BARBARA NICHOLSON-BROWN

I hope you enjoy Dr. Shelly Uram's feature this month, *Free Your Authentic Self, Understanding Trauma and the Brain*. This is a fascinating look into how our brain's survival function can interfere with experiencing who we really are. We all want to live our lives to the fullest, yet hanging on to false beliefs can greatly impact our sense of well-being and growth.

Having grown up in a household where it was the norm to react, even as an adult, there have been occasions where I've felt threatened by an event, person...even words. Before I knew what hit me, I'd react, not to the present situation but an old wound.

On June 17, Dr. Uram will be presenting a lecture on this very topic at the Intercontinental Montelucia Resort in Scottsdale. Professionals interested in attending can contact The Meadows for registration details by calling 800-240-5522 or emailing

events@themeadows.com. Continuing Education credits are available.

As always, thank you for reading *Together AZ*. We'd love to hear from you, email us at [aztogether@yahoo.com](mailto:aztogether@yahoo.com).

Happy June!



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## Nearly two-thirds of America's 2 million adolescents suffering from major depressive episodes in the past year did not receive treatment

A new national report released in conjunction with Mental Health Awareness Month and Children's Mental Health Awareness Day indicates that 8.1 percent of America's adolescents aged 12 to 17 (2 million youth) experienced at least one major depressive episode (MDE) in the past year. The report by the Substance Abuse and Mental Health Services Administration (SAMHSA) also shows that only 34.7 percent of these adolescents suffering from major depressive episodes received treatment during this period.

An MDE is defined as a period of two weeks or longer during which there is either depressed mood or loss of interest or pleasure and at least four other symptoms that reflect a change in functioning, including problems with sleep, eating, energy, concentration, and self-image.

"Depression among adolescents is a serious public health problem that is all too often overlooked and the consequences can be devastating," said SAMHSA Administrator, Pamela S. Hyde, J.D. "If depression among young people is identified and treated early we can turn a life around and reduce the impact of mental illness and substance abuse on America's communities."

One of the study's most notable findings was that adolescents who had suffered from an MDE in the past year were more than three times as likely as those without a past year MDE to have had a substance use disorder in the past year (18.9 percent versus 6 percent).

The study also found significant differences in the rates of past year MDE experiences among subgroups of adolescents. For example, adolescent females were twice as likely as their male counterparts to have experienced a past year MDE (11.7 percent versus 4.7 percent). Rates of past year MDE experience also rose as adolescents grew older with rates increasing from 3.6 percent of adolescents aged 12 to 10.4 percent of adolescents aged 15.

Among the nearly 700,000 adolescents who suffered from MDE and received treatment, more than half (58.5 percent) saw or met with a medical doctor or other health professional only—without being prescribed medication. The next largest segment of adolescents receiving treatment—34.7 percent met with a medical doctor or other health professional and were also prescribed medication. The remaining 6.7 percent receiving treatment used prescription medication only.

**Major Depressive Episode and Treatment among Adolescents:** 2009 is drawn from SAMHSA's 2009 National Survey on Drug Use and Health (NSDUH), which collected data from a representative sample of 22,626 adolescents throughout the U.S. The report is available at <http://oas.samhsa.gov/2k11/009/AdolescentDepression.cfm>.

For related publications and information, visit <http://www.samhsa.gov/>.



SAMHSA is a public health agency within the Department of Health and Human Services. Its mission is to reduce the impact of substance abuse and mental illness on America's communities.

### Recognizing Adolescent and Teenage Depression:

These symptoms may indicate depression, particularly when they last for more than two weeks:

- Poor performance in school
- Withdrawal from friends and activities
- Sadness and hopelessness
- Lack of enthusiasm, energy or motivation
- Anger and rage
- Overreaction to criticism
- Feelings of being unable to satisfy ideals
- Poor self-esteem or guilt
- Indecision, lack of concentration or forgetfulness
- Restlessness and agitation
- Changes in eating or sleeping patterns
- Substance abuse
- Problems with authority
- Suicidal thoughts or actions

[www.teendepression.org/info/depression-warning-signs/](http://www.teendepression.org/info/depression-warning-signs/)



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# NEWS

The Department of Health and Human Services Launches Action Plan to Target Hepatitis

The Department of Health and Human Services (HHS) has launched a new initiative aimed at combating the epidemic of viral hepatitis currently affecting some three to five million people in the U.S.

Up to three-quarters of those infected are unaware and therefore are at risk for progression and complications, the department noted in a plan summary issued last month.

An estimated 15% to 40% of infected persons are expected to develop serious liver disease such as cirrhosis or cancer, and in the next ten years more than 150,000 are likely to die of one of these complications.

"Far too many Americans are unaware of the serious impact of viral hepatitis and the devastating consequences that can result from leaving it untreated. The time for action is now," CDC director Thomas R. Frieden said in a statement.

The HHS program, *Combating the Silent Epidemic: U.S. Department of Health and Human Services Action Plan for the Prevention, Care and Treatment of Viral Hepatitis*, is intended to raise awareness among the public and health professionals and to encourage opportunities for prevention, diagnosis, and treatment.

Goals of the initiative by 2020 include increasing the percentage of patients infected with hepatitis B who are aware of their disease status from one-third to two-thirds, increasing the percentage for hepatitis C from 45% to 66%, decreasing the number of new cases of hepatitis C by one-fourth, and eliminating the transmission of hepatitis B from mothers to infants.

Specific strategies are to ensure infected individuals are identified earlier in the disease course, and to eliminate the health disparities found among certain high-risk groups such as injection drug users, men who have sex with men, and patients living with HIV/AIDS.

## CALVARY Addiction Recovery Center

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Gregory Skipper, M.D. joins Promises Treatment Centers as Director of Professional Health Services

Elements Behavioral Health and Promises Treatment Centers are proud to announce the appointment of Gregory E. Skipper, MD as Director of Professional Health Services. Dr. Skipper has had a widely influential career, both in the U. S. and abroad, shaping and developing the physician health movement. Currently, the Medical Director of the Alabama Physician Health Program, Dr. Skipper brings more than two decades of leadership in the treatment of impaired professionals to Promises having served as:

- Medical Director, Springbrook NW
- Advisor, Betty Ford Center, development of Licensed Professionals Program

- Advisor, Oregon Medical Board development of the state's Physician Health Program
- Member of the National Advisory Council for the Center for Substance Abuse Treatment, appointed by the secretary of Health and Human Services.

Elements CEO, Dr. David Sack believes Dr. Skippers' extensive experience leading professionals treatment and monitoring programs will be significant assets to Promises' professional clients: "Physicians and other professionals face considerable challenges in receiving treatment for emotional issues and drug or alcohol problems that affect their work. Promises is committed to assisting professionals through comprehensive assess-

ment and treatment that provides a path to returning to a successful life."

Promises' Professionals Treatment Program (PTP), which includes Intensive Diagnostic Evaluations, was formally established in May of 2009. Since then, the PTP has experienced significant growth and is currently an approved treatment provider for: fourteen U.S. states, three Canadian provinces, numerous hospital wellbeing committees and corporations. Ongoing staff and program improvements are central to the mission of Elements Behavior Health. According to Vice President of Operations, Keith Arnold: "We are thrilled to have someone of Dr. Skipper's caliber; expertise and significant reputation join our team."

*NEWS continued page 6*

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# When Recovery is for the **KIDZ**

By **BOBBE MCGINLEY**  
Clinical Director/CEO of ACT – Counseling & Education

Children from addicted families are not a homogeneous group, and they should not receive a one-size-fits-all standard intervention. Careful consideration must be given to family cultures, family systems, and the variety of ways in which children respond to their situations. Interventions must be designed to fit various contexts, not to fit the needs of the provider. Some children's needs are contrary to others. For example, some children need to increase their loss of control, while others have an overdeveloped sense of control (as a defense) and must learn to let some things go. Consequently each child and family should be assessed to understand their particular strengths and needs.

As if coming from a family with a history of addictions is not enough, our children will also be faced with their own level of self-worth and the dynamics of peer pressure. They will need to decide whether or not to drink alcohol or experiment with drugs that we currently are aware of and new ways of getting high and altering mind and mood, being developed throughout our communities, while I am writing this article.

## PITCH4KIDZ

PITCH4KIDZ is a non-profit organization (Source of Support: 501(c)(3) founded by Stacey Beck and myself. Stacey and I are committed to providing exciting, age-appropriate programs aimed at teaching coping and communication skills for children living in families impacted by substance abuse and addiction. We offer a safe, energetic, and professional environment that fosters education, healing, and skill building. We value the uniqueness of every child in our program. We believe that children deserve to be treated with dignity, respect, value and worth. Ultimately, children deserve to be children.

PITCH4KIDZ strives to impart messages of strength and hope to families facing the disease of addiction. The program is designed to help children understand addiction and realize that their parent's addiction is not their fault. The program teaches that treatment and recovery are possible and that

*"As if coming from a family with a history of addictions is not enough, our children will also be faced with their own level of self-worth and the dynamics of peer pressure."*

families can heal. The lessons and skills presented are geared toward building resilience, healthy communication, and social competence. By fostering honest communication shameful feelings are reduced and children are empowered.

PITCH4KIDZ is a 3-day educational support program (Friday through Sunday) for children ages 6-12 years old. The children are taught how to develop positive feelings, how to positively handle feelings, how to safely cope with problems, how to make safe decisions, how to stay safe and get help, and how to have fun and be a kid! A parent or care-giver in recovery (or not addicted) is required to attend the program with their child for the day on Sunday.

PITCH4KIDZ relies on private and corporate donations to make this program affordable and accessible to all children. You may visit our web site for information, to make a donation or to become one of our sponsors so together we can break the vicious cycle of addiction. [www.PITCH4KIDZ.org](http://www.PITCH4KIDZ.org) or call as at (480) 607-4472.

Our next program is scheduled for June 17-19, 2011. Download application and program information and give your children a wonderful summer vacation gift while disrupting the negative results of addictions effects on the entire family while reducing the feelings of shame, guilt and isolation.

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

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# Why Wait?

## Dating and the first year of recovery

By MAMIKO ODEGARD, Ph.D.

In recovery programs we are cautioned with the old adage to wait at least one year following any emotional trauma before we seriously date anyone. It's probably more important to keep in mind that everything starts with us, and before we can have a relationship with anyone else we must first have a close, loving, nurturing, and accepting relationship with ourselves.

This probably seems counter to what we might more naturally ask, "If someone else can love me won't I will feel better and not have to feel so sad and lonely?" "What harm is there in allowing another person in my life to give me the support and encouragement I need to be healthier?"

The truth remains, we are only rationalizing and distorting reality when we expect a new relationship to be the answer to problems that probably include shame, self-esteem, loneliness, anxiety, anger, guilt, or overcoming personal addictions. People who engage in recovery programs to better manage love and sexual addictions, alcohol and drugs, compulsive shopping, gambling, etc. share certain common characteristics:

- Need to minimize pain. It is human nature to avoid pain at all costs. Unfortunately, many attempts to ease our pain steers us toward other reckless behaviors such as substituting a new relationship

"as our drug of choice." Time after time we will say, "But, he (she) makes me feel good."

- Wanting to reduce fear. Almost all components of compulsive or destructive behaviors have to do with limiting or eliminating our fears. Co-dependents live in fear of not having someone in their lives; a fear that frequently stems from not feeling worthy enough. This "fear" is represented by easily identifiable inadequate feelings such as, "I'm not good enough, attractive enough, smart enough, or I don't make enough money." People lose themselves in the relationship of the moment to experience the high of the fantasy that "this is the one!"
- Repeating behavior patterns. Just because we are "in recovery" does not mean we have truly reached a new level of awareness, insight, growth, or consistency in our behaviors. What is it that causes us to think that we are going to make healthier choices in the relationships we have with people when we are still stuck with past behaviors or are just beginning to evolve in our ability to discern healthy versus unhealthy relationships? Over and over the love addict, love avoidant, or

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### DESIGNER DRUGS from page 1

is sometimes difficult to achieve. Therefore, extracts of up to 10x concentrations are commonly sold.

The effects come on very quickly, but last only a few minutes. The high can be intense and may include experiences of time distortion, encounters with beings, and travel to other places and times. The experience usually last 5-15 minutes with about half an hour needed to reacquire a baseline state.

The side effects and long-term effects are unknown. One of the dangers of Salvia use occurs during the high where the individual may walk around in a dissociated state. It is actually recommended that a "sitter" be present to keep the individual from getting up during the experience. Many people find Salvia to be overwhelming and unpleasant and more scary than fun.

### Spice

Spice fits the definition of a designer drug. It is designed to mimic the effects of marijuana; yet traditional drug tests will not detect it. Synthetic cannabinoids are sprayed on a variety of herbs (the various herbs seem to provide various flavors of spice). The packets are then sold as "herbal incense" and labeled, "not for human consumption." These two marketing techniques are what make spice easy to obtain as the DEA does regulate "incense." Little is known about the side-effects or long-term effects of spice use. No official studies have been conducted.

### Bath salts or Plant food

These designer drugs are also sold under the name "meow-meow." These drugs receive their odd names for the same reason spice is sold as "herbal incense," to avoid current drug

legislation and present them as non-regulated products. Bath salts are sold in shops under names like "Pixie Dust", "Ivory White" and "White Dove."

This class of designer drugs has been labeled the "ecstasy of the 21st century." It is believed the primary effect comes from either MDPV or Mephedrone. Both have stimulant properties and act as norepinephrine-dopamine reuptake inhibitors (NDRI).

Users report these drugs create euphoria, stimulation, enhanced appreciation for music, elevated mood, improved mental function and sexual stimulation. Reported side effects are similar to amphetamine such as teeth grinding, poor visual focus, hallucinations and erratic behavior. Central Nervous System side effects include increased heart rate, body temperature and respiration rate. Some deaths have been directly attributed to these drugs; however in most cases the user consumed multiple chemicals.

It remains to be seen if the battle against designer drugs will ever be won. As long as the demand exists, the creators of these drugs will continue to alter their chemistry to dodge current laws. However, because of the unknown and sometimes lethal side-effects of these drugs, society is obligated to continue the battle; almost 100 years and counting.

*Calvary Center has been treating patients with addictions for over 47 years. Through most of those years, treatment has occurred in a residential setting. Recently, Calvary has expanded services to include inpatient medical detox, partial hospitalization (day treatment) and intensive outpatient services. Calvary works with all major insurance companies. To Contact Calvary Center call 1-866-76-SOBER (866-767-6237), or visit [www.calvarycenter.com](http://www.calvarycenter.com).*

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## ER Report: Suicide Attempts Involving Antidepressants

In 2008, 23.0 percent of visits adolescents made to the emergency room (ER) for drug-related suicide attempts involved antidepressants. For young adults, that number totaled 17.6 percent.

Emergency Department Visits for Drug-Related Suicide Attempts Involving Antidepressants by Adolescents and Young Adults: 2004 to 2008, a recent report from SAMHSA, examines recent trends based on combined 2004 to 2008 data.

For young adults, there were statistically significant increases in the number of drug-related ER visits for suicide attempts involving antidepressants between 2005 and 2006 (3,807 versus 6,010 visits) and between 2005

and 2008 (3,807 versus 6,700 visits).

Between 2004 and 2008, there was an annual average of 9,660 ER visits for drug-related suicide attempts involving antidepressants by adolescents age 12 to 17 and young adults age 18 to 24.

Between these years, females made up three-fourths of visits by adolescents (74.7 percent) and two-thirds of visits by young adults (65.2 percent).

### Other Substances

Among ER visits for suicide attempts involving antidepressants, more than two-thirds of visits by adolescents (68.4 percent)

*ER Report continued page 11*

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# relationships

By DR. DINA EVAN | WWW.DRDINAEVAN.COM

## Can You Hear Me Now?

Ever wondered why doctors don't listen? For whatever the reason; high costs, low energy, high risk, low ethics, I have had a run of doctors who feel they know more about my body in less than six visits than I know in sixty-plus years and it's not only annoying, it's plain dangerous.

I went to one doctor that told me for several years that the reason I was weak was that I had fibromyalgia. He would become agitated if I dared interrupt to tell him anything and he felt our sessions should be controlled by his unending stories about other patients and off-point questions. The second doctor, who the first doctor's administrative manager sent me to, told me I "looked great, how could anything be wrong?" Something was wrong! I had a non-contagious bacterial infection that was getting the best of my lungs. I searched the city and found a new doctor, this time a woman.

Within less than three visits, the truth that despite their gender, doctors don't listen raised it's ugly head on her shoulders. She told me I was imagining some visual acuity problems I reported experiencing from a medication she prescribed and when I insisted the symptoms were real, she for the third time, insisted she knew best. I took myself off the medicine and become her non-compliant patient. I went to an optometrist and an ophthalmologist, both of whom told me and her I needed to get off the medicine immediately and do not use it ever because had I stayed on it I would have become permanently blind. My doctor never apologized for giving me so much guff after receiving both of their reports.

Not listening has become an epidemic

Our elected officials don't listen. Our employers don't listen. Our family members and even our spouses very often don't listen. Why? Maybe it is because we are not connected enough to care. Maybe it's because we are afraid we will be responsible and have to do something in our already burdensome lives. Maybe it's because we are on sensory-overload, but whatever the reason, listening has become a lost and precious art.

I was very fortunate when I was getting my license to have had had a Zen Buddhist supervisor who taught me that mindful listening, created mindful responses which ultimately resulted in mindful living. Granted this skill is a lifelong work in progress, especially when faced with injustice and inequity, however, it's a skill worth working toward.

I think we stop listening because we are afraid we might disagree, or we might have to

change something, or fix something. What if all we really have to do is hear and understand? If I can hear you, and understand why you believe what you believe, I can then respond in a caring way that accepts the possibility of differences. Not only does this allow for greater compassion and connection, it may save a life – your own or another's.

Are we listening to our kids when they tell us about their fears and feelings of despair or need to try alcohol? Are we listening to our spouses when they speak of their aloneness? Are we listening when our gut tells us not to take a medicine, or get to a meeting, or get involved with an inappropriate potential partner? Are we listening when our intuition tells us to find another doctor, ask for what we need and get healthy?

Simply by becoming a good listener, you'll discover what motivates your clients to buy your product or use your service. By listening, you'll discover what's bothering your spouse, your partner or your children. By listening, you'll discover a lot of very interesting people in the world around you. Listening is the catalyst that fosters mutual understanding, compassion and provides us with insight into people's needs and desires, so that we can connect with them. By listening, you'll become a mindful, compassionate, conscious human being. By listening to yourself, you could save your own life. You are your highest authority on everything in your life. Don't let a license, a title, or any other façade of authority trick you into ignoring what you know to be right for you. Listen to yourself first, and foremost.

When you are genuinely listening, you are not judging, or being critical, you are being humble and caring, both when listening to yourself and others. Moreover, if you are not listening, you've stopped learning. Thanks for listening.

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

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*Bobbe McGinley, Clinical Director*

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NEWS from page 3

Valley Hospital provides AHCCCS Coverage

Valley Hospital has been certified by the Centers for Medicare and Medicaid Services (CMS) to provide treatment for people who have Medicare and Medicaid (AHCCCS in Arizona) coverage.

Opened in December 2010, Valley Hospital was able to demonstrate compliance with CMS federal standards for health care quality and safety in behavioral health care and hospitals. Valley Hospital underwent an on site survey in April and was evaluated for compliance with the two special conditions of participation which included rigorous quality standards for staffing and medical records. This certification process recognizes Valley Hospitals dedication to national standards of care specific to the needs of individuals served and families in behavioral health care and hospitals.

Currently VH is accepting Medicare and has submitted their application to become an AHCCCS Provider. Valley Hospital provides Inpatient, Partial Hospital and Intensive Outpatient Programs for Adult Mental Health, Adult Detox and Rehabilitation, Adult Co-Occurring, Exclusively Women's Program.

The Freedom Care program has opened and it is a specialized military treatment program with multiple inpatient and residential locations in the United States; Valley Hospital being the newest location. The Freedom Care team specializes in combat PTSD, addiction, PTSD/addiction dual diagnosis, general psychiatric diagnoses and woman's issues, including military sexual trauma. For more information on freedom care program visit [www.freedomcare.com](http://www.freedomcare.com). Valley Hospital information: [www.valleyhospital-phoenix.com](http://www.valleyhospital-phoenix.com), or call 602-717-9941.

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- Child/Adolescent Inpatient

#### CHEMICAL DEPENDENCY

- Adult Outpatient
- Adult Inpatient Detox
- Adolescent Outpatient

#### OTHER SERVICES

- Generations/Geropsych – inpatient psychiatric and medical care for patients ages 55+
- 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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# CALENDAR OF EVENTS

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

## JUNE EVENTS

**JUNE 1—Care of Self, Care of Others, Dr. Robin Dilley, PhD—St. Luke's Behavioral Health Center** Clinical Breakfast Series. 8:00-9:00 a.m. Behavioral Health Center Auditorium, 1800 E. Van Buren. Free CEU. Breakfast, networking. Chip Coffey, 602-251-8799. [pcoffey@iasishealthcare.com](mailto:pcoffey@iasishealthcare.com).

**JUNE 18, 1:00pm -2:30pm.** American Hospice Foundation and Hospice of Arizona is offering "Remembering Dad" on Saturday, Meeting will be held at Hospice of Arizona's Peoria Inpatient Unit at 12740 N. Plaza del Rio Blvd., Peoria.(South of Thunderbird on 94th Ave). The program is FREE and open to all adults who are grieving the loss of their father. Space is limited, RSVP is required to attend. Contact Debra Moorhead at 602-589-2203. [www.americanhospice.com](http://www.americanhospice.com).

**JUN 20-24, JUL 25-29 - 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 [jzeff@cottonwoodtucson.com](mailto:jzeff@cottonwoodtucson.com) for information and registration.

**JUNE 27—7:00-8:30 p.m. FREE LECTURE SERIES.** The Meadows presents— "Wrestling with the Teenager Within: Techniques to Facilitate a Positive Relationship with the Adapted Self" —Ben Gallaway, LISAC, CSAT. Chapparral Christian Church 6451 E. Shea, Scottsdale. For information: Meagan Foxx, email: [mfoxx@themeadows.com](mailto:mfoxx@themeadows.com) or call 866-633-5533/ 602-531-5320.

**JUN 27-JULY 1—Tucson—Cottonwood Tucson—InnerPath Beginnings & Beyond Retreat.** This five-day intensive retreat is tailored to meet the needs of those individuals who want to make healthy changes in their lives. Facilitated by Rokelle Lerner. Visit [www.cottonwoodtucson.com](http://www.cottonwoodtucson.com) or call Jana at 520-743-2141 or email at [jzeff@cottonwoodtucson.com](mailto:jzeff@cottonwoodtucson.com) for information and registration.

**PROMISES ALUMNI MEETING—JUNE 14, JULY 12, AUG. 9, SEPT. 13, OCT. 11, NOV. 8, DEC. 13.** 7:00 p.m. For information about location. Contact Tracey 310-595-0166 [tsimmons@promises.com](mailto:tsimmons@promises.com) or Ann 602-996-6395.

**JUN 20-24, JUL 25-29 - 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 [jzeff@cottonwoodtucson.com](mailto:jzeff@cottonwoodtucson.com) for information and registration.

## ON GOING SUPPORT

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

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

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

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

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

**ACOA (Adult Children of Alcoholics)** Thursdays, 7:00 p.m., North Scottsdale United Methodist Church, 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). Micheal 520-419-6723.

Do you know food can also be an addiction? **OVER-EATERS Anonymous** is a 12 Step program that deals with addictions to food and food behaviors. OA has 18 meetings scheduled through out the week. For more information call 520-733-0880 or check our web site [www.oasouthernaz.org](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 pm, Mesa- Open Discussion. St. Matthew United Methodist Church, 2540 W. Baseline Road Room B 14, Mesa, Jim 480-813-3406, Meggan 480-241-0897. Wed: 5:30 p.m. North Scottsdale Fellowship Club, Room 3, 10427 N. Scottsdale Road, Thurs: 7:00 p.m., Phoenix, Desert Christian Church Rm. D-2, 1445 W. Northern. Janice 602-909-8937.

**CELEBRATE RECOVERY—Chandler Christian Church.** Weekly Friday meetings 7 p.m. Room B-200. For men and women dealing with chemical or sexual addictions, co-dependency and other Hurts, Hang-ups and Habits. 1825 S. Alma School Rd. Chandler. 480-963-3997. Pastor Larry Daily, email: [larrydaily@chandlercc.org](mailto:larrydaily@chandlercc.org).

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

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

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

**CELEBRATE RECOVERY—**City of Grace Mesa Campus, 655 E. University. Fridays, 6:00-10:00 p.m. Chapel Bldg. 7. City of Grace Scottsdale Campus,

*continued on page 11*

# Understanding Eating Disorders: From the Inside Out



By Amy Wasserbauer, Ph.D.

An eating disorder is not about food, diet, exercise, a negative body image, or your weight. This statement is often quite surprising to our patients and their family members at Remuda Ranch Treatment Programs when they hear it for the first time. These items are what the general population focuses on when conversations on the topic of eating disorders occur. Rightly so, because obsession, manipulation, and abuse of food, diet, exercise, or weight is noticed most when we suspect a person may be struggling with an eating disorder. These are the main symptoms of an eating disorder, but that is just what they are, symptoms. If a person, family member, or a friend focuses on the behaviors, then they really don't understand an eating disorder. When they focus only on the symptoms, it's easy to get stuck "looking at the outside" only. "Just eat your food, stop what you're doing, exercise more, and what's the big deal?" is what we say to the person struggling, when we really don't understand what it's about. Please don't misunderstand this because the symptoms of an eating disorder are very important, but they are merely the "alarm clock" to warn you that something much deeper is happening "inside" the person who is suffering.

## The Tip of an Iceberg

A useful analogy is to describe the symptoms as the tip of an iceberg. We see the behaviors which are what is "above the water," and we challenge the person to stop them, change them, or do more of them. We believe they should be all better, right? Reality tells us that if we don't look below the water line of the iceberg we don't see the whole thing, and so it is when we focus only on the symptoms of an eating disorder. One can never understand what the functions of it are, thus risking a much longer and possibly more destructive road to recovery, becoming more entrenched in deadly behaviors.

Why is it so important to understand the functions of the eating disorder from the "inside out" versus "outside in?" The behaviors are a coping mechanism, and to really understand why a person uses the coping mechanisms of the eating disorder you have to get "below the water line" to the real and hidden story to see its core functions. It is by identifying the core functions of these behaviors that a person can begin to learn new coping skills to deal with life in a more beneficial way, and they can eventually heal.

What are these core functions that drive a person to use an eating disorder to cope? What's under the water line of the iceberg? Most of it is the thoughts and feelings they've believed about themselves, stemming from wounds that have occurred in their life. Every

human being has emotional wounds, and to ignore this fact is simply denial. It is how we cope with these wounds that matters. We must admit they are there then learn to grow and heal from them, which leads to more wholeness and health in life. We can also choose dysfunctional and unhealthy ways of coping, which lead to more brokenness. I call an eating disorder a "sideways way of coping" when you're struggling with how to deal with your thoughts and emotions. Using positive skills to heal from these wounds can be described as a "forward way of coping" that brings life and the fulfillment of a person's goals and dreams.

"Fear, pain, rejection, guilt, loneliness, sadness, anger, and shame" are core emotions that many who struggle with eating disorders admit to having, yet they believe that "to feel" these feelings will be intolerable and deadly. Ultimately, what happens in the healing process is that a person learns that these feelings aren't fatal, in fact to experience all their emotions including joy will bring real life. They learn the skill of "accepting reality"—that their feelings are not to be judged, but embraced. Using the skills we teach at Remuda Ranch, they'll learn how to embrace their feelings, and realize that it's only through this that they can truly live fulfilling lives, rather than continuing to numb themselves by using an eating disorder to cope.

## Self-Messages

Some of the negative "self-messages" (thoughts) that are consistently heard from those struggling with eating disorders are "I'm not good enough, I'm worthless, I'm a failure, I don't measure up, I'm not pretty enough, thin enough, or smart enough." Finally, when they identify these negative messages, they can begin to challenge them and realize how untrue they are. Changing them to truth statements that help them embrace their uniqueness. On this road to recovery they reclaim the gift of their life.

Healing from an eating disorder takes time, but beyond time, it takes a shift from that "outside in" focus to a more true "inside out" focus. Contact Remuda Ranch if you or someone you know is ready to get their life back, and heal from an eating disorder. Call 1-800-445-1900 to find out how to start on the road to recovery from the "inside out."

*Amy (Lerner) Wasserbauer, Ph.D. is a licensed Clinical Psychologist in Arizona and is a Clinical Supervisor at Remuda Ranch Treatment Programs. She spent two years working as a Family Therapist where she provided weekly group and family therapy for patients and their families. Currently she is in the Clinical Supervisory role at the Adult facility, supervising the primary therapists, leading the treatment team meetings, and patient groups. Amy received her Ph.D. in Clinical Psychology from Seattle Pacific University.*

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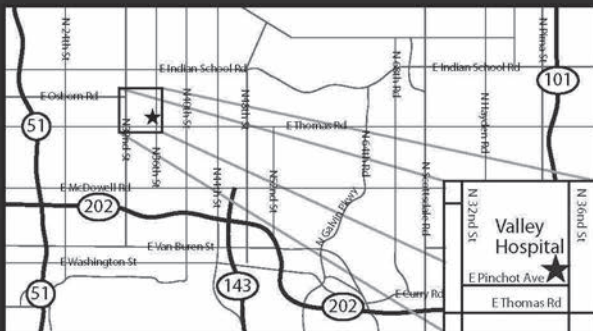


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#### AUTHENTIC SELF from page 1

Again, this is due to the “thinking” part of the brain being relatively undeveloped and the “threat to survival” parts of the brain over-reacting.

Regardless of what caused it, once those experiences of his father are stored in the “survival” areas of the brain, it will operate as an “alarm” whenever the brain has a similar perception in the same and other situations. In Mark’s case, for example, whenever his brain perceives an authority figure that is threatening in ways similar to his father, he may be triggered into a “Fight/Flight/Freeze” response as he did when he was a child around his father. This reaction to others may continue for the rest of his life, unless certain types of interventions take place.

Even if Mark notices this pattern, this does not break the FFF response. Why is that?

#### “Ahah!” Experiences

When we have “Ahah!” experiences of understanding, it is primarily a cognition. The part of our brain that holds cognitions is generally very different than the part of the brain that holds the survival-related perceptions/experiences of FFF.

When a perception/experience is held in the survival brain areas, they tend to be very tightly anchored. Evolutionarily, the survival areas of the brain are mostly much, much older than the conscious thinking parts of our brain. In ancient times, when these survival areas of the brain were developing, the creatures that had them had very little capacity for thought. Therefore, when the animal was in a potentially dangerous situation, their primitive survival brain would tightly couple the dangerous experience with the FFF experience. This binding together would remain locked into place for the animal’s lifetime. Its purpose was to maximize the chance of survival; no thinking involved. We also frequently do not have a conscious awareness that we have been triggered by something that reminds our brain of the past. Our

“thinking brain” (prefrontal cortex), generally makes up a logical reason for our bodily and emotional FFF response.

In Mark’s case, when his brain perceives an authority figure displaying a similar attitude as his father had during his childhood, his brain automatically switches “on” the FFF response. As a young child around his father, Mark’s brain would mainly go into the “Fight” aspect of the FFF response; therefore, this was how his brain encoded these experiences with his father. Therefore, whenever he is re-triggered as an adult by people who relate similarly to him, his brain again goes into the “Fight” response, automatically.

Mark gets into trouble because a) he is unaware that his unconscious brain is perceiving the authority figures as threats to his safety, (which they usually are not), b) his PFC is “making up” that he is having this strong visceral and emotional response to certain authority figures because they are somehow doing him wrong, and c) he then responds to his perceptions and bodily response of anger (Fight mode).

His co-workers tell him he is overreacting, but he does not see this.

What has happened is that some of the ancient survival areas of his brain (the “there and then” experiences of earlier trauma), have hijacked his thinking brain (the “here and now”), but he has no conscious awareness of this.

The second example was Jane. When she was a young child, her mother had a sudden illness and required hospitalization. Even though the hospital stay was relatively brief, her mother became preoccupied with her ongoing medical problems and had relatively “withdrew” some of her attention to young Jane.

Being so young, Jane’s brain areas for survival perceived her mother’s relative absence as abandonment, which triggered the freeze response in her young body. Was Jane’s survival truly in threat of being abandoned? No. But again, the reality does not matter; only

*“To the degree that our lives are aligned with our Authentic Selves, is the degree to which we have peace and deep happiness in our lives. To the degree to which our lives are lived out of alignment with our Authentic Selves, is the degree to which we suffer.”*

what our survival brain areas perceive.

As Jane matured, even though her thinking brain came to understand her mother’s long term medical illness, the survival brain areas had long ago tightly coupled perceived abandonment with the Freeze response. This is a very important point that I’ve already mentioned, but is worth repeating...it does not matter that the thinking/understanding part of the brain has come to understand something. Once certain perceptions or experiences are tightly coupled with the FFF response, they remain available for triggering, retriggering, retriggering, etc for many years to come. Whatever your conscious brain has come to understand does not change this automatic FFF response.

So whenever Jane’s survival brain areas perceive a loss, she returns to the Freeze response. (Please note that there is no predicting if a person will go into a Fight, Flight or Freeze response. For example, with the same stimulus of loss for Jane, another person’s brain may have triggered a Fight or Flight reaction.)

Now, let’s move to the next step...

When Mark was young and having these experiences with his father, his conscious thinking brain (PFC) was making up reasons for his strong reactions to his father. Since his thinking brain was still immature and lacking in the ability to accurately analyze this situation, his understanding came to be that “If I am to survive, I better do x, y, and/or z.” The corollary that was also tightly bound into his brain’s survival areas was something like...“If I don’t do x, y, and/or z, then I am in danger!”

What a psychologically intact child would then do is make up what the “rules” of life are, e.g., “I better do well at school, or I could lose my parents approval (love), and be in danger!” Many of our deep false beliefs can ultimately lead to hundreds of expectations that grow out of our deep false beliefs.

For example, the one deep false belief of “Whatever I do, I better do well, or I could lose my parents’ approval!” can have hundreds to thousands of expectation offshoots. These expectations could encompass just about everything we do. Similarly, our deep false beliefs can encompass our expectations of others.

If you consider that most of us have hundreds to thousands of deep false beliefs, and each of those could have many, many expectations of ourselves and others, then we are potentially looking at having many thousands of expectations....we are ultimately bound to meet some/many of these expectations with failure.

To the degree to which any of our multitude of expectations are also “locked into” the same FFF responses as the deep false beliefs, is the degree to which we become triggered when we don’t meet the expectations.

Now let’s go back....

What does this have to do with our underlying Authentic Selves?

What has happened to our Authentic Selves that we were born with, as all of these layers of deep false beliefs and resultant expectations have been laid down?

Has our Authentic Self been contaminated, destroyed, lost?

I don’t think so...my perception is that our Authentic Selves are fully alive and well; just long forgotten about. From childhood through adulthood, most of us have gradually turned farther and farther away from our true underlying Nature.

So what can we do about this “case of mistaken identity”?

We can take several approaches, some of which are more powerful than others.

Let’s make a diagram of this:

Authentic Self ⇌ (trauma) ⇌ Deep False Beliefs ⇌ Expectations ⇌ Symptoms

Ideally, we want to work as close to the beginning part of the line as is possible. For example, if we can pull up by the roots a Deep False Belief, we will automatically pull out with it any related expectations.

If we “dust off” our authentic selves and allow it lead our life stream, we become more empowered to release the deep false beliefs and unreasonable expectations.

If we only erase the symptoms (the end of the above line), then all of the preceding elements are still locked into place. Therefore, it may be just a matter of time before our symptoms recur. In Mark’s case, this would be getting angry and belligerent at a boss or other authority figure (Fight response), and in Jane’s case, her depression and Freeze response would recur the next time she perceives a loss in her life.

I am a triple-board certified psychiatrist, and have seen over the years that our field is increasingly geared for addressing the last step of the above line. There are some great medications that can alleviate much suffering. If we don’t, however, clear the deep false beliefs and unrealistic expectations that often lead to the end-point symptoms, and empower our Authentic Selves, then we become “sitting ducks” to being re-triggered for years to come from a wide variety of FFF symptoms and behavioral patterns.

To the degree that our lives are aligned with our Authentic Selves, is the degree to which we have peace and deep happiness in our lives. To the degree to which our lives are lived out of alignment with our Authentic Selves, is the degree to which we suffer.

Treatments that are geared for breaking the tight link between the FFF response and old experiences are the “bottom-up” therapies. These include EMDR, Somatic Experiencing, Sensorimotor Psychotherapy, certain types of Inner Child Work, movement therapies, art therapies, psychodrama, and others.

“Bottom Up” therapies tend to free up the old perceived dangers tightly linked to the FFF response. This, in turn, enables the deep false beliefs to be released. As our deep false beliefs are released, many of their accompanying unreasonable expectations of self/others are released.

Regular talking psychotherapy (primarily operating in the PFC) then becomes more valuable in reviewing our lives and how we may want to change it.

As this process continues, our Authentic Self begins to increasingly surface. Life becomes much more pleasurable and peaceful. Our bodies and emotions relax and begin to flow with life more easily. We are freer to see the inherent worth in ourselves and others.

As our Authentic Self is increasingly revealed to us, regular spiritual practice takes on a deeper meaning and value to us. This could be meditation, nature, reading certain types of literature, praying, or whatever connects you better to your Authentic Self and/or Higher Power.

Join Dr. Uram on June 17, 2011 at the Montelucia Resort in Scottsdale for her lecture titled: *Free Your Authentic Self; Understanding Trauma and the Brain* - register at [www.themeadows.com](http://www.themeadows.com) or call 800-240-5522.

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# Down to Earth

WITH DR. MARLO ARCHER [www.drmarlo.com](http://www.drmarlo.com)

## Feeling Something

When Dorothy’s house landed on the Wicked Witch, the residents of Munchkin Land rejoiced with the now well-known, “Ding, Dong, the Witch is Dead.” I wasn’t surprised when that song came to mind as I watched the live news coverage of people dancing in the streets when they found out that Osama Bin Laden had been killed.

### Rejoicing in death

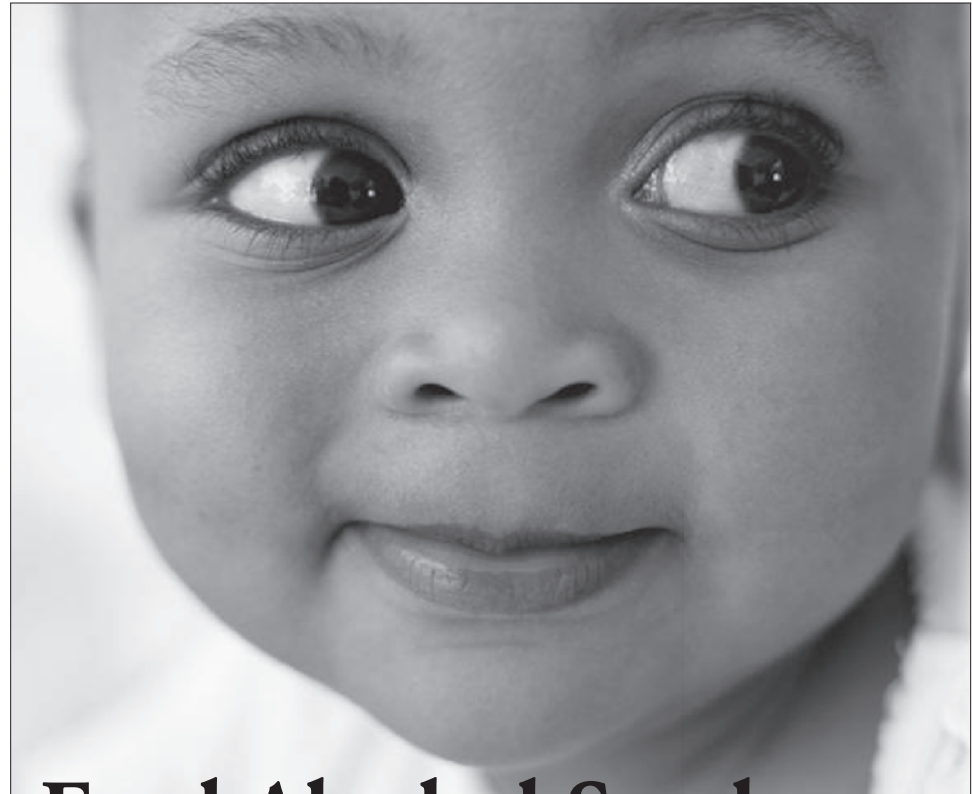
It didn’t feel right to me. Instead, I just felt sad. I felt sad for Osama for the type of life he has had, for having been given a mind that was bent on destruction. I felt sad for his family who would now be mourning his loss. I felt sad for the countless he had killed and their mourning families. I felt sad for the young men who will now be heroes for having taken a man’s life, and for their families whose lives are in danger for simply being related to those soldiers. I felt a deep, deep sadness for the revelers in the street, whose lives have been so oppressed by fear for the past decade that they are elated by the loss of a human life, but I felt the saddest of all for the people for whom this event had no effect at all.

There are folks who have long ago stopped caring what happens in the world or who kills whom. There are those who have retreated into a world of isolation, denial, lack of expression, disconnectedness, monotony, despair, frozenness, ambivalence, disregard, hopelessness, and helplessness. When they heard that Osama had been killed, they felt nothing. Perhaps they cracked open another beer, or clicked the remote repeatedly to see if they could find a station that wasn’t playing the news, or maybe they just went to bed, but they didn’t really care what just happened.

This reminded me of a song from the musical, *A Chorus Line*, a song I had heard when I was maybe 8-10 years old and it chilled me to the bone. The premise was that a young student had been encouraged, by a drama teacher, to take on various fantasy roles and feel what it was like to be an ice cream cone or a downhill skier, and she was unable to feel in those roles. The teacher was hard on her and she eventually became discouraged and felt helpless. The teacher then passes away and the student realizes, in the final line of the song, that she still felt.... nothing.

Whether you felt sad or whether you were joyful when you got the news, either way, you were feeling something. You are choosing to live in all your feelings, the good ones, and the bad. The joy and the sadness. The bliss and the grief. The hope and the fear. Love and anger. Gratitude and resent. Delight and rage. Conviction and confusion. You are also heroes. It may be easier to be brave with a gun in your hand or with a billion dollars at your disposal. It may be easier to feel powerful with an army behind you or a fleet of helicopters for your escape. It is not easy, however, to feel brave just living in the world without any defenses, without numbing out, without picking up, without checking out—staying fully present in the moment and feeling everything that you feel. So, to those of you who are rejoicing and to those of you who are in sorrow, I salute you for your courage.

*Dr. Marlo Archer is a licensed psychologist specializing in working with kids, teens, and their families. [DrMarlo.com](http://DrMarlo.com) or 480-705-5007.*



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Al-Anon	602-249-1257	Sexaholics Anonymous	602-439-3000
ACA	602-241-6760	Sex/Love Addicts Anonymous	602-337-7117
Anasazi Foundation	480-892-7403	Sex Addicts Anonymous	602-735-1681
Aurora Behavioral Health	623-344-4400	SANON	480-545-0520
AZ Office of Problem Gambling	800-NEXTSTEP	Sober Living of AZ	602-478-3210
AWEE	602-258-0864	Suicide Hotline	800-254-HELP
Banner HELP LINE	602-254-4357	St. Lukes Behavioral	602-251-8535
Bipolar Wellness Network	602-274-0068	Step Two Recovery Center	480-988-3376
CCARC	602-273-9999	Stonewall Institute	602-535-6468
Cocaine Anonymous	602-279-3838	Teen Dating Violence	800-992-2600
CoDA	602-277-7991	TERROS	602-685-6000
COSA	480-232-5437	Valley Hospital	602-952-3939
Commun. Info & Ref	602-263-8856	WINR	480-464-5764
Community Bridges	480-831-7566	Workaholics Anonymous	510-273-9253
Cottonwood de Tucson	800-877-4520		
Crisis Response Network	602-222-9444		
The Crossroads	602-279-2585		
Crystal Meth Anonymous	602-235-0955		
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Magellan Crisis Hotline	800-631-1314		
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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		

### TUCSON

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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
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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
Surv. of Incest Anonymous	520-881-1794
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# LIFE 101

By COACH CARY BAYER [www.carybayer.com](http://www.carybayer.com)

## It's Safe to Speak the Truth Quickly and Kindly

Recently, I gave my “Fundamentals of Success” corporate seminar at a company where harmony and a family feeling prevails. That’s the good news. Now the bad news: Most families are dysfunctional. The odds are high that the family you grew up in fits that mold.

While Microsoft lets us process information throughout the globe in microseconds, our religious institutions and psychologists haven’t taught us how to communicate effectively with family, friends, or co-workers when the information that needs to be communicated is uncomfortable. We blemish communications with white lies, withheld comments, and gossip—to say nothing of bald-faced lies and back-stabbing. Very little truth is spoken plainly, quickly, and kindly.

We need to realize that it’s safe to tell the truth quickly and kindly. When I make this point in my “Conscious Communication” class, people squirm in their seats and hands fly up in opposition. We learned as children to play nice in the world. We also were taught to speak nicely, and not to say unkind things. As a result, we’ve been swallowing our truths for decades. Our throats have been holding on to so much unexpressed communication, it’s amazing that there’s not more cancer of the larynx and throat.

I’m not suggesting to be unkind. I said, “It’s safe to tell the truth quickly and kindly.” When you speak your truth quickly, it doesn’t have that long pent-up and repressed energy that it has when you swallow what you wish to communicate for fear that it might hurt someone and/or that that person might hurt you in reply. So it sits there and festers. The key to mastering this truth is to not only speak your truth quickly, but to do it kindly, as well.

Let’s suppose someone said something, or did something, that you felt hurt by. Many people say nothing, repressing what they wish to communicate. It festers inside them and becomes poisonous. By the time it eventually gets expressed, it can come out with volcanic force, completely unrelated to whatever touched it off in the present. Such is the power of long-suppressed truths.

Last night, in fact, a dear friend of mine—one of the oldest and dearest friends in my life, for that matter—finally told me in a two-hour car ride that we shared with nobody else around that there was something I said and something I didn’t do a year ago. He had bottled up this feeling inside of him, driving a wedge between us.

The issue came up in the first place because I expressed—in a kind manner—that I felt that our relationship had deteriorated, quietly faded into relationship oblivion, reduced to about one night a year. (True, I live only four months per year near him—but it’s a 10-minute drive kind of nearness.) Unexpressed communications, however, can drive a wedge that prevents 10-minute drives; he could live next door, and the relationship could still be one night a year when truth is swallowed and not spoken.

So he finally communicated his truth. I listened silently and deeply and took it in. I then spoke my truth in response to his communication. He listened silently and deeply and took it in. He sees my point of view, one he hadn’t even considered because he was stuck in his point of view on the situations. He hadn’t asked how I saw it, because he was too uncomfortable to talk about it, fearing a confrontation.

Now he’s thinking deep and hard about my point of view. It’s quite possible that he will let go of his judgment and anger, and come to see the soundness of why I said what I said, and why I didn’t do what I didn’t do. It’s also possible that he won’t. But by speaking his truth and not letting it fester deep inside of him, the wedge between us has disappeared.

We can now agree to disagree about what was said and what didn’t happen and move on. And it’s quite likely that that one night per year relationship may expand to once a month. At least that’s what the smart money in Las Vegas says as far as early odds go.

*Cary Bayer conducts a private practice You can find him at [www.CaryBayer.com](http://www.CaryBayer.com) and reach him at [successaerobics@aol.com](mailto:successaerobics@aol.com).*

# 7 Short-Cuts to Daily Bliss

By MERYL DAVIDS LANDAU

Sure, the ancient yogis found inner bliss by stretching in their yoga poses and sitting on their cushions for hours on end. But we live in the real world—frequently too busy treading water to spare that kind of time! Fortunately, after digesting tons of spiritual books and attending myriad workshops, then experimenting with what works for me, I’ve created my own Reader’s Digest-ish short-cut to daily bliss. To connect to your elevated interior, try (as best as you can) to sprinkle these simple steps throughout your day:

- Sing in the shower.** One thing the ancient yogis were right about: Set a good tone first thing in the morning and you float through the day. But I can’t drag myself out of bed early enough to meditate, so my solution is, I sing in the shower. Rather than fixate on problems and to-dos, I send my thoughts skyward via song. I learned this technique from a healthy and joyful 99-year-old man, whom I’m convinced got that way because he belts out “Oh, What A Beautiful Morning” with every shampoo. I prefer Natasha Bedingfield’s “Unwritten.”
- Listen for the bird chirp** (or the dog bark....). Several years ago, I read the old Aldous Huxley novel, *Island*, where the Mynah birds on his utopian Pala constantly shout, “Attention, attention,” to remind the natives that here-and-now is most important. I decided to use the occasional chirping of the birds outside my South Florida window as my own prompt to pause. I stop and take a long, deep breath, and am immediately pulled into the present moment—the only place we can access our higher selves. If you don’t have regularly cacophonous fowls, any vocal animal, or even a neighbor’s crying baby, are equally wonderful cues.
- Stop whining.** The biggest problem with our chronic complaints: They keep the mind fixated on what’s going wrong, rather than on the higher-vibration, fabulous things that are working. Next time you’re ready to criticize or complain, stop and ask, “What is this unhappy situation making me desire?” Then turn your whole focus to that.
- Stretch your arms up.** As a longtime, big-time fan of yoga, I know the value of sneaking even a couple of poses into the day. The stretches make you feel great physically, and, equally important, they expand your mind. My favorite micro session when I can’t do a full class: A boat pose (aka Superman), a full forward bend, and a half spinal twist. (If you’re at your desk: raising your arms and arching backward and holding a minute, folding forward down to your ankles for another, then twisting around to the right side, then the left.)
- Sit on your rump.** I’m not talking about all those hours we spend on the computer. I’m talking about meditation. Not necessarily the 15 to 30 minutes twice daily

that experts recommend. (Definitely do that when you can. But I’m talking shortcuts here.) Ten, or even 5, minutes once or twice anytime in the day can be sufficient. By focusing the mind on one thing (a word like “peace,” a sound like “om,” the flicker of a candle...), you’re training it to release the worries about the past or fears over the future that keep us from fully experiencing the present. I adore my 10 minute mini-meds, and, more important, the way they spill into the rest of my day.

- Fantasize.** No, not about sex. Fantasize about what you’re wanting for your life. The teachings about law of attraction by Esther and Jerry Hicks make clear that you get what you think about. I used to spend much of my day pondering things as they were (what the Hicks’ call “tell-it-like-it-is-itis”). But if our thoughts create, it behooves us to shift to those that make our hearts sing: the desired job, financial state, health status, dream trip, romantic partner, and/or situation in the world. Ponder your desires in great detail, until you feel enthusiasm stirring.
- Kiss your pillow (and your partner, too).** Before going to bed each night, think about 5 people, events, and/or objects you appreciate. Begin with the easiest: items right in your delicious bed (including your scrumptious pillow and, if someone is there, your mate). How better to end your day than by connecting to your highest self—which, as pure love, always appreciates? You will drift off with ease, and, more important, set a glorious vibration to wake up in tomorrow morning.

*Meryl Davids Landau is the author of the new spiritual women’s novel, **Downward Dog, Upward Fog**, which *ForeWord Reviews* touts as “an inspirational gem that will appeal to introspective, evolving women.” She has also written for many national magazines—including *Reader’s Digest*, *Whole Living*, *Self*, *O-The Oprah* magazine and more. For more information about Meryl and her debut novel please visit: [www.downwarddogupwardfog.com](http://www.downwarddogupwardfog.com).*



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Events from page 7

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Are sexual behaviors in and out of relationships causing you problems? **Sex Addicts Anonymous** [www.saa-phoenix.org](http://www.saa-phoenix.org) **602-735-1681** or **520-745-0775** in Tucson.

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

**Special Needs AA Meetings.** Contact Cynthia SN/AC Coordinator 480-946-1384, email Mike at [mphaes@mac.com](mailto:mphaes@mac.com)

**North Phoenix Visions of Hope Center**—Recovery center for 18 or older enrolled in Magellan. 15044 N. Cave Creek Road #2. Phoenix. **602-404-1555**

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

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

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

**SLAA—Sex and Love Addict Anonymous** **602-337-7117**. [www.slaa-arizona.org](http://www.slaa-arizona.org)

**FOOD ADDICTS Anonymous**—12 step group. [www.Foodaddictsanonymous.org](http://www.Foodaddictsanonymous.org)

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

**DEBTORS Anonymous**—Mon., 7-8:00 p.m., St. Phillip's Church, 4440 N. Campbell Ave., Palo Verde Room. Thurs. 6-7:00 pm, University Medical Center, 1501 N. Campbell. **520-570-7990**, [www.arizonada.org](http://www.arizonada.org).

ER Report from page 5

and more than three-fourths of visits by young adults (78.0 percent) involved other substances in addition to antidepressants.

Other types of pharmaceuticals were the most common drugs used in combination with antidepressants for both age groups (58.8 percent of visits made by adolescents and 61.5 percent of visits made by young adults). For each group, the most commonly found pharmaceuticals were pain relievers and drugs to treat anxiety and insomnia.

One-tenth (10.2 percent) of visits by adolescents and nearly one-fourth (22.6 percent) of those made by young adults involved antidepressants in combination with alcohol.

Hospitalization

Among ER visits involving suicide attempts and antidepressants, 27.6 percent of adolescents and 17.3 percent of young adults were treated and released. One-third (32.9 percent) of visits made by adolescents and one-half (49.4 percent) of visits made by young adults resulted in hospitalization.

Download the full report from SAMHSA's website: [www.samhsa.gov](http://www.samhsa.gov).



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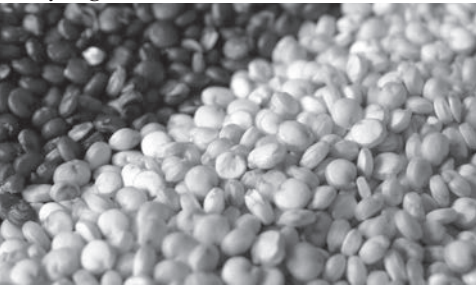
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Let’s Talk about Nutrition: Quinoa

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

What you eat affects how you feel. Mood, ability to concentrate, energy level, sleep habits and food cravings are influenced by brain chemicals. These brain chemicals in turn are influenced by the diet. It is so important that those in recovery view nutrition as supportive in the recovery process and for emotional well being.

Complex carbohydrates such as brown rice, oatmeal, whole wheat, quinoa, etc. are important for serotonin production in the brain. Serotonin is a brain chemical that promotes sleep, increases pain tolerance, and boosts mood. Quinoa (pronounced keen-wah) is a grain like product with superior nutrition qualities and has been cultivated for over 5,000 years by many native Indians. The Incas considered it a sacred food and referred to it as the “mother seed.” Unlike most grains, quinoa contains all nine essential amino acids making it a complete protein, an important consideration in vegetarian cuisine. Quinoa contains high levels of fiber, phosphorus, magnesium, potassium, riboflavin zinc, copper, manganese and folacin. It is a gluten free grain and is easily digested.



Quinoa has a creamy, slightly crunchy texture with a nutty flavor when cooked. Because of quinoa's delicate taste and light flavor, it can be substituted for any other grain such as rice or cous cous as a side dish, in a casserole or in soup. Cook with fruit juice, add dried fruits and nuts for a nutrient packed breakfast. Quinoa can even be ground up and used as flour in your favorite cookie or muffin recipes. Quinoa lends itself well to a cold grain salad mixed with herbs, cooked veggies and vinaigrette dressing as in Chef Richard Serna's recipe for Cottonwood's Toasted Quinoa Salad with Butternut Squash, Dried Cranberries and Lemon Thyme Vinaigrette

Toasted Quinoa Salad with Butternut Squash, Dried Cranberries, Lemon Thyme Vinaigrette

- 1 cup Quinoa
- 2 cups water
- 2 cups Butternut Squash diced to ¼ inch thickness
- 1 tsp Olive Oil
- ¼ cup Vegetable Stock
- 1 tsp Cornstarch
- 1/3 cup Fresh squeezed Lemon Juice
- ¼ tsp Dijon Mustard
- ¼ tsp Minced Garlic
- 4 tsp Honey
- ¼ cup Thickened Vegetable Stock
- 2 tsp Olive Oil
- 1 tsp Fresh Thyme Leaves
- 1 Tbsp Fresh Chopped Parsley
- ½ cup Celery Diced ¼ inch thickness
- 1cup Dried Cranberries
- Salt and Pepper to taste
- Preheat oven 350 degrees

Quinoa:

Spread quinoa evenly on cookie sheet and bake at 350 for 8 minutes. After 4 minutes, stir quinoa and spread evenly in pan to prevent burning. Cool. Once quinoa is cooled, rinse and combine with 2 cups of water in a small saucepan. Bring to a boil, reduce heat to medium and cook until tender and all water is absorbed. Remove from heat and cool completely.

Butternut Squash:

Peel, remove seeds and dice ¼ inch thickness. In a small bowl combine butternut squash and toss with the teaspoon of olive oil and pinch of salt and pepper. Spread onto a cookie sheet and bake at 350 for 15 minutes. Cool completely.

Thickened Vegetable Stock:

In a small saucepan, add the vegetable stock and bring to a simmer. In a small cup, add cornstarch and a teaspoon of water to make slurry. Whisk slurry to simmering vegetable stock; remove from heat when it starts to thicken. Cool completely before use.

Vinaigrette:

In a blender, combine lemon juice, Dijon mustard, minced garlic and honey. Blend at medium speed. While still blending, add thickened vegetable stock. Once combined, slowly add 2 teaspoons of olive oil. Remove from blender into a small bowl and add fresh thyme leaves. Set aside.

Quinoa Salad:

In a medium bowl, add quinoa, butternut squash, diced celery and dried cranberries. Mix together. Toss the Lemon Thyme Vinaigrette slowly into the quinoa mixture. Once incorporated, toss in parsley. For added protein add grilled chicken breast or grilled tofu.

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Dr. Janice Blair 602-460-5464  
Dr. Marlo Archer 480-705-5007  
Dr. Mamiko Odegard 480-391-1184

Ecumenical Chaplincy for the Homeless 602-417-9853  
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**WHY WAIT?** *from page 5*

- co-dependent person repeats the same behaviors and attaches themselves to the same type of person. It's easy to see almost a "constellation" of destructive patterns that range from being too responsible and too preoccupied with what others think—to being too manipulative and controlling.
- This new "attraction" may simulate repeating-patterns from the families in which we grew up, such as continually being attracted to people that are domineering and put us down, people we elevate to a pedestal whom we perceive as better than us, or people who ultimately stimulate a heavy fear of rejection. Unfortunately, the end result is that we are left feeling even more insecure and inadequate about ourselves as the patterns are repeated. Have you ever been attracted to the "bad boy" type who is at first very exciting, but quickly becomes unpredictable in his moods and level of attention to you? Not ever being able to predict how he's going to behave, you find yourself obsessing about whether he truly loves you, and you emotionally exhaust yourself planning how to rein him in or trying to get his attention. The end result – nothing other than an overload of unconscious feelings and actions that do nothing more than replicate our past.
  - Looking for solutions outside of ourselves. Many distorted beliefs exist, such as thinking, "If only the right person would come along my life would be fine." Our thinking may also follow something like this, "I can stay sober (after all I only drank because I was feeling so sad and lonely). "I don't need to drink, because I will have someone in my life." Another thought may be, "Hey, I'm changed now. I can spot abusive relationships." "I'm not going to get sucked into any more of those now because I've learned my lesson." "I am only going to be with people that are healthy and treat me with respect." Although these

appear to be positive thoughts, none of these comments are indicators of being ready to identify and engage in a truly healthy relationship. When we have yet to experience engaging with individuals in healthy relationships, how can we truly know?

It takes time to heal and reach the level of growth and authenticity in which we are able to consistently affirm ourselves and be comfortable in our own skin. The process involves being honest about what we want rather than going along to keep another person happy, to minimize conflict, or to react from a place of fear. Reaching this level of emotional maturity means that we have to know ourselves, accept ourselves, and be able to nourish ourselves first rather than being excited about a temporary fantasy relationship.

When we are emotionally healthy, we tend to make better decisions and choose life partners that support our passions, goals, and who we really are. It is important to remember the healthier we are, the healthier the persons are which we attract in our lives. With these thoughts in mind, one year of our lives is actually a very short time in which to learn to honor and cherish the person that we are. As the Loreal commercial says "we're worth it!"



*Mamiko Odegard, Ph.D. Empowering Life Coach and Psychologist, teaches others to start with themselves first to create success and the relationship they desire. She is the author of Daily Affirmations for*

*Love: 365 Days of Love in Thought and Action. [DailyAffirmationsForLove.com](http://DailyAffirmationsForLove.com). For more information, contact Dr. Mamiko Odegard at 480-391-1184 for a free consultation.*



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