A Healthy Transition: New Maricopa County, Terros Health Centers Help

Probationers Get Physical and Behavioral Health Services

By Sharla Hooper, Terros Health Director of Communications

very year, tens of thousands of individuals available by Arizona Health Care Cost are released from jail or prison to face a new reality: life after incarceration. As they begin the transition back into society, they do so with sought to incentivize eligible providtrepidation and frustration, navigating where they will live, how they will eat and what they will do to make ends meet.

But something most of them don't think about, or cannot prioritize, is the status of their health. This comes despite the fact that a large percentage of them have physical and behavioral health challenges.

Such is the case at Maricopa County's Black Canyon Adult Probation Center, where about 57 percent of the approximately 3,200 probationers have identified needs for mental health and substance abuse services, according to data from the county's Adult Probation Department.

Peggy Chase, president and CEO of Terros Health, a non-profit organization that has been helping Arizonans facing mental health and physical health challenges on their recovery journeys for 50 years.

Barbara Broderick, chief probation officer for Maricopa County Adult Probation, shared Chase's concern, noting that when these individuals have a health problem, about 40 percent of them end up in the hospital Emergency Department or at an urgent care center.

This dilemma got Broderick and Chase wondering how they could empower probationers to think differently about their support system. In 2017, when a new grant opportunity was made

Containment System (AHCCCS), the Target Investments Program, which ers that meet certain benchmarks for integrating and coordinating physical and behavioral care for Medicaid beneficiaries, led Broderick and Chase's organizations to a novel idea: to open integrated health centers in high needs areas of the Valley. The four co-located centers are funded by a five-year TIP grant in an innovative program to improve probationers' access to health care and ultimately reduce recidivism.

Merging justice and health care in this way is a game-changer, Broderick said, "because it enables us to open new doors for these individuals, particu-"These are individuals who need our help," said larly when it comes to the treatment of substance abuse.

> officer to a care team will help those for whom health care may not be a priority," she added.

> Terros Health has a long-standing partnership with Broderick and her team. The organization also has extensive experience working with the justice system to expand treatment, community education and prevention efforts through its Maverick House, a residential substance abuse treatment center, and Bridging the Gap Offender Re-Entry program, which helps inmates re-engage in the community and reduce returns to prison.



But this program is different, because it enables Terros Health to coordinate probationers' physical and mental health needs under one roof, Chase said. "We want probationers to feel welcome and know "Providing a warm hand-off from a probation that their health and well-being is valued. Partnering with Maricopa County Adult Probation in this way gives them a new path to success, as part of our compelling purpose to Inspire Change for Life."

> Staffing is an important consideration: The colocated health centers are run by a Terros Health nurse practitioner and registered nurse case manager who are specially trained in working with the probation population, along with two counselors, a peer community health worker and a project manager.

HEALTHY TRANSITION continued page 8

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Publisher's Note

by Dr. Dina Evan

ME, ME, ME

Opioid Use in Special Needs & 8 **Disability Communities**

Busting Rehab Myths 10



The Journey of Psychological Counseling Services



Dr. Ralph Earle and Dr. Marcus Earle

Prior to starting Psychological Counseling Services (PCS), Pastor Ralph Earle spent 12 years ministering to churches across the country. This pastoral heart and mindset has been a core influence of PCS. In 1970 he received his Ph.D. in Pastoral Counseling, resigned his pastorate in Hacienda Heights, California and relocated to Scottsdale. With the help of 19 sponsoring churches he founded Interfaith Counseling Services which continues to serve the valley today.

In 1974, Dr. Earle shifted his focus to private practice and founded Psychological Counseling Services. PCS began as a "mom and pop" operation with a few therapists, including Dr. Bill Retts, as well as Dallas and Nancy Demitt. Dr. Earle's wife, Glenda, managed the office, front desk, and together they taught couples communication classes.

As business and the group continued to grow PCS expanded to eight therapists. In 1988, Dr. Marcus Earle joined PCS. His wife, Robin, and he inherited running the couples communication program, have led numerous marriage enrichment and parenting programs,

PCS continued page 6

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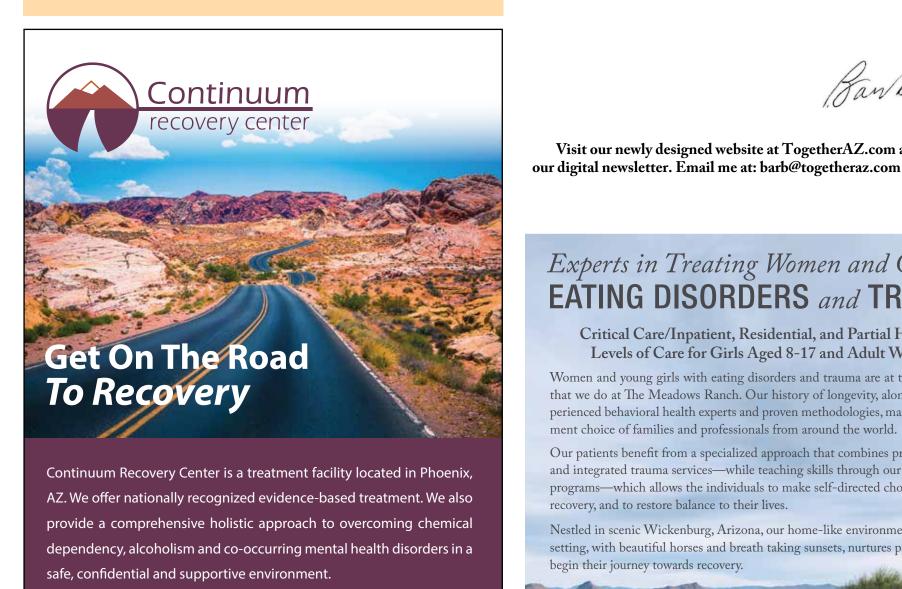
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Publisher's Note

By Barbara Nicholson-Brown

What I Love About Sobriety

Do you remember your first day of sobriety?

Mine was terribly frightening and I was overwhelmed with fear, shame, and guilt. I had called a sober friend for help, and she managed to talk me into attending a 12 step meeting with her. "Just see what it's like," she said. While I was in a daze and fog, I agreed to go along.

The people at the meeting were chatting and welcoming everyone in —all I wanted to do was run out the doors —but didn't. It was difficult to sit still for what seemed to be the longest hour on earth. As the meeting was ending, I felt a glimmer of hope, a sense of relief, able to breathe again.

Somewhere between hour one and 24, I made a commitment to stop destroying myself — for a day at a time. The second 24 hours seemed like years. By the third day, I stopped staring at the clock, counting the hours. As days turned into weeks I knew I was where I belonged. That day I hit bottom was not the worst day of my life — it saved my life.

With the all bumps in the road, and peaks and valleys this journey has taken me on, there is no other way to live than sober. I've learned so muchespecially how to ask for help. I'm still a work in progress, but I've grown up and am very, very blessed.

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Bullying and the Internet: A Synergistic Impact

By Dr. Claudia Black

day's young adults, 18 to 26 years of age, are facing an escalating mental health crisis. One in five is suffering from a diagnosable mental, emotional, and behavioral disorder. Depression, substance abuse, social anxiety, self-harm, and suicidal ideation are experienced at alarming rates for those of this young age.

While there are many contributing factors that put young people at risk for these problems, at the **Claudia Black Young Adult Center** we recognize one of the obvious contributors to this escalation is that these young adults have grown up with the Internet. Despite the fact that there are wonderful uses for the Internet, one of the unfortunate negatives is cyberbullying. Bullying is not new, it has been with us for many generations—most often carried out by verbal insults and humiliating actions directed toward those marginalized and perceived as different. But today that bullying has extended inward to the Internet via social media having a synergistic impact.

Definition:

Cyberbullying is bullying that takes place over digital mediums. Students may be cyberbullied on their phones, computer, tablets, and other devices by receiving harassing chats, texts, messages, comments, forum posts, and pictures that cause them emotional harm.

Cyberbullying doesn't stop when you are out of someone's sight. It follows you wherever the Internet is accessible and is posted for all to see. It's no longer isolated to the small group of kids standing in the hallway or outside in the school yard who observe it, but is easily witnessed by the entire school community as well as the anonymous followers of someone's social media network that keep the effects of the bullying ongoing. People from thousands of miles away are now engaged in behavior that taunt the psychological and emotional safety of the bullied.

Just this week, 19-year-old Carlie came into treatment; her parents described the situation as a 'failure to launch'. They haven't been able to motivate her to get a job, to go or stay in school, or to even socialize with other young people. They wondered if some one thing, such as a sexual assault, occurred that they were unaware of. She said no. They question why she is different than her siblings who seem to be 'fine'. They know she has been somewhat depressed for a long time and isn't as social as their other children. Then they found a letter of suicidal intent on the computer and realized she was in serious trouble.

Jordan, 20-years-old, entered treatment with similar symptoms. She came



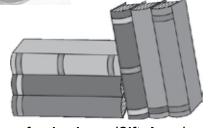
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out as a lesbian to her parents when she was 15. Her parents weren't near as preoccupied with her sexual orientation as they were about her inability to move forward in life. She was isolated, depressed, and on antidepressants. When they saw marks on the back of her legs, they sought treatment for Jordan — clearly, she had a history of cutting they did not know about.

It's more common than not that when a young adult comes to treatment there are secrets they have been hiding from their parents. Carlie's parents were unaware that she had been bullied for the past five years. In middle school, other girls began to make disparaging comments about her looks behind her back but loud enough for her to hear. Carlie became more intimidated which seemed to excite the situation and it continued. Then their taunts escalated to comments on social media about a photo of her in a particular item of clothing she thought was cool but obviously wasn't as suddenly there was an explosion of likes and comments posted. This resulted in more laughing and pointing at her in the school hallways.

Jordan, just like Carlie, also experienced bullying at school and, in time, on the Internet. Derogatory comments were made about her being a guy, not being good enough to be a girl, and altered pictures were posted of her on social media. Then someone hacked



Jordan's computer, stole her password, and sent out emails as if from her. The emails only fueled the false narrative her bullies were perpetuating. The hate response was overwhelming.

While females are more likely to experience cyber bullying, it's still common for males. Timothy entered treatment for substance abuse and a suicide attempt. With a thorough assessment, it was discovered he was bullied by two older brothers throughout most of his childhood without his parent's knowledge. This led to being bullied by his brothers' friends and eventually to a sexual assault on the part of those who were bullying him. When altered pictures of the sexual assault were posted on social media, Timothy tried to take his life by hanging.

Depression, anxiety, self-harm, substance abuse, and suicidal ideation and attempts, are all frequent outcomes to those subject to bullying. Before the victims get to this state, there is usually a decline in their academic functioning, increased social isolation, or alignment with peers who are a poor influence just for the sake of having friends. And very possibly, they have engaged in bullying acts of someone else.

A few facts:

While anyone can experience bullying, the most common targets are those perceived as different. Today, this is largely seen in the LGBT community, those on the autism spectrum, those impacted by physical challenges, and those who struggle with obesity.

Bullies will often stop their behavior temporarily when others intervene on the victim's behalf; however, this is more difficult when bullies shift to cyberbullying since there are fewer witnesses to the attacks. Additionally, those who might speak out on behalf of a bullying victim in person may be unwilling or unable to do so over a digital medium.

- 34% have experienced bullying while on school grounds
- 28% have experienced cyberbullying
- On the average, being bullied starts at age 9
- 70% of kids K-12 have witnessed bullying taking place
- · Females are two times more likely to be victims
- Young people are seven times more likely to experience bullying from people they know rather than strangers
- Cyberbullying victims are two to nine times more likely to contemplate suicide
- 58% of those bullied have not told an adult



Claudia Black, Ph.D., is internationally recognized for her pioneering and cutting-edge work with family systems and addictive disorders. Her work with children impacted by drug and alcohol addiction in the late 1970s fueled the advancement of the codependency and developmental trauma fields. Dr. Black's passion to help young adults overcome obstacles and strengthen families built the

foundation of the Claudia Black Young Adult Center. Not only is Dr. Black the clinical architect of this groundbreaking treatment program, she is also actively involved with the treatment team, patients, and their families.

At the Claudia Black Young Adult Center, it is paramount that we create a community of safety because many of our patients have been victimized and see the world through the eyes of fear and shame. We teach them skills to more effectively own their power, not be victimized, and to challenge any further victimization. For more information visit https://www.claudiablackcenter.com, phone 866-654-0518. Article reprinted with permission:

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Don't be afraid to TALK about Suicide

By Dawn Hunter

Suicide is preventable. You may be thinking, "Is it really preventable?". The answer is a resounding "yes". Although we may not be able to control outcomes, we do have the ability to influence them.

Suicide is the second leading cause of death for those between the ages of 15 – 34 in the United States. Every 7 hours in the state of Arizona someone dies by suicide. If roughly 47,000+ Americans die by suicide each year over ONE MILLION people endure devastating effects on their life and/or suffer a major life disruption. In 2017, there were an estimated 1,400,000 suicide attempts.

Prior to the year 2008 the word "suicide" was something I never heard or talked about. Well, in January 2008, my 19-year-old son took his life. His death by suicide changed the trajectory of my life forever. I went on a mission to figure out why this happened and what I missed. People that have lost loved ones to suicide often go through this. We search our minds for the missing pieces. Where did I do wrong? The truth is...I didn't do anything wrong. It wasn't my fault and someone's death by suicide is not your fault.

No Single Cause

Ninety percent of all people who die by suicide have a diagnosable psychiatric disorder at the time of their death. I spent hours upon hours learning everything I could about risk factors and warning signs of suicide. What I learned is that there is no single cause of suicide. Sadly, many people are misinformed about suicide. Talking about suicide doesn't plant the idea and there are several methods of treatment available to help someone experiencing the various levels of suicidal intensity. This is a common myth that keeps people from asking a direct question.

Myth: Suicide only affects individuals with a mental health condition.

Fact: Many individuals with mental illness are not affected by suicidal thoughts and not all people who attempt or die by suicide have mental illness.

Myth: Once an individual is suicidal, he or she will always remain suicidal.

Fact: Active suicidal ideation is often short-term and situation-specific. Studies have shown that approximately 54% of individuals who have died by suicide did not have a diagnosable mental health disorder. And for those with mental illness, the proper treatment can help to reduce symptoms.

Myth: People who die by suicide are selfish and take the easy way out.

Fact: Typically, people do not die by suicide because they do not want to live—people die by suicide because they want to end their suffering. These individuals are suffering so deeply that they feel helpless and hopeless. Individuals who experience suicidal ideations do not do so by choice. They are not simply, "thinking of themselves," but rather they are going through a very serious mental health symptom due to either mental illness or a difficult life situation.

Myth: Most suicides happen suddenly without warning.

Fact: Warning signs—verbally or behaviorally—precede most suicides. Therefore, it's important to learn and understand the warnings signs associated with suicide. Many individuals who are suicidal may only show warning signs to those closest to them. These loved ones may not recognize what's going on, which is how it may seem like the suicide was sudden or without warning.

Myth: Talking about suicide will lead to and encourage suicide.

Fact: There is a widespread stigma associated with suicide and as a result, many people are afraid to speak about it. Talking about suicide not only reduces the stigma, but also allows individuals to seek help, rethink their opinions and share their story with others. We all need to talk more about suicide.

Before we talk about how to ask the question, let's look at some of the risk factors and warning signs that can lead you to that place of asking someone about suicide.

Risk factors are characteristics that make it more likely that someone will consider, attempt, or die by suicide. They can't cause or predict a suicide attempt, but they're important to be aware of. Here are just a few risk factors:

- Prior suicide attempt(s)
- Misuse and abuse of alcohol or other drugs
- Mental disorders, particularly depression and other mood disorders
- Access to lethal means
- Knowing someone who died by suicide, particularly a family member
- Social isolation
- Chronic disease and disability
- Lack of access to behavioral health

Some warning signs may help you determine if a loved one is at risk for suicide, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change.

Here are some warning signs:

- Talking about wanting to die or to kill themselves
- Looking for a way to kill themselves, like searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or isolating themselves

It is important that we don't dismiss these warning signs. Okay, now what? Now you get to learn how to ask those hard questions.

There are two ways that you can approach someone, indirect and direct.

First, we will look at some indirect questions:

- Have you been unhappy lately?
- Have you been **very** unhappy lately?
- Have you been so very unhappy lately that you've been thinking about ending your life?
- Do you wish you could go to sleep and never wake up?

An example of some direct questions:

- You know, when people are as upset as you seem to be, they sometimes wish they were dead. I am wondering if you're feeling that way too?
- You look pretty miserable; I wonder if you're thinking about suicide?
- Are you thinking about killing yourself?

It is really important to listen to what they are saying and give them your full attention. Remember, suicide is not the problem, only the solution to a perceived problem. Don't rush to judgement and offer hope in any form. If the person is in crisis, do not leave them alone and take them to a person who can help. You can also the National Suicide Prevention Lifeline at 1-800-273-8255 (TALK) or text "HELP" to 741-741. There is always someone available 24/7.

If someone is actively suicidal you can call 911. Many police and fire departments have been trained in Crisis Intervention Training.

Let me leave you with a few thoughts. Life is very busy. There is so much pressure to do this perfect. In a single day, think about how many "things" we have to do. We seem to run at this frenetic pace; always going "somewhere", doing "something", just waiting to get to that one place where we have finally "made it".

What would happen if we slowed down? Perhaps we could notice people around us and just maybe we could ask someone how they are doing. "Are you okay?". Maybe taking the time to show someone a smile or just an "I'm here for you".

It sounds so simple. The truth is, we have forgotten that we need each other. Human beings aren't meant to be alone. Suicide is preventable and it takes all of us to be brave. Don't be afraid to talk about it. I challenge you to take a moment today and smile at the person next to you. Remember, you could be the one person that makes a difference. It takes a village.

If you or someone you know are in crisis please call the 24/7 National Suicide Prevention Lifeline at 1-800-273-TALK (8255) o text "HELP" to 741-741.

For additional resources and information:

- Suicide Prevention Resource Center, www.sprc.org
- American Foundation for Suicide Prevention, www.afsp.org
- Mental Health America of Arizona www.mhaarizona.org
- National Alliance on Mental Illness, www.nami.org

About the author:

Dawn Hunter is the founding member and former Director of the American Foundation for Suicide Prevention Arizona Chapter. She is currently a Community Liaison for Aurora Behavioral Health, www.auroraarizona.com. She is dedicated to educating communities on mental health and suicide prevention. Dawn is a certified instructor offering QPR Gatekeeper and Mental Health First Aid trainings that are FREE to the community. She can be reached at dawn.hunter@aurorabehavioral.com 480-352-1387

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afsp.org/about-suicide/suicide-statistics/.

"Risk and Protective Factors." Risk and Protective Factors | Suicide Prevention Resource Center, www.sprc.org/about-suicide/risk-protective-factors.

Information reproduced from the QPR Institute proprietary gatekeeper training presentation
"Crisis Intervention Team (CIT) Programs."

"Crisis Intervention Team (CIT) Programs." NAMI, www.nami.org/Get-Involved/Law-Enforcement-and-Mental-Health.



PCS from page 1

and Robin has been the point person and coordinator for many of PCS's marketing events.

PCS and its therapists have a long history of providing services and trainings in Arizona and across the country. Examples include: working with Arizona Public Service performing psychological testing for the Palo Verde Nuclear Plant; operating an in-patient program at Scottsdale Camelback Hospital entitled "An Alternative to Incarceration of Sex Offenders"; establishing the Family Institute of Arizona in 1982 which trained therapists and physicians in family therapy; and co-leading alongside Dr. Patrick Carnes over 50 weekends of a program called "Leadership Weekend," now sponsored by the AFAR organization. Since 1991, PCS has supervised over 100 interns, post doctoral residents, and physician assistant students. PCS offers an unique training experience where each student is integrated into the PCS Intensive Program and given the opportunity to work and learn from PCS therapists.

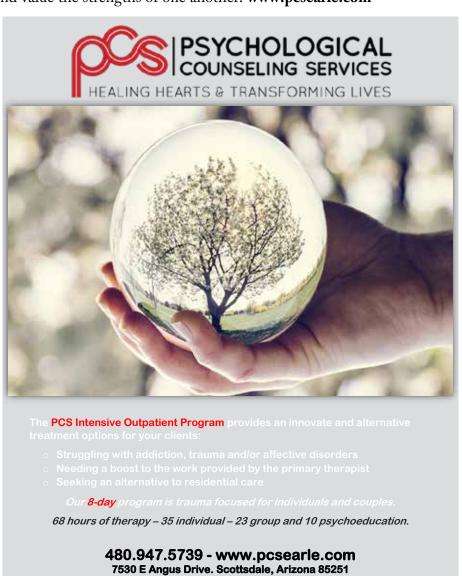
A Change in Direction

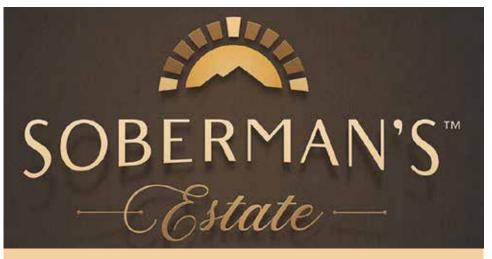
In the early 1990's the introduction of managed care promoted a change in direction at PCS from primarily delivering traditional outpatient services toward experimenting with more progressive and impactful treatment models. Dr. Ralph Earle frequently worked from a team treatment approach in addressing the issues of his clients. He began referring clients for focused trauma work to Marilyn Murray, who was practicing in the San Diego area, and she soon became an integral component of the team approach. Ms. Murray worked with two clients a week for 20 hours each, utilizing *The Murray Method* which generated significant growth in her clients. It was not long until Dr.'s Ralph and Marcus Earle, in consultation with Marilyn, began imagining how the two models might be further integrated and the PCS Intensive Treatment Program found its roots.

After receiving a large financial gift, PCS founded the New Hope Educational Foundation. The foundation creates an opportunity to work with those with fewer resources to attend a PCS intensive as well as educational opportunities related to personal and relationship growth.

Over the past 25 years the PCS intensive program has grown from a five-day program delivering over 50 hours of treatment to the current eight days and 65 hours of client contact. Clients now receive 35 hours of individual therapy, 23 hours of group work, and 9 hours of a workshop-oriented experience. Although the number of direct client contact hours is a unique aspect of the program, most influential are the therapists delivering the services.

PCS has been graced over its 45-year history to have many gifted and talented therapists. We currently have three therapists, Brenda Garrett, Ken Wells, and Dr. Brian Case who have worked with us for over 20 years each and have been pivotal in our growth and program development. Over the past 25 years, each therapist has made a unique imprint on the PCS Intensive Program. Their willingness to share their expertise and experience is the primary reason PCS experiences the success it does. An additional contribution to our growth and program development has always been those that refer to us. Their trust in us and feedback are essential to who we are. PCS believes we are better when we work together, effectively communicate, and draw on and value the strengths of one another. www.pcsearle.com





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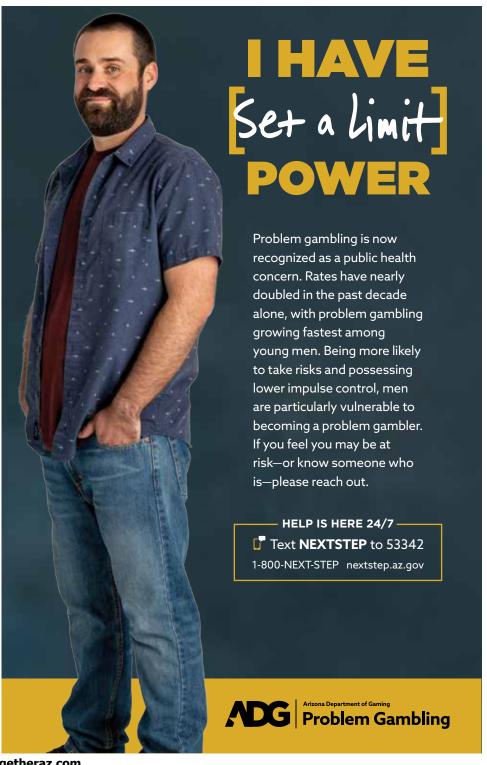
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HEALTHY TRANSITION from page 1

Before receiving services, probationers undergo a comprehensive physical and mental health examination that includes BMI, heart function, diabetes, anxiety and depression screenings. Results from the screenings, along with an evaluation of the individuals' social determinants of health, are used to inform a customized treatment plan.

And the staff care about the patients and their unique needs.

Curtis Bass, the program's family nurse practitioner, said he enjoys the opportunity to offer this population a helping hand with their physical and behavioral health issues. "They have enough on their plates readjusting to life outside the wire as it is. Offering some stability and predictability in their health care is personally rewarding."

Having a peer community health worker involved in the program means that patients get help from someone with lived experience.

Charlie Ottelin works closely with probationers to help identify needs and get access to resources. As he explained, "My clients are trying to get back a life, and have challenges with big things like homelessness, getting a job, getting an ID. Some have serious illnesses that they acquired while in jail, and I get to see them getting the medical help they need.

"I tell them, I am here to walk next to you, and to make sure you can walk on your own.' It's my job to show them the path through the maze of addiction, jail, and life in general and see the treasure that it truly is because life is a learning experience."

Ottelin admits the program has a special place in his heart. "I am 10 years clean and sober, and I know what it's like for my clients because I've been where they are now."

Ultimately, the TIP Justice Clinics are doing just what Jami Synder, director of AHCCCS and her team intended: to reduce fragmentation between acute and behavioral health care, improve efficiencies in service delivery through enhanced provider integration, and make a positive, measurable difference in the health of those with physical and behavioral health needs.

"Ultimately, we want the TIP Justice Clinics to become a model of care that works in Arizona and that could also be adopted in other parts of the nation," she said.

Chase agrees, but she has an even bigger goal.

"It's another step in helping probationers rebuild their lives," she said.

For More Information:

www.terroshealth.org http://www.ahcccs.org https://superiorcourt.maricopa.gov/apd





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Fast Facts: Probationers and Health Care

The Problem:

Historically, probationers have experienced inequities with health coverage and care in their communities. Subsequently, they have a higher disease burden than the general population and lack health insurance at the time of release from incarceration. This drives up costs and leads to poor health outcomes, according to national research.

More Facts:

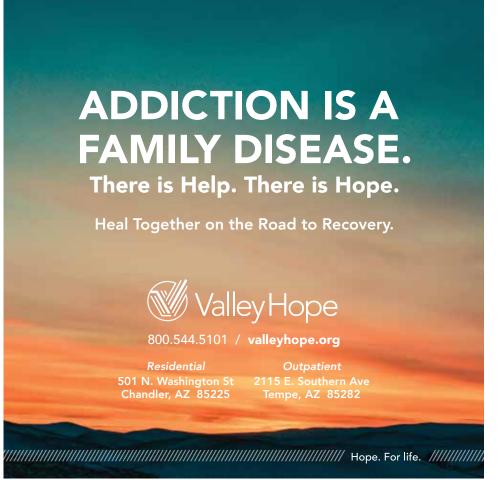
- The probation population has a high incidence of behavioral health conditions such as anxiety, depression and trauma, along with infectious diseases, Hepatitis C, high blood pressure, diabetes and other physical ailments.
- Studies have shown that the probation population is four times more likely than the general population to have a substance use disorder and long-term drug use exacerbates physical health problems and decreases a probationer's chance of receiving care.
- A large percentage of probationers experience social determinants of health. As such, getting health care after release from incarceration is a low priority, as these individuals are focused on seeking housing, employment and transportation.
- Because health care is not always a priority for this population, they are likely to use a hospital Emergency Department or urgent care center when they need care.

The Solution:

Terros Health and Maricopa County Adult Probation have opened four co-located, integrated health care centers in high-needs areas of the Valley to improve probationers' access to care, reduce recidivism and enhance the safety and well-being of our neighborhoods. The goal is to combine the strengths of justice and health to increase participation in health services.

How it Works:

- Maricopa County Adult Probation officers work hand-in-hand with Terros Health to motivate probationers for whom health care may not be a priority. Terros Health is staffed with a care team specially trained in working with the probation population.
- Before receiving services, probationers undergo a comprehensive physical and mental health examination that includes BMI, heart function, diabetes, anxiety and depression screenings. Results from the screenings, along with an evaluation of the individuals' social determinants of health, are used to inform a customized treatment plan.
- Care includes treatment for anxiety, depression and other behavioral health disorders, along with diabetes, high blood pressure and other chronic physical conditions. Terros Health also employs its comprehensive Medication-Assisted Treatment program, using FDA-approved medications, in combination with individual and family counseling and therapy, to treat probationers with an addiction to opioids, alcohol, nicotine and other drugs.



Meeting the Challenges of Opioid use in the Special needs and Disability communities

By Mark Redmond

The challenges Special Needs and Disability Communities face are at a record high in regard to opioids. This is a crisis mode due to the fact this community is 15 times more likely for a person with special needs to become addicted.

At a recent forum discussion on opioids, its effects and challenges are severe for these two communities. Healthcare professionals and patients and their families were involved in the discussion. The goal was to gain a better perspective on the local problem and how to put alternatives in place.

It was also discussed how opioids affects all age groups from infants to a senior in their 90's. Anyone can struggle with different types of pain which increases the desire to get "out of pain" or mask it. Some family members with brain injuries were present and they stated that years later their problems became much worse in regards to opioids given at a young age.

They all stated this is a huge problem. The discussion began with young man who told his story. He was injured in a car accident, and 10 days later woke up in the hospital already addicted. He did not, at the time have a choice, because no one explained to him or his family the effects opioids would have. Now, ten years later he found help and is off drugs, he encouraged the audience not to settle for opioids as the only choice. Those with chronic pain such as spine injury from a car accident or a brain injury need to know they do have choices. But we need to become educated about options and seek help and support. Your care and treatment is your choice. Here are a some ideas for alternatives:

- Chiropractic treatments to relieve or reduce pain
- Acupuncture an alternative for pain
- Physical and/or Massage Therapy
- CBD oils, creams
- Yoga and Music Therapy

Know what questions to ask

- If I start this opioid, can I stop?
- What other options to this drug are available?
- Upon injury or discharge from the hospital — what are the side effects and the percentage that I could become addicted?
- What if I become addicted, what help is available?
- What local support groups are available for me or my family?

The Good News

Governor Doug Ducey has put many resources in place (taking action on *Arizona's Opioid Crisis —Epidemic Act Senate Bill)* to help medical professionals, as well as families become more educated and have choices and resources available to them.

The following numbers are from a 2018 poll from the Governors office. The highest and most alarming numbers in more than a decade:

1 am enough

The Meadows Outpatient Center is in-network with insurance providers including Blue Cross Blue Shield, Humana, and TRICARE, making The Meadows' cuttingedge services and resources accessible to more people than ever before.

We want to assist you on your journey to recovery from addictions, trauma, and mood or other behavioral health issues, and empower you to create a full, authentic, joyful life. The Meadows Outpatient Center provides comprehensive outpatient program services to adults aged 18 years and older. Patients benefit from The Meadows Model, combined with a time-tested outpatient milieu, that together create a blueprint for ongoing, successful, and long-term recovery.

The Meadows outpatient program is designed for individuals who require a "step down" from one level of treatment to the next before they are ready to return home and apply their recovery skills to everyday life. Every individual's current issues and circumstances are taken into consideration to be sure they are offered the safest and most appropriate program for their clinical needs.

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Give us a call today to find out how we can help you realize that you are enough.



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- 455 Arizona babies were born addicted to opioids
- 812- Arizonans died of suspected opioid overdose
- 5,202 Arizonans suffered a suspected overdose on opioids

We are on a mission to reduce these numbers and help more people according to the Governors office.

Local resources

- Arizona Spinal Cord Injury Association 602-507-4209
- Arizona Angel Initiative 602-316-8501
- Arizona Brain Injury Alliance 602-508-8024
- Abilities 360 602-296-0536
 - OAR- Opioid Assistance Referral 1-888-688-4222
- Suicide Crisis Maricopa County 1-800-631-1314 or 602-222-9444
- Suicide Crisis Pima County 1-800-796-6762 / 520-622-6000
- Agency on Aging 602-264-4357
- Arizona Caregiver Coalition 888 -737-7494
 Christopher Reeves Foundation
- 973-467-8270
 Keogh Health Connections
- 602-266-0397
 National Alliance on Mental Illness 480-994-4407
- Substance Abuse/ Treatment locator 800-662-4357

Mark Redmond is a Healthcare Consultant and works with Senior Resources of AZ. He is a Patient Advocate and a great resource to help with the challenges that Seniors and the Special Needs families face. Mark can be reached at info@seniorresourcesofarizona.com or 480-399-4609



BEHAVIORAL HEALTH SYSTEM

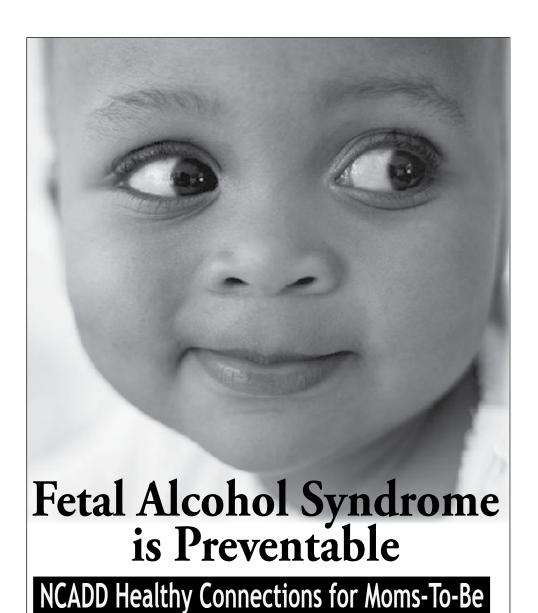
Where Healing Starts and the Road to Recovery Begins...

Aurora Behavioral Health System is Arizona's largest free-standing psychiatric hospital system with 238 beds within two facilities serving adults and adolescents throughout the entire state of Arizona. The Glendale hospital has 100 beds, and the Tempe hospital has 138 beds. Both facilities pride themselves on having full-time internal medicine doctors on staff, in addition to board certified psychiatrists and addictionologists. As a leader in behavioral health for more than 10 years, Aurora has transformed the traditional psychiatric hospital experience into one that takes a more holistic approach. Our expert staff believes in healing the entire person – physically, psychologically and spiritually, while personalizing treatment to achieve the best outcomes. We are committed to the wellness of the community through partnerships, development of new programs, prevention, and treatment. Aurora does this by offering a full continuum of behavioral healthcare services to meet the individual needs.

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Aurora is the winner of Ranking Arizona's Top Behavioral Rehabilitation Facility for 2018!





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National Council on Alcoholism and Drug Dependence

4201 N. 16th St Phoenix, AZFederal funding provided by SAPT

Busting Rehab Myths: *Not Just for the Wealthy*

If you were to randomly pick a corporation, a local high school or neighborhood in America and use as a cross-section of the population, a good portion of those in the group could claim a tie-in with addiction. Whether a person has active drug or alcohol addiction, is in recovery, or knows someone else with a problem of substance abuse, the numbers might surprise you. Rich and poor both suffer, and drug rehab for the wealthy is not the norm.

In fact, substance use disorder is on the rise. Between the opioid epidemic, the increase in production and distribution of cocaine and social acceptance of alcohol and marijuana use, addiction to legal and illicit drugs is pandemic. It would stand to reason then that we have systems and programs in place to eradicate the problem. Unfortunately, we don't.

The press covers stories of the rich and famous as they admit to addiction, enter rehab and glorify their release from detox and the subsequent road to recovery. While drug addiction can creep up on anyone, getting the help to overcome it isn't as easy. Once a person is ready to admit they have a problem with substances or if you want to approach a loved one that is showing the signs of addiction, the bigger issue might be finding a treatment facility that will take them.

Is it money, insurance, or lack of available treatment beds? Whatever the obstacles to getting into medical detox or outpatient care, for example, celebrities and the wealthy don't seem to have this problem. It makes you wonder if drug rehab that suits rich lifestyles is the only option that exists...

The starlets of Hollywood and geniuses of the music industry enter drug rehab as if it's a normal part

of their life stories. In fact, some addiction treatment centers cater to this audience and showcase their facilities in a very 'hollywood' manner, appearing on mainstream television programs. Who wouldn't want to stay at one of these resorts, addiction or not? But a solid recovery program isn't about the glitz and glam or what famous person has been there before: it's all about what it can do for you or your loved one fighting addiction.

You or someone you know may have already gone through a drug or alcohol rehab program in the past. As you probably know, are many reasons for relapse: relapse triggers, insufficient aftercare, minimal emotional support or lack of commitment to living clean and sober. It could also be that the program itself did not serve the specific needs of the individual. Celebrities aren't the only people that deserve customized treatment. Anyone suffering through addiction deserves a solution that suits him or her best.

highest accreditation (Jo premier rehab facility so content for Scottson na Addiction Recovery LLC. Passionate and ing, covering the follow health care, entertaining of clear communication best.

Treatment Isn't a One Stop Shop

The stigma associated with drug and alcohol addiction affects the way we view treatment options. Unfortunately, there is a lot of focus on the detriments of addiction instead of highlighting the recovery process. Because addiction is a disease that can be treated, there are options on how to get to a life of sobriety.

Just as other illnesses come with multiple ways to minimize or remove the condition, addiction is no different. The key is finding the right program for each patient. It starts with a complete personal assessment. Patient assessment should include:

- Type of drug or alcohol use
- Duration of use
- Co-occurring disorders
 - Financial resources available

 Now that you know what's important in finding

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the right treatment, the next question is how to pay for it.

Insurance Covers Detox but There's Room for More

The success rate of addiction treatment and a patient's ability to experience a drug-free life are impacted by the length of time spent in a recovery program. The first part of drug rehab is medical detox, which rids the body of the drug or alcohol on a cellular level to begin the process of healing the mind, body and spirit. Addiction recovery specialists will unanimously tout the benefits of a more than 30-day program because the life skills and emotional barriers that hamper how to live sober are just beginning to come to light after the first month.

The challenge is in getting long-term treatment provided. Many insurance providers, like Aetna or UnitedHealthcare PPO and HMO will cover medical detox for drugs or alcohol, though there may be time limits of up to 30 days. The type of treatment facility that insurance providers will approve may also vary from Residential Inpatient, Partial Hospitalization, or Intensive Outpatient.

AHCCCS Helps Lower Income Addicts Get Alcohol and Drug Detox

As daunting as an insurance deductible can be, imagine wanting to break free from drugs or alcohol but having absolutely zero resources to get started. For other Arizonans who have undergone personal hardships, the Arizona Health Care Cost Containment System (AHCCCS) provides medical care for people who fall within their criteria. Drug and alcohol addiction treatment is part of their program but not all rehab facilities are included in their service umbrella.

Find the Best Drug Addiction Recovery by Asking This Question

Whether you or your loved one is seeking drug treatment at a luxury facility or quick-turn medical detox center, the program options available may run deeper than what you see on a website offering. Many of the treatment facilities are owned or operated by people who went through a very similar struggle with alcohol or drugs. If you know someone who is an insurance deductible away from getting the help needed, reach out to a compassionate addiction treatment counselor who may have other resources to help make addiction recovery that much easier to get started.

Talk to Someone Who's Been There. Talk to Someone Who Can Help. Scottsdale Recovery Center holds the highest accreditation (Joint Commission) and is Arizona's premier rehab facility since 2007. Call 866-893-1276.

Content for Scottsdale Recovery Center and Arizona Addiction Recovery Centers created by Cohn Media, LLC. Passionate and creative writing and broadcasting, covering the following industries: addiction rehab, health care, entertainment, technology and advocate of clear communication, positivity and humanity at its best. www.cohn.media



Success is not final, failure is not fatal: it is the courage to continue that counts.

— Winston Churchill

The **Best** that Can Happen

"When something good happens, the chances of something equally good or better following it increase astronomically." Abraham-Hicks calls us to affirm, "the better it gets, the better it gets."

By Alan Cohen

My coaching client Andrea has struggled with It's not just challenges that stimulate fear! issues of lack and poor self-worth for a lot of her life. Although she is smart, spiritual, and attractive, she has regularly feared that she would become impoverished and bereft. She told me, "Whenever I drive under a bridge, I check it out to see where I would set up cardboard boxes for myself and my kids to live in, in case we lose it all."

I asked Andrea if she was in danger of losing it all, and she firmly answered, "No." This dear woman has always been provided for, and even as a single mom she has manifested various means of support. But the fear of not enough has siphoned off her happiness. In coaching we underscored the fact that Andrea has always had enough for herself and her children, and there is no reason that would change. But fear is not based on reason. It is based on illusions.

I see the same tailspin fantasy in many clients, as well as myself. When faced with a challenge, our mind goes to the worst thing that could happen, and we start preparing for it. When I ask clients who face a difficult situation, "What's the worst thing that could happen?" they usually have a wellprepared list of possible dark outcomes. When I ask, "What's the best thing that could happen?" they usually take a while to think of an answer. They are so practiced in pessimism that optimism hasn't crossed their mind. When we start to explore positive outcomes, the client's demeanor changes radically, he gets excited about opportunities, and he begins to activate them by stepping in healthy, productive directions.

So does success. The ego will take every opportunity to wedge itself into our experience and turn blessings into problems. When something wonderful happens, we may start to think about what could go wrong. United Airlines once sent me an unexpected gift of a free round-trip flight anywhere. I went to my travel agent and asked him if the award was for real. After reading the terms of the award, he affirmed, "Sure, you can use this anytime anywhere." I kept double-checking with him until I walked out of his office, the ticket he printed in hand.

When I finally took that flight, it represented to me the reality of grace, and reminded me that I must let it in.

When you think, "This is too good to be true," immediately shift your affirmation to "This is good enough to be true." In the big picture, only the good is true. Everything else is a warped perspective.

A *Course in Miracles* tells us that only love is real and all else is a nightmare we have fabricated. Fears of lack and loss are part of the nightmare. Confidence in well-being and the presence of benevolence is the awakening.

When things get really good, some people wait for "the other shoe to drop," expecting that some threat or challenge is lurking around the corner. This is another trick of the fearful mind, a limiting belief calling us to transcend it.

What if, instead, we decided that something good happening is a sign that more good, perhaps

even better, will come? Inspirational author Mike Dooley says, "When something good happens, the chances of something equally good or better following it increase astronomically." Abraham-Hicks calls us to affirm, "the better it gets, the better it gets."

What are you prepared for?

The motto of the Boy Scouts is "be prepared." Good advice. The question is, "What are you prepared for?" If you are preparing only for disaster, you miss out on preparing for blessings. You cannot be preparing simultaneously for failure and success. Jesus said, "You cannot serve two masters." Either you are placing your canoe in the stream of love and trust, or you are placing your canoe in the stream of fear and protectiveness. A Course in Miracles asks us to remember, "In my defenselessness my safety lies." The more we defend ourselves, the more we need to defend. The more we recognize we are protected by Higher Power, the more energy we liberate for creativity and healing.

Do what you need to do to feel safe. Have insurance, lock your door, and choose a secure password if your find those acts helpful. Meanwhile, consider where your real safety comes from. Are you sustained by money, position, medicine, prestige, and possessions? Or are you sustained by the grace of God? Use the things of the world, but fall back on the Source of all good.

A business mentor told me, "Act as if success is inevitable." People who act as if success is forthcoming succeed more than those who worry about failing. A salesman friend of mine based his career on "the assumed close." Treat all of your customers as if they are going to buy. They may not all buy, but more will buy than if you treat them as if they may not buy.

The universe is created in utter enoughness. God is not stingy, but extravagant. Everything created contains the seeds of much more like itself. It is said, "A person can count the number of seeds in an apple, but only God can count the number of apples in a seed." When we recognize the riches within us and around us, we don't have to size up freeway bridges as potential shelters. We can see bridges as symbolic of crossing the chasm from abysmal lack to lavish supply.



Alan Cohen is the bestselling author of the newlyreleased Spirit Means Business, illuminating how you can successfully merge your career and financial path with your spiritual life.

For more information about this program, Alan's books and videos, free daily inspirational quotes, online courses, visit www.alancohen.com

Soberman's Estate Treatment Center Opens in Carefree, AZ

Soberman's Estate, a 10-bed, licensed residential treatment and wellness center for professionals and executives is celebrating its grand opening in the Sonoran Desert. Soberman's Estate offers sophisticated clinical and medical care for professionals and executives, ages 25 and older, with substance use disorders and co-occurring issues.

Nestled "in the shadow of the Saguaro," Soberman's Estate provides discreet treatment for professionals, such as executives, physicians, athletes and entertainers. "Our goal is to provide each client with the gift of recovery and with the tools to live a better life", says Founder and CEO



Mitchell Prager. Clients will experience excellent clinical and medical care in the healing nature of the Sonoran Desert, feeling the serenity and relaxation of the surroundings.

"I feel most alive when I'm helping professionals and executives recover from alcoholism and substance use disorders," Prager said. "My team has many years of experience working with the professional- we teach them to have a better life for the rest of their lives."

The Soberman's Estate medical team is led by Medical Director, Dr. Thomas Gazda, board certified family practice, psychiatry and addiction medicine. "Our team of medical and clinical professionals work closely together to help provide the most private, non-judgmental and personalized care. Our wholistic approach is to offer cutting edge evidenced-based modalities and integrative therapies alongside teaching nutrition, exercise, yoga, equine experiences, meditation and coaching. We understand the recovery, healing and business needs of our clients and their family members. Our goal is to help each client find what works best for them," says Gazda.

Soberman's Estate employs board-certified and licensed professional staff who have worked with individuals with addictions and co-occurring disorders for many years. Their combined experience and skill levels will provide the best possible care to guide clients to help them take back their lives. To learn more visit www.sobermansestate.com.

Me, Me, Me

How many times have you said, or heard a friend say, Why is this happening to ME?

By Dr. Dina Evan

Well most of us have not yet discovered the answer to that question yet, but the question itself it implies bad things or challenges should not be part of our life experience. So here is the real deal.

Eleanor Roosevelt said, "You gain strength, courage, and confidence by every experience in which you really stop to look fear in the face. You are able to say to yourself, 'I lived through this horror. I can take the next thing that comes along.' brainyquote.com/topics/gain

Having worked with so many people who need to be right, I believe there is actually no other way to learn what works in life and what does not, what feels ethical and right, and what does not, what supports us being spiritually aligned with our deepest belief system or not. So why can't we embrace our mistakes?

If you have difficulty hearing that you are wrong or someone else perhaps has done something better, then read on. According to narcissismcured. com, egotism and being narcissism are addictive drugs. Seductive, because it makes us feel good; alienates the people in our life who really care about us. Once addicted and without seeing it, we then begin to destroy what's truly valuable, because the 'feel good' has become all we crave. This process sneaks up on us so slowly that often we won't see the damage until we are well into middle age. We don't want to see the truth; our negative ego really is our enemy making us hard to love and unpleasant to be around.

It's not all bad...

A bit of narcissism and ego is also healthy. It pushes us to succeed, improve and do our very best. It only moves across the line into a psychological problem when we insist on being right, refuse to learn and will do anything regardless of the consequences to prove that is true. The positive or healthy side of our ego pushes us and others to succeed.

We tell children early on they are perfect. The underlying message is that if you are not perfect, it's a bad thing or something is wrong with you. Instead of using mistakes and failures as opportunities to teach self-soothing, loving acceptance, tolerance and the courage to try harder.

That is such a disservice to all of us because the truth is, humility, compassion and forgiveness feel so much better, but they are perceived as weakness rather than strength. Look around, the bullies get more press time. It's so true that when every effort has been expended and we are finally without a single answer that's when the right answers come.

So the answer is really quite simple when it comes to resolving this ego problem. When you make a mistake, invite it in. Ask it to sit down and then ask it what are you here to teach me.

Sit quietly and the answer will

Maybe, it is for you to see how gratifying it is to empower and teach others. Maybe it is, that you feel stronger and better about yourself, as opposed to feeling like a failure, when you have the courage to admit you are wrong. Perhaps it is you gain greater respect and admiration from others when you have the courage to admit your mistakes. So many gifts come from this one little step.

So what is the secret?

The next time a challenge, large or small comes dancing into your life, and you find yourself feeling afraid to admit the mistake was yours, your very first question should be what are you here to teach me about myself. No blaming anyone else or yourself. No excuses. Just gratitude, believe it or not, for each and every challenge that pushes your soul forward. After all, that's what you came here for in the first place...to find your best self.

Those who make mistakes that are big enough to bring you to your knees are also the people have the most courageous hearts, and the most inquiring minds. So congrats!



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

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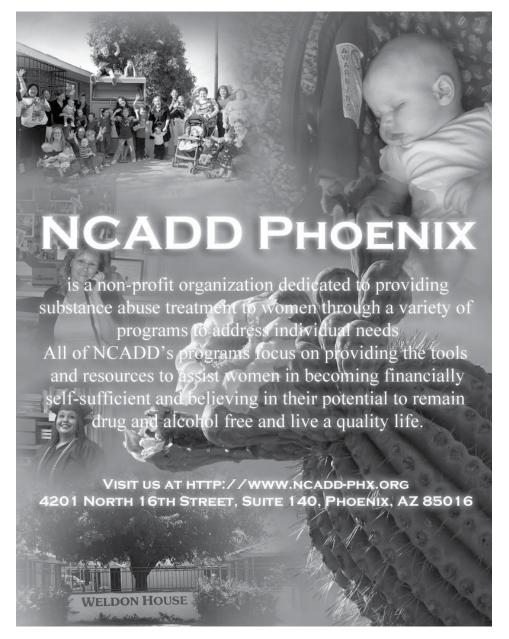
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Events & Support Groups

Lunch. RSVP to pcs@pcsearle.com. Registration required. 3302 N. Miller, Scottsdale.

MAY 27-31 LOVE ADDICTION/LOVE AVOIDANCE-800-244-4949. Rio Retreat Center at The Meadows. Workshop is based on Pia Mellody's ground-breaking work conveyed in her book, Facing Love Addiction. For more information visit rioretreatcenter.com

AUG. 8- 12— Payson.Camp Can Do an annual, four-day event hosted by the Brain Injury Alliance of Arizona for adult brain injury survivors. This highly anticipated event is held at a fully accessible camp where brain injury survivors are empowered to participate in activities they may have once thought were not possible for them.602-508-8024, www. biaaz.org/programs.

Rising Phoenix Wellness Services— MARA (Medication-Assisted Recovery Anonymous) group. Sat. 11:30-12:30 pm, 7807 E. Greenway Rd. Suite #5, Scottsdale, AZ, 480-427-2290

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

DOORWAYS— Intensive Outpatient Programs for 13-18 year olds, providing counseling in small group setting. Open enrollment. Anxiety Disorders/OCD, DBT Skills, Eating Disorders. 602-997-2880 or email IOP@Doorwaysarizona.com.

SIERRA TUCSON - Alumni Group. Scottsdale, Tues., 6:00-7:00 p.m. Valley Presbyterian Church. 6947 E. Mc-Donald Drive, Paradise Valley. 480-991-4267. Counseling Center (Parlor Room). Rob L. 602-339-4244/ stscottsdalealumni@ gmail.com.

SIERRA TUCSON—Continuing Care Groups—Phoenix. Thurs. -Resident Alumni. PCS, 3302 N. Miller, Scottsdale. 5:30-7:00 p.m. Facilitated by PCS staff. email: Courtney.Martinez@SierraTucson.com.

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

HEALTHY INTIMACY GROUP— Tucson— Weekly women's group. Explore intimacy issues and help heal relationship and intimacy wounds. Desert Star Addiction Recovery Center. 520-638-6000.

PAL (Parents of Addicted Loved Ones) Phoenix -Teen Challenge, 1515 Grand Ave, Phoenix, 85007, Thurs. 6:30-8p.m. Call 480-745-6978 or weeksfamily7@ gmail.com. Scottsdale, Soul Surgery Addiction & Medical Center, 14362 N. Frank Lloyd Wright Blvd., Suite B113, Scottsdale. Mondays 6:00 - 7:30 p.m., Rebecca 480-458-8080 / ra@reagan.com

VALLEY HOSPITAL—IOP for Chemical Dependency/Co-Occuring. Mon., Tues., Thurs. 6:00-9:00 p.m. 602-952-3939. 3550 E. Pinchot Ave., Phoenix. valleyhospital-phoenix.com

MAY 14- Professionals: PCS Monthly Open Hearts Counseling Services Women's Therapeutic Group for Partners of Sex Addicts. Comfort, strength and hope while exploring intimacy issues. Cynthia A. Criss, LPC, CSAT 602-677-3557.

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

> **NICOTINE ANONYMOUS**—Phoenix Sat., 5-6:00 p.m. Our Saviour's Lutheran Church, 1212 E. Glendale Ave., Glendale, Sun., 9:15-10:15 a.m. Fellowship Hall, 8910 N. 43rd Ave. 480-990-3860 or www.nicotine-anonymous.org

> CHRONIC PAIN SUFFERERS — "Harvesting Support for Chronic Pain," 3rd Sat. of month, 12-1:00 p.m. Harvest of Tempe, 710 W. Elliot Rd., Suite 103, Tempe. 480-246-7029.

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

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

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

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

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

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

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

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

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



Educational Workshop for Parents of the Chemically Dependent MAY 11, 2019 9am-2pm

OASIS Community Church 15014 N 56th Street. Scottsdale, AZ 85254

Presented by Chris Harper and Joe Ross

With over 20 years of combined recovery experience and both parents of addicts/alcoholics, Chris Harper and Joe Ross teach their hard-earned knowledge, insight and wisdom gained by working with families and addicts for many years.

Attendees will receive an unmatched education on:

- What brought the Prodigal son home?
- Loving your kid enough to take care of yourself
- Participation or Support?
- How you can help

COST:

\$199. 00 Single \$349.00 Couple

RSVP:

Joe: 602-399-9479 Chris: 602-469-0309

Parentingyourprodigal.com

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

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

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

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

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

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

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

EATING DISORDER SUPPORT GROUPS— PHX— Monday 7:00 p.m. 2927 E. Campbell Dr. Ste. 104, (Mt. View Christian Church). Jen (602) 316-7799 or edaphoenix@gmail.com. Wed. 7:00 p.m. Liberation Center, 650 N. 6th Ave, Phoenix. (cross street McKinley). Jennifer (602) 316-7799. Tempe—Thursday6:30

p.m. Big Book/5:30 - 6:30 p.m. Steps to the Solution. Mountain View Retirement Village, 7900 N. La Canada Drive, Tucson. leeverholly@gmail.com. Thurs. 5:30 - 6:30 p.m. EDA Big Book Step Study. Mountain View Retirement Village, 7900 N. La Canada Drive, Tucson. (203) 592-7742 / leeverholly@gmail.com. Wickenburg—Wed. 7:15 p.m. and Sunday 7:45 p.m. (N,D/SP,O,) Capri PHP program. (928) 684-9594 or (800) 845-2211. Yuma -Wed. @ 5:00 - 6:00 p.m. 3970 W. 24th St. Ste. 206 Yuma. Alyssa (928) 920-0008 or email 2014yumae.d.a@gmail.com.

CRYSTAL METH ANONYMOUS www. cmaaz.org or 602-235-0955. Tues. and Thurs. Stepping Stone Place, 1311 N 14th St. Phoenix.

GODDESSESS & KACHINAS Philosophical, spiritual, religious 12 step, 12 Tradtition/12 Promises support group. 480-203-6518.

AA,NA,CA,CMA,ACA, ALANON - Would you like to start a meeting? The Northwest Alano Club would like to help. Free rent and coffee for the first 4 meetings! 3120 W. Curtis Rd. Tucson (520) 293-2929

SEND EVENT OR SUP-**PORT GROUP INFO:**

barb@togetheraz.com Deadline 20th of month prior to printing.

Together AZ

Resources & Helplines

TOGETHER AZ	602-684-1136	Therapists/Intervention
Acceptance Recovery Ctr	844-302-0440	Dr. Marlo Archer
ACT Counseling	602-569-4328	Dr. Janice Blair
Arizona Addiction	602-737-1619	Carey Davidson
AZ. Dept. of Health	602-364-2086	Dr. Dina Evan
Arizona Addiction Recover	•	Dr. Dan Glick
AZ. Div. Problem Gambling		Bobbe McGinley
·	300-NEXTSTEP	Julian Pickens, EdD, LIS
Aurora Behavioral Health	877-870-7012	Stewart Counseling Servi
AzRHA	602-421-8066	
Building Blocks Counselin	=	Legal Services
	602-626-8112	Dwane Cates
Calvary Healing Center	866-76-SOBER	Real Estate
CBI, Inc.	480-831-7566	Scott Troyanos
CBI, Inc. Access to Care	877-931-9142	TTV 1.00 (
Chandler Valley Hope	480-899-3335	TUCSO
Choices Network	602-222-9444	ACA
Continuum Recovery Ctr.		Alcoholics Anonymous
Cohn Media	877-640-6529	Al-Anon
Cottonwood Tucson	800-877-4520	Anger Management
Crisis Response Network	602-222-9444	Center For Life Skills De
The Crossroads	602-279-2585	
First Step	866-832-6398	Co-Anon Family Groups
Fit FOUR Recovery	480) 828-7867	Cocaine Anonymous
Gifts Anon	480-483-6006	Cottonwood Tucson
Governor's Office of Youth	•	Crisis Intervention
	602-542-4043	Desert Star
Hunkapi Programs	480- 393-0870	The Mark Youth & Fam
Lafrontera -EMPACT	800-273-8255	
The Meadows	800-632-3697	Narcotics Anonymous
Meadows Ranch	866-390-5100	Nicotine Anonymous
Mercy Care		Overeaters Anonymous
602-222-9444 or		Sex/Love Addicts Anony
NCADD	602-264-6214	0 411 4
PITCH 4 KIDZ	480-607-4472	Sex Addicts Anonymous
Psychological Counseling S		Sierra Tucson
	480-947-5739	Sonora Behavioral Health
Recovery in Motion Treats		Starlight Recovery Housi
	520-975-2141	Suicide Prevention
Rio Retreat Center	800-244-4949	Men's Teen Challenge
River Source	480-827-0322	Turn Your Life Around
Scottsdale Providence Reco	•	Workaholics Anonymous
	480-532-4208	
Scottsdale Recovery Ctr	888-663.7847	XV 7 1
Sober Living AZ	602-737-2458	Want to be a
Teen Challenge of AZ	800-346-7859	Send your reque
TERROS	602-685-6000	barb@toget
Valley Hospital	602-952-3939	

480-389-4779

Therapists/Interventionists		
Dr. Marlo Archer	480-705-5007	
Dr. Janice Blair	602-460-5464	
Carey Davidson	928-308-0831	
Dr. Dina Evan	602-997-1200	
Dr. Dan Glick	480-614-5622	
Bobbe McGinley	602-569-4328	
Julian Pickens, EdD, LISAC	C 480-491-1554	
Stewart Counseling Services	602-316-3197	

Legal Scrvices	
Dwane Cates	480-905-3117
Real Estate	
Scott Troyanos	602-376-6086
•	

TUCSON				
ACA	aca-arizona.org			
Alcoholics Anonymous	520-624-4183			
Al-Anon	520-323-2229			
Anger Management	520-887-7079			
Center For Life Skills Development				
	520-229-6220			
Co-Anon Family Groups	520-513-5028			
Cocaine Anonymous	520-326-2211			
Cottonwood Tucson	800-877-4520			
Crisis Intervention	520-323-9373			
Desert Star	520-638-6000			
The Mark Youth & Family Care Campus				
	520-326-6182			
Narcotics Anonymous	520-881-8381			

Overeaters Anonymous	520-733-0880	
Sex/Love Addicts Anonymous		
	520-792-6450	
Sex Addicts Anonymous	520-745-0775	
Sierra Tucson	800-842-4487	
Sonora Behavioral Health	520-829-1012	
Starlight Recovery Housing	520-448-3272	
Suicide Prevention	520-323-9372	
Men's Teen Challenge	520-792-1790	
Turn Your Life Around	520-887-2643	
Workaholics Anonymous	520-403-3559	

520-299-7057

a resource? est by email to theraz.com

If you or a loved one are facing a crisis, we encourage you call a helpline for professional guidance. Every moment counts.

Alcoholics Anonymous	602-264-1341
Al-Anon	602-249-1257
Adult Children of Alcoholics	aca-arizona.org
Arizona Addiction	602-737-1619
Bipolar Wellness	602-274-0068
Child Abuse Hotline – Support & Information	800-422-4453
Cocaine Anonymous	602-279-3838
Co-Anon	602-697-9550
CoDA	602-277-7991
COSA	480-385-8454
Crisis Help Line – For Any Kind of Crisis	800-233-4357
Crisis Text Line Text HOME	E to 741741
Crystal Meth Anonymous	602-235-0955
Debtors Anonymous	(800) 421-2383
Domestic Violence	800-799-SAFE
Families Anonymous	602-647-5800
Gamblers Anonymous	602-266-9784
Grief Recovery	800-334-7606
Heroin Anonymous	602-870-3665
Marijuana Anonymous	800-766-6779
NDMDA Depression Hotline – Support Group	800-826-3632
Narcotics Anonymous/Phoenix	480-897-4636
Narcotics Anonymous/Casa Grande	520-426-0121
Narcotics Anonymous/Flagstaff	928-255-4655
Narcotics Anonymous/Prescott	928-458-7488
Narcotics Anonymous/Tucson	520-881-8381
Nar-Anon Family Groups	(800) 477-6291
National Youth Crisis Hotline	800-448-4663
NCADD	602-264-6214
Overeaters Anonymous	602-234-1195
PAL (Parents of Addicted Loved Ones)	480-300-4712
Parents Anonymous	602-248-0428
Phoenix Metro SAA	602-735-1681
RAINN (Rape, Abuse, Incest National Network)	RAINN.ORG
Rape Hotline (CASA)	602-241-9010
Sexaholics Anonymous	602-439-3000
Sexual Assault Hotline (24/7, English & Spanish)	800-223-5001
Sex/Love Addicts	602-337-7117
Sex/Love Addicts	520-792-6450
Sex Addicts Anonymous	602-735-1681
S-ANON	480-545-0520
Sober Living AZ	602-737-2458
Suicide Hotline	800-254-HELP
US Suicide Prevention Lifeline	800-273-8255





VIVRE

Talking to Children About Alcohol Are Dads the Overlooked?

Conversations between parents and their children play a role in determining a child's alcohol use. In fact, previous research shows that parents are the leading influence on a child's decision to drink – or not drink – alcohol1

. While these conversations can be difficult for a parent to navigate, new research shows that moms and dads take a different approach in guiding these conversations and their frequency.

Leading the Conversation About Underage Drinking:

• Mothers reported speaking with their children about alcohol more than fathers: 86% vs. 80%.

Moms also reported starting these conversations over one year earlier than did fathers, with moms starting these conversations at age 5 and dads initiating at almost 6.5 years of age.

While the majority of moms and dads indicated they share the responsibility of discussing alcohol and underage drinking with their kids, these conversations are not necessarily happening together with both parents at the same time. Mothers reported talking with their children more times than fathers in the last 6 months. Going further, 36% of moms self-identify as the primary parent discussing alcohol and only 1% say dad is the primary parent discussing alcohol. By comparison, one-quarter (26%) of dads self-identify as the primary parent discussing alcohol and 6% cite mom as the primary parent discussing the topic with their children.

- Mothers rate the impact of drinking in front of their children as having a greater impact on their kids than fathers do. Yet 29% of fathers reported concerns over their own alcohol consumption vs. 17% of moms.
- Overall, about 1 in 5 parents reported believing that their own drinking has a strong impact on their child.

When discussing underage drinking with kids, what are moms and dads talking about?

- Fathers are slightly more likely than mothers to think their children already have the information they need about alcohol. Moms are slightly more likely to admit they are not sure what their children know.
- 21% of dads vs. 30% of moms have discussed family history and alcoholism with their kids.
- 40% of dads have discussed responsible consumption vs. 57% of moms.
- Interestingly, dads are significantly more likely to say they feel prepared to discuss alcohol compared to moms (78% and 73%, respectively).
- While both moms and dads report discussing getting in trouble at school, in regards to underage drinking, along with its potential impact on sports performance, moms out-talk dads in all other categories. Mothers are more likely to gravitate to topics around alcohol consumption, the potential dangers, and responsible consumption.

Fathers are significantly less likely than moms to have discussed the following:

- how alcohol can interfere with judgment;
- how alcohol can be included as part of a special occasion among family dinners;
- that alcohol is illegal if you are under 21;
- the dangers of drunk driving;
- how alcohol is unhealthy for a developing brain
- that alcohol consumption is acceptable for those over the age of 21 years.

Confidence Breeds Conversations

- The group of parents who talk the most to their children are those who are the most confident. As the degree of confidence decreases, so does the rate of talking. For instance, among fathers, as the confidence rating drops to 7, on a 10-point scale, 81% reported talking with their kids about alcohol vs. 86% who reported a confidence level of 9. The correlation between confidence and talking is higher among mothers than it is among fathers.
- Among parents with low confidence (ratings less than 6), who consume more (3+ drinks per month) and who rate the impact of drinking in front of their children as low, only 59% have talked to their child. This difference is greater among fathers with only 41% compared to an overall 59% among mothers.



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- ☐ Self-Harm
- Mood Swings
- □ PTSD
- Drug/Alcohol Abuse
- Prescription Drug Abuse

Service Members accepted upon referral from their Military Treatment Facility 602-952-3939

3550 East Pinchot Avenue • Phoenix, Arizona 85018 www.valleyhospital-phoenix.com

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info@scottsdaletreatment.com

Receptionist

Starting wage \$12 to \$17 Per hour

You will be the first point of contact for our company. Duties include offering administrative support across the organization. You will welcome guests and greet people who visit the business. Coordinate front-desk activities, including distributing correspondence and redirecting phone calls.

To be successful, you should have a pleasant personality, as this is also a customer service role. You should also be able to deal with emergencies in a timely and effective manner, while streamlining office operations. Multitasking and stress management skills are essential for this position. This role may require working in shifts, so flexibility is a plus. Ensure front desk welcomes guests positively, and executes all administrative tasks to the highest quality standards.

Entry Level Counselor (BHT) Starting Wage \$12 to \$18 Per Hour

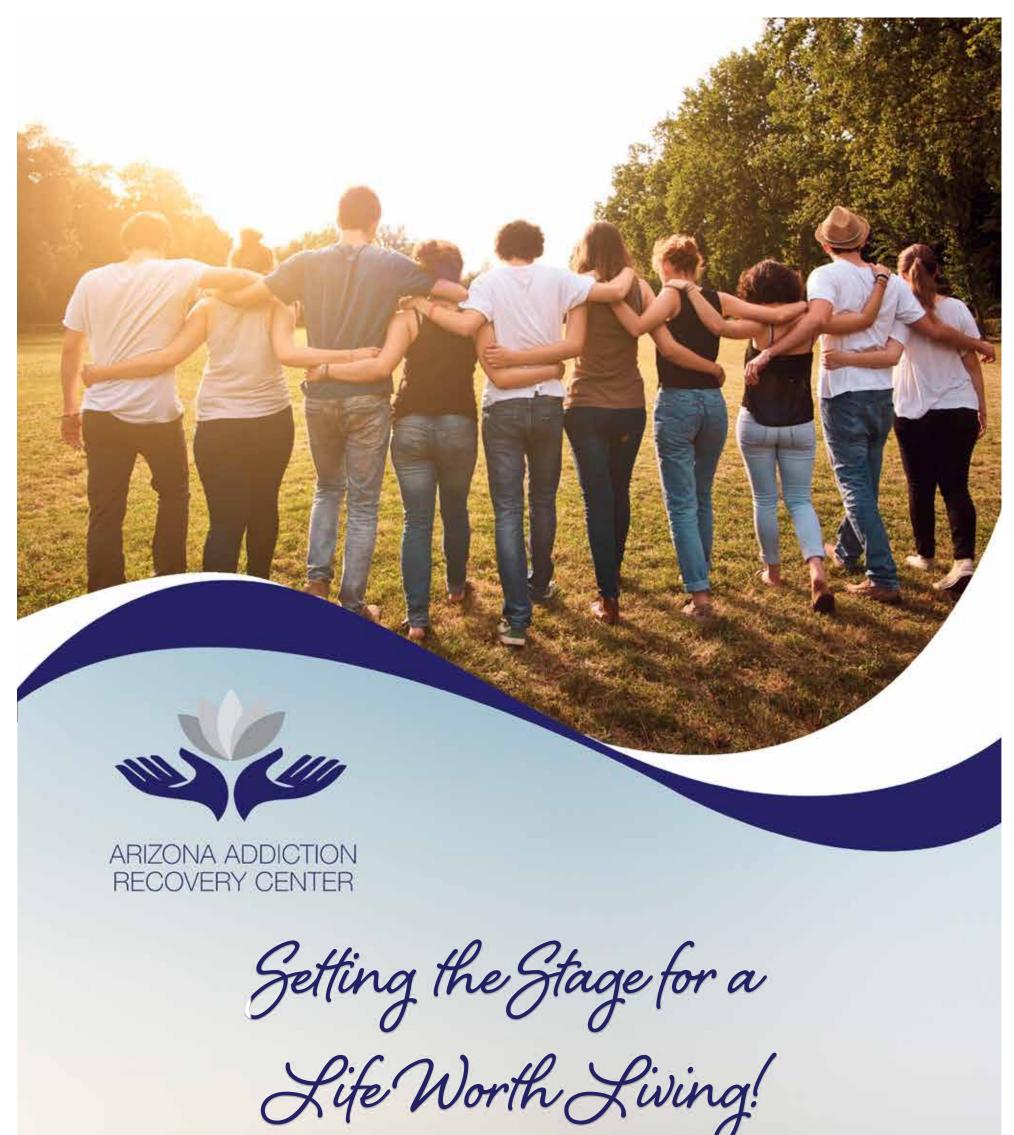
This is an opportunity for you. You may have natural skills that are your gift to help others with the challenges that they face in this life. If you think about it, you are likely already functioning as a coach, consultant or counselor all along.

We are here to assist you on your life's journey, to embrace your natural abilities in helping other and allowing others to pay you for your services.

Licensed Alcohol /Drug Counselor Starting Wage \$20 to \$45 Per hour

Working as a substance abuse counselor requires patience, dedication, and a desire to help people in crisis. The job entails providing confidential counseling and support to addicts and their families. Counseling may be in group settings or individual settings with the goal of encouraging a healthy, addiction-free lifestyle for each client.





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