

# TogetherAZ

JUNE 2019INSPIRING SUCCESS ON THE ROAD TO RECOVERY



By Jim Corrington, Jr. LCSW, Executive Director of Outpatient Services, Meadows Behavioral Healthcare, Scottsdale, Silicon Valley, Dallas

Having worked in the field of addiction treatment and behavioral health as a therapist and Director for over 30 years, it has been my experience that everyone who follows the suggestions in the AA Big Book gets better, *everyone*. There are suggestions, similar to when I went skydiving. I jumped out of a plane at 10,500 feet and after one minute of freefall, the instructors, tugging on my side, “suggested” I pull the ripcord. **We all have choices.** A metaphor I use is the Tollhouse Cookie Recipe. Back in the ‘30’s Ruth Wakefield, living in a Cape Cod style house on the outskirts of Whitman, MA. in the “Tollhouse Inn,” (*the original house built in 1709 charged passengers tolls for changing horses, meals, etc.*) decided to add bits of chocolate to a cookie dough from an old Colonial Day recipe for Butter Drop Do cookies. She thought the chocolate would melt out of the cookie, but it didn’t — and they turned out delicious. In 1939 the Nestles Tollhouse cookie recipe was published and printed on all bags of chocolate chips. Today, 80 years later, if we buy the ingredients listed on the bag of chips, and follow the directions exactly as written, we get great cookies every time. That’s why I say there is a 100% recovery rate for people who follow the directions.

In the same year, 1939, the book Alcoholics Anonymous first edition was published. The AA Big Book says, “Clear cut directions are given showing how we recovered.” Page 29. It is simple. It is straightforward and “it works, it really does.”

This article is about how to get and stay clean and sober the rest of your life, one day at a time. *Relapse does not have to be part of recovery.* The problem arises when we hear, “But you don’t understand, my case

is different.” If one believes this, the “recipe” doesn’t apply or work. I say to those who feel they’re different, “surely in the millions of people in long-term successful recovery in the world (23 million people in the U.S. alone in “long term successful recovery”) – (**Anonymous People** movie) there are people who have gone through nearly exact circumstances as yourself, applied the program of recovery outlined in the Big Book to their lives, received any outside help needed, and had the promises come true for them (each and every promise. pg.83). I’m reminded of the Herbert Spencer quote in the Spiritual Experience Appendix of the AA Big Book: *“There is a principle which is a bar against information, proof against all arguments, and cannot fail to keep a man in everlasting ignorance; that principle is contempt prior to investigation.”*

In nearly every AA meeting in the world we read, “Rarely have we seen a person fail who has thoroughly followed our path. Those who do not recover are people who cannot or will not completely give themselves to this simple program.” In addition to the Big Book of AA, there are many tools and skills required, (trauma work, family of origin work, psychiatric services) if practiced and utilized can guarantee great results in sobriety. The following is my interpretation of the “Recipe for Sobriety.”

### Total Abstinence

Most people who think they’re chronic relapsers are not. They simply have not given up their right

to a chemical peace of mind. The first step means, I can’t have anymore — ever, one day at a time. And, no switching to another addictive drug. I get a sobriety or clean date, meaning I’m clean and sober. The good news is one only has to do this a day at a time. This is AA’s most well-known slogan for a reason. I always say, “Just don’t drink or use before you go to sleep.” If you do that, you’ll die clean and sober at the end of a long run of sobriety. The trick is, it appears difficult to stay clean and sober one day at a time, if one hasn’t given up their “right” to do a “little sumpin’ sumpin’ “ for life. The Big Book states, “We have seen the truth demonstrated again and again: “Once an alcoholic, always an alcoholic. Commencing to drink after a period of sobriety, we are in a short time as bad as ever. If we are planning to stop drinking, there must be no reservation of any kind, nor any lurking notion that someday we will be immune to alcohol.” (p.33) The most important ingredient in this recipe is to give up your right to drink and drug— for life....and then, immediately snap back in to just doing it One Day at a Time. Don’t worry about the whole day, focus on this hour or minute, don’t drink or drug right now. If you do not drink or drug right now, you’ll stay sober the rest of your life, as it is always now. There is a sign

A RECIPE FOR SOBRIETY continued page 8

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## Sierra Tucson Opens Doors to New Behavioral Health Lodge

### Ribbon cutting ceremony welcomes more than 100 guests

Sierra Tucson, an international renowned leader in behavioral and mental health care, has opened the doors to its state-of-the-art 30,000-square-foot, 44-bed lodge, Copper Sky.

More than 100 health care providers, members of the community and local city officials were present for the ribbon cutting ceremony, dedication, haka blessing and celebration.

The afternoon commenced with formal tours of Copper Sky, where attendees learned of Sierra Tucson’s integrative model of care and viewed resident accommodations, integrative therapy rooms, pharmacy center and the expanded facilities for individual treatment sessions and an admission center, all designed to enhance the resident recovery experience.

Pictured right to left: Patrick Burns, office of Mayor Jonathan Rothschild; Amy Fritton Grudinski, Sierra Tucson CFO; Anthony Smith, Pinal County Supervisor; Jeremy Brown, ALPA Senior Project Manager; Sue Menzie, Sierra Tucson Chief Quality/Risk Officer; Jaime Vinck, Sierra Tucson CEO; Blake Master, Sierra Tucson Chief Admission Officer; Richard Clark, Acadia Western Division President; Richard Appert, Acadia VP Business Relations; Dr. Aaron Wilson, Sierra Tucson Chief Medical Officer; Grant Glines, Acadia Division CFO





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## Publisher's Note


By Barbara Nicholson-Brown

### At a Loss for Words


Within one week — the Recovery Community in Arizona and nationwide has lost two brave, young men. On behalf of myself, *Together AZ* and Art of Recovery Expo 2017, we remember Austin Eubanks and Bradley Callow.

*“Thank you for the work you accomplished during your short stay with us — advocating for recovery from addiction and alcohol. You shared your struggles with us and your messages of hope so willingly, openly and honestly. You will be missed, but never, ever forgotten.*


I was blessed to know you both.  
 Our minds our shaken, our hearts are sad.



*Austin Eubanks*  
 2017 Keynote at Art of Recovery  
 Survivor of Columbine Shooting -  
 Accidental overdose May 18, 2019



*Bradley Callow*  
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# Is That You or Me?

*What if all judgment is really self-judgment?*

By Dr. Dina Evan

Are we projecting onto others the feelings and fears we really have about ourselves? I was blown away this month because someone I love thought an email I sent was a mean put-down instead of a light-hearted suggestion. It broke my heart the person saw me as someone capable of wanting to hurt her or doing such a thing, but the whole incident turned out, as it always does in life, to be a great teacher for me.

It hurts when someone you love doesn't see you clearly or believes you to be someone you aren't. So after feeling blown away, and getting my breath back, I began to explore how much we determine who others are, through our own psyche and level of consciousness. Knowing she felt that way was validating because I had experienced that feeling of dislike and push back from her in our connection for a long time, even though she kept telling me everything was fine.

I also had to look at my own feelings about myself because what I teach is everything is true. That meant I had to look at the things I really didn't like about myself as well. One of the biggest questions that stuck its ugly head up was why I was so uncomfortable with her feelings toward me.

Part of it was because she is an incredibly important and beloved person in my life and part of it was because it meant a huge loss that was reflective of my own family history of loss and disappointment. It hurt and it brought up a lifetime of unresolved pain I

needed to address within myself. In an instant, it took me right back to being a five-year old sitting alone in a dark kitchen, listening to her mother and her mother's friend gleefully laughing and pitching empty beer cans into the metal trash from the table just outside the back door. **Clearly, I had work to do.**

When you get older and if you are ill, being alone becomes a very real issue. Clearly, we are alone when we are born, meaning no one can decide for us whether or not we will sign up for this experiment and become a living child. **We choose that.** And we are alone when we die.

We decide when our contract is up and when we need to start a new journey. Fortunately for me, very early on, maybe out of desperation, I felt a presence I call spirit with me. Whether it was a machination of a desperate child, or the truth of the Universe, it has always been real to me. I realized I had forgotten that truth and there was some fear this person I so loved was gone emotionally and spiritually. I took a deep breath and reminded myself who I knew her to be and I knew in some way, she would be back. I had forgotten I grew up alone. I forgot I raised my kids alone. I forgot my entire life I made it through every challenge, and believe me there were some doozies, with the hand of Spirit at my back. I needed to reconnect to that reality and do it quickly because the biggest adventure, next to being born, is dying and it was staring me in the face. All I could do was cry and be with the enormity of that realization. A certain peace followed. I felt Spirit's hand at my back and realized it had never left.

So when we project something negative or positive onto others, we need to pause and just reflect on how that truth is *also about us*. It's a fertile reflection with great gifts. It's not an exaggeration to say, everything is about us. That's not ego speaking. It's simply a truth of consciousness that reminds us this place is a school; a divine experiment that shows us the truth of who we are. And please, do your reflecting and exploration with an enormous of love for yourself because it takes great courage and passion to be willing to wake up and realize the gifts this lifetime has for you. Don't miss them.

My greatest gift was to remember that in whatever time I had, I needed to get back to being the spirit I am and doing the work of spirit that fills me up and give me purpose and great joy. I needed to stop worrying about what was going on outside of me and focus on what was going on inside of me. And I needed to remember no matter who was nearby, **Spirit always has my back, and when you are ready to check it out, Spirit has yours as well.**

DrDinaEvan.com



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## Disenfranchised Grief

By Dr. Jessica Lamar

As human beings, we harbor attachments to each other, animals, places, memories and objects. With great attachment comes great loss—deaths, separations, divorces, moves, and life transitions. When these attachments are severed we are faced with our own personal grief.

Some of these meaningful personal losses may be minimized or even ignored by our support system, because of social rules that have been developed about the grief process, such as, what losses we grieve, how we grieve them, and who can grieve. However, what we know is that when a loss is recognized and acknowledged by others, we begin to feel safe and empowered in our grieving process. When the support missing in grief, we ourselves may not even acknowledge the loss which can create greater internal suffering; The emotional pain becomes suppressed, and it internally grows within us.


Dr. Kenneth Doka coined the term disenfranchised grief as “grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, socially sanctioned or publicly mourned.” A Disenfranchised griever may feel their experience is unimportant or even wrong. They made hide their true reaction, feel isolated and/or ashamed, which can interrupt grieving and healing.

According to Dr. Doka Disenfranchised grief may occur in many ways:

- **The type of relationship** — The death of a “close blood relative” is usually recognized while relationships that are considered “less important” by society may be dismissed such as (but not limited to) a co-worker, a pet, an ex-spouse, a grandparent, a step-child, a partner, a stillborn child, or a neighbor.
- **The loss is not socially defined as significant** — Individuals experience many losses—some death-related such as perinatal loss or other non-death related losses such as divorce, incarceration, and retirement. Other great intangible losses may not be recognized or validated; a loss of a dream or goal, the loss of reputation. This is just a short list of many losses that may deserve recognition and space for healing.
- **When the cause of the loss is seen as a socially unacceptable** — Deaths as a result of suicide, drunk driving, violence, or addiction are classified as “taboo,” and a person may hide their grief from others. Feelings of guilt, shame and blame can create difficulty with discussing the loss and seeking out support due to fear of judgement.
- **The person is not socially defined as capable of grief** — Young children, the elderly, and the seriously mentally ill are perceived to be incapable of grief, thus the right is taken from them. There is little or no social recognition of the loss or their grieving needs.

There is no prescription for grief. What we can do is acknowledge that our losses are legitimate, real, and worthy of our attention, validation, and healing. I hope we can all honor our experiences in this life by giving grief a voice, express ourselves, create meaningful rituals. What we are all going through is our experience and truth. Our heart, our mind, and body are there to guide us.

*Dr. Lamar is a Post-Doctoral resident with a doctoral degree (Psy.D) in Clinical Psychology from the Arizona School of Professional Psychology, a Master of Arts Degree in Clinical Psychology; and Licensed Associate Counselor in the State of Arizona with a Masters' degree in Clinical Mental Health Counseling. Her specific areas of interest include grief and loss, disenfranchised grief, Anxiety, life transitions, codependency, Depression, communication skills, and boundary setting.*



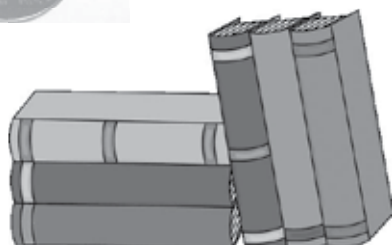
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# The Link Between Adolescent Trauma and Suicidality

*With suicide on the rise in America, it is no secret that we are facing a crisis.*



By Heather Ford MAPC, LPC, BHP, CETP

Suicide is the 10th leading cause of death and over 9 million adults reported having suicidal thoughts in the past year. 47,000 people in the United States lost their lives to suicide in 2017 alone.

## Suicide Risk Factors

There are many risk factors for suicide. For some, it is mental illness. For others, it is the inability to cope with a painful past.

One of the top risk factors that has been linked to suicide is unresolved childhood trauma. While childhood trauma can cause negative short-term effects, research has also shown that trauma can lead to many long-term effects and a variety of mental disorders, such as depression, post traumatic stress disorder and substance abuse.

If left unaddressed, this trauma can escalate with age — potentially leading to suicide attempts or death by suicide. Early intervention post-trauma is crucial to reducing the risk of suicidality.

## What is Trauma?

There are many different types of trauma that can take place in childhood. Some of the most common examples of traumatic experiences for children and adolescents include:

- Sexual or physical abuse
- Neglect
- Domestic violence
- Chaos or dysfunction in the household
- Bullying/cyberbullying
- Death of a loved one
- Accidents
- Stress caused by poverty

While any trauma that occurs during adolescence can eventually lead to suicidality, the top traumatic experiences that have been linked to suicide attempts are sexual abuse, physical abuse, parental domestic violence and bullying.

Children and adolescents who have been traumatized may have certain feelings or display behaviors such as:

- Feeling depressed, helpless, numb or alone
- Developing new fears and anxiety
- Displaying changes in behavior such as increase or decrease in appetite
- Having feelings of guilt or shame surrounding the traumatic experience
- Complaining of physical ailments such as an upset stomach
- Experiencing sleep difficulties such as recurrent nightmares or insomnia
- Continually telling others about the event
- Fear or separation anxiety from parents/caregivers (in young children)
- Exhibiting behavior such as crying, irritability or aggression (in young children)
- Asking about death (in young children)
- Re-enacting traumatic events through play (in children)
- Becoming more attached and reliant on caregivers (in children)
- Experiencing suicidal ideation (in teens)
- Exhibiting regression behaviors such as bedwetting or baby talk (in young children)
- Engaging in risky behaviors such as drug/alcohol abuse and sexual promiscuity (in teens)
- Starting self-harming behaviors, such as cutting or eating disorders (in teens)

## Adverse Childhood Experiences

A major study conducted in the 1990’s called the Adverse Childhood Experiences (ACE) study found that higher instances of trauma experienced by a child led to higher likelihood of mental health issues or physical ailments as adults. While adverse childhood experiences are common and many people report experiencing at least one, people who experience many of these traumas face a greater risk of negative health and well-being outcomes as an adult, including depression and suicidality.

“Children who live in chronic, stressful environments can develop long-term chronic problems such as attachment traumas, depression, anxiety and suicidality,” said Heather Ford, Director of Social Services at Destiny Springs Healthcare. “These traumas compound over the years and get worse when people don’t have solid support systems to lean on.”

Throughout the years, as children grow into adults and continue to experience traumatic events, the effects of these traumas compile, and problems begin to grow worse. For many people, the brain is trained to understand chaos from

a young age, so this becomes what they are familiar and comfortable with. Left untreated, this can lead to negative circumstances, including increased risk of suicide.

## The Path to Healing

In order to stop the negative long-term effects of adolescent trauma, an intervention must be made. Having a strong support system has been shown to help people overcome past traumas and change the negative pathway from trauma to suicidality.

With the love and support of family, friends, or other trusted figures, people receive the comfort, support and positive interactions they need to work through their past traumas.

Formal treatment is essential for children and adults who have experienced traumas for them to heal. It is extremely beneficial to include the entire family system in treatment as well, as trauma is often intergenerational. Without the entire family being treated, it is more difficult to break the trauma loop.

One of the best ways to help a person dealing with trauma is to connect with them. Taking the time to help and support an individual by showing them that you care and that they are not alone helps them feel more connected and supported.

“The best way to prevent traumas from leading to suicide are by implementing a strong network around a person” Ford said. “These children are hurting inside and need someone to listen to them – someone to be there for comfort and support.”

**About Heather Ford:** Heather Ford is a Licensed Professional Counselor who specializes in child and family trauma treatment. She possesses a Bachelor of Science in Family Studies and Human Development from Arizona State University and a master’s degree in Professional Counseling from Ottawa University specializing in the treatment of Early Childhood Trauma. Heather is a member of the International Association of Trauma Professionals and has earned her certification as a Certified Expert Trauma Professional. Currently, she is the Clinical Supervisor of the Trauma Specialization Team at Arizona’s Children Association. She is particularly interested in educating on and advocating for Trauma Informed Care and loves her work with foster and adoptive parents.

**About Destiny Springs Healthcare:** Destiny Springs Healthcare is a 90-bed, 67,566 square-foot facility located at 17300 N. Dysart Road in Surprise that provides inpatient and outpatient treatment for adolescents, adults and geriatric patients. It is designed to set a new standard in integrated acute care that fosters a multidisciplinary approach for optimal patient outcomes. Their mission is to provide compassionate care in a healing environment to empower patients with tools that lead to a road of recovery and healing. <https://www.destinysprings.com/>



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# Understanding the Epidemic

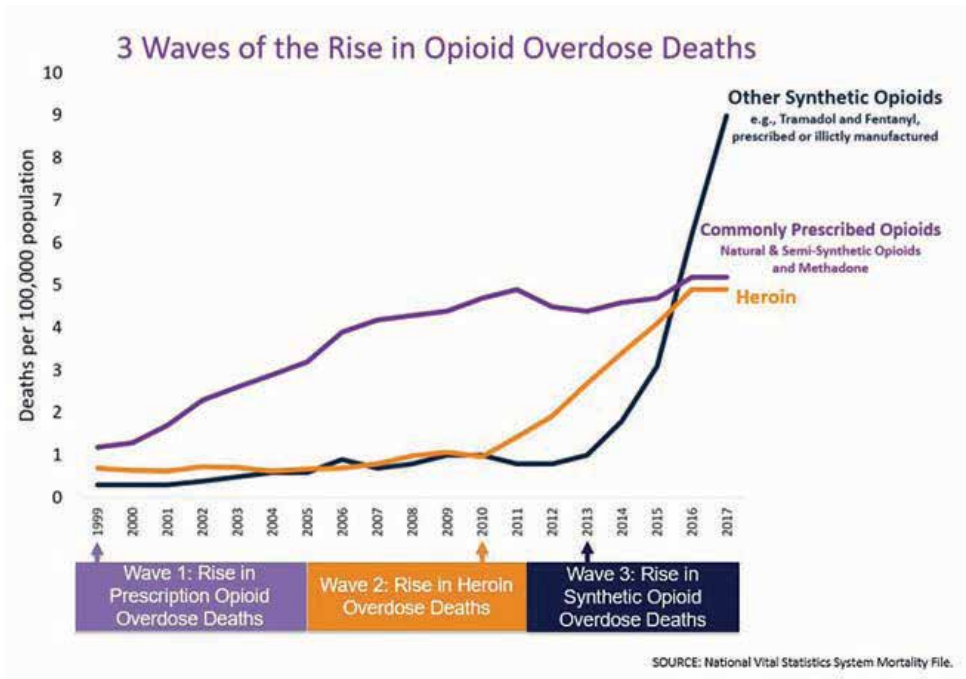
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This rise in opioid overdose deaths can be outlined in three distinct waves.

- The first wave began with increased prescribing of opioids in the 1990s<sup>3</sup>, with overdose deaths involving prescription opioids (natural and semi-synthetic opioids and methadone) increasing since at least 1999.
- The second wave began in 2010, with rapid increases in overdose deaths involving heroin.
- The third wave began in 2013, with significant increases in overdose deaths involving synthetic opioids – particularly those involving illicitly-manufactured fentanyl (IMF). The IMF market continues to change, and IMF can be found in combination with heroin, counterfeit pills, and cocaine.<sup>2,4</sup>



Source: <https://www.cdc.gov/drugoverdose/epidemic/index.html/>



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## RECIPE FOR SOBRIETY *from page 1*

behind some bars that reads, “Free Drinks Tomorrow!” That’s the idea, give up your right to do it today — **just for today**. This is doable, isn’t it? The common denominator that makes all alcoholics and addicts the same — is they think they’re unique. It’s the voice in your head saying your case is different — this kind of thinking can lead to disaster. Here’s how it is explained in the AA Big Book, “Most of us have been unwilling to admit that we were real alcoholics. No person likes to think he is bodily and mentally different from his fellows. It is not surprising that our drinking careers are characterized by countless vain attempts to prove we could drink like other people. The idea that somehow, someday, he will control and enjoy his drinking is the great obsession of every abnormal drinker. The persistence of this illusion is astonishing. Many pursue it into the gates of insanity or death. We learned that we had to fully concede to our innermost selves that we were alcoholics. This is the first step in recovery. The delusion that we are like other people, or presently may be, has to be smashed.” (p.30)

## The Switches

Switching from one thing to another. Many people get into trouble in early recovery because they reserve the right to take something, other than their drug of choice, to deal with whatever is going on in their lives. There are hundreds of switches that have been tried: whiskey to beer, beer to wine, alcohol to marijuana, oxycontin to percoset, percoset to heroin, shooting cocaine to smoking it, smoking heroin to snorting it, pot to ambien, whiskey to soma, methamphetamine to Ritalin, Ritalin to Adderall, and Lunesta to marijuana. (A need to medicate feelings can manifest in process addictions as well). There is a pamphlet: AA Members, Medications and Other Drugs. It is highly recommended to read. In the summary it states, “No AA member plays doctor,” and “consult a physician with demonstrated experience in the treatment of alcoholism.”

**Update: In 2019 ( Medication-assisted treatment (MAT), is common and extremely helpful to opiate addicts. It is of the utmost importance to find a board certified addiction professional who can guide you in this process.** In addition, consult an addiction medicine MD (www.abam.net) American Board of Addiction Medicine Board Certified to treat addiction, and who is committed to the total abstinence model about what medications are safe to take. Some medications are lifesaving; others will change your sobriety date. As far as products containing alcohol (C2H5OH), I say 0.000% is how much I can have in my body. There are many products that contain alcohol. One also simultaneously recognizes that we don’t have the “power” to stay away from alcohol/other drugs on our own.....we are “powerless” against the first drink/drug alone. That power must come from a “Higher Power” (God).

## Find the Right Meeting

There are numerous 12 step groups. When people say they didn’t like a meeting they tried I believe them. There are meetings that aren’t right for everyone. It is imperative to search them out until one feels right. We should feel a sense of hope, and experience a solution to our problem. Keep attending until one fits. It is important to attend meetings where you will find identification. The reason Dr. Bob listened to Bill W. on Mother’s Day in 1935 is he believed, sitting across from him, was a man who completely and totally understood what he had been through, and he identified with the details of his story. If an 18 year old heroin addict, who has never had a problem with alcohol, goes to an AA meeting in Sun City, they will most likely not come back. I say, “Find your chair, the place where you feel you belong, I’m not a visitor.” If you feel like you are watching a fish tank, you may not be in the right room— or ready for sobriety yet. Once you find the right meeting, find the good ones. Ask around, have a meeting list with you when you attend a recommended meeting. Listen for someone who makes real sense to you and afterwards go over to that person and ask them to point out in your meeting list what their favorite meetings are. They’ve already done the research for you!

## The Sponsor and Sponsee

The first person that comes along may not be the best fit for you. Look for someone happy, and of the same gender. This is a program of attraction, not promotion. People who sell themselves may not be the right choice. You get to choose, so **trust your gut**. The AA pamphlet, *Questions and Answers on Sponsorship* is helpful. The literature carries the cumulative wisdom and experience of many years and people. Heed the suggestions in the literature. Remember, you’re not married to sponsors, if it doesn’t work out, keep searching. After all, your life is at stake, it is very important to have a guide you can learn from. “He, who sponsors himself, is sponsored by a fool.” It is never a burden to ask for help, we help each other stay clean and sober. “You have to give it away to keep it.” A sponsor’s main task is to guide you through taking the 12 steps. When we are new to recovery, it is helpful to have a weekly, face to face time with your sponsor to talk about what is going on in your life. It keeps you on the path. No matter how far down the road of recovery we go, we are the same distance from the ditch! In the beginning,

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we need to pay attention to the bumps on the road to alert us when we are getting close to ditching. A sponsor can do that for us. We often can’t see when we are off track, so this standing appointment can make the difference between making it or not. Working with others helps the sponsor as well. In fact, this is really where the magic of recovery transpires, one person, talking to another person, one on one.

## Take the 12 Steps

The “program” is the steps. “Here are the steps we took which are suggested as a program of recovery.” Remember, ripcord, right? Suggested? Simple. A sponsor’s purpose is to guide you through the 12 steps according to the literature. All of the steps lead to 12 — carry the message. In the middle of the 9th step is when the promises begin to happen. The steps are the directions. People who have relapsed may believe are failures — often are not if they look deeper. They may have unresolved trauma that was never dealt with or was overlooked in the step work. Working at The Meadows has allowed me to see the real necessity and benefit of doing family of origin work, which if not looked at, can prevent someone from taking the steps thoroughly. Perhaps there are still secrets after a 5th step; or amends were not made to everyone harmed by the behavior.

## Join a Homegroup

Be picky, shop around. You’ll know your homegroup when you find it. Get involved. Ask when the next business meeting is and attend, offer to help setting up for a meeting, or volunteer to make coffee. Until you join a homegroup, attend the business meetings of that group. When you participate in all the group conscience processes and decisions, you’ll gain a better understanding of the service structure in 12 step groups. Make a commitment and keep it. Many people worldwide when identifying themselves in their program will state their name, homegroup, sponsor’s name and service commitment.

## Daily Prayer and Meditation

“What we really have is a daily reprieve contingent on the maintenance of our spiritual condition”, it doesn’t have to be complicated. On my knees I say, “God please keep me clean and sober today.” I say the 3rd and 7th step prayer and the Serenity Prayer. I read several daily devotional or meditation books, seeking God. “God could and would if he were sought.” At night I thank my Higher Power on my knees for all the blessings and my sobriety. I pray for others. This is how I “plug in” to the power. Remember, “Lack of power, that was our dilemma.” I like to use the metaphor of the orange extension cord. Like the one hanging in your garage, it has no power. To make it useful, we have to plug it in to a source of power. Then it has potential, but not purpose. To make it useful and purposeful, we have to plug something else in to it. Only then do we have something going on. The juice is transferring energy (the source) to something that needs it (us). The cord is the instrument used to transmit the power, it is not the source. If you have many things (people) plugged in to you (the cord), if we get unplugged for a while the juice will still flow. That’s why some oldtimers fight over newcomers; they know they



need someone plugged in to them to survive themselves. While most of us don't understand electricity; we need it, so use it and benefit from it. In the 3rd step where it reads, "God as we understood him," don't let that stump you, nobody "understands God" ... it means "experienced God." The 11th step suggests, "Sought through prayer and meditation to improve our conscious contact with God as we understood him, praying only for knowledge of his will for us and the power to carry that out." The AA Big Book states "what we really have is a daily reprieve contingent on the maintenance of our spiritual condition." We must remember, it is not a time release medicine, we go to sleep and the reset button is hit. We wake up sober to start again — literally a day at a time.

### Service and Connection

There are numerous ways; clean up, set up, make coffee, or volunteer for various group offices. Have your sponsor help you find something. Getting a formal service commitment approved by one's sponsor is imperative. Connect! Talk with several other recovering people each day. Call and check in on them, call your sponsor and tell the truth about how you are. Our disease is a disease of isolation. If you isolate, don't be surprised if you slide into "restless, irritable and discontentment. STAY connected.

### Stick with the Winners

We are a lot like chameleons. Whomever we hang around, we start to become. I think we are spiritually permeable. Pick your company wisely. Find the people who are happy and have what you want, then stick to them like glue. Ask them what meetings they attend, do they hang out together after and if you can join them. You have no obligation to give attention or spend time with negative people.

### Help Others

This is the essence of how AA got started. Bill W. knew that unless he found another alcoholic to try and help, he would be doomed. And, by the way, recalling that day in The Mayflower Hotel in Akron, Bill called eight churches from a pay phone trying to find someone who could connect him to another alcoholic to try to help. Had he stopped after one or two calls, history would be different. You can start this way, the next time you're at a meeting, look for someone who looks worse than you feel that day, approach them, get them a cup of coffee without asking. Just say hello, ask them about themselves and listen as if you were interested. You don't have to remember anything they say except their name, remember their name. You'll be amazed how this simple exercise can positively affect lives. Be a vendor of hope.

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### Have Fun, Enjoy this Life!

Page 132 in the AA Big Book says in the middle of the page, "We absolutely insist on enjoying life." The people I hang around live this way. Remember, who you keep company with you become just like them. Stay away from the sad asses. I work with people who have had major traumas all day long, yet in my recovery and my life outside of work, I choose to be around people who are having fun. Stay with us on this journey, and your life unfold in ways in you may never have imagined. A day at a time.



Jim Corrington, J R . , M S W , LCSW, is Executive Director of Outpatient Services, Meadows Behavioral Healthcare, Scottsdale, Silicon Valley, Dal-

las. Jim's personal recovery from addiction and trauma began over 30 years ago, and he brings strong passion to the process. groups for impaired professionals.

For more information about programs offered at The Meadows, visit [www.themeadows.com](http://www.themeadows.com) or call 800-244-4949. Contact Jim at 602-740-8403.

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# WORKSHOPS FOR YOUTH AND FAMILIES

A program of notMYkid

**Workshops for Youth and Families** is a program of **notMYkid**, a nonprofit organization. The Workshops program offers preventive educational programs and camps that build social and emotional competencies to enhance personality, resiliency, confidence and character.

The workshops offered are geared towards pre-teens and teens and are NOT therapy. The goal of our workshops is to inspire and educate pre-teens and teens on dealing with the day to day issues that create stress in their personal lives. Workshops is not some mystery or weird experience. We build a cool community of people who can speak their mind and emotions with limits.

## The Workshop Process

Workshop engages all participants in the peer mentoring experience and activities to identify and build your pre-teen/teen's coping skills, relationships, and behaviors that enable our kids to become successful in life and thrive. We inspire everyday leaders.

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## Trailblazer – June 23rd to 28th

Boys and Girls entering 8th, 9th, & 10th grade

Sunday Orientation: 3:00 – 6:00 pm

Monday-Thursday: 9:00 am – 8:00 pm

\*Wed. ends at 9:00 pm and Friday at 5:00 pm.

The Homestead Community Center

18600 N. 98th St, Scottsdale, AZ 85255

*\*Scholarships are available for those in financial need. Email workshops@notmykid.org*

## The Journey - July 14 - July 19

Boys and Girls entering 10th, 11th, 12th, & 2019 high school graduates

Sunday Orientation: 3:00 – 6:00 pm

Monday-Thursday: 9:00 am – 8:00 pm

Friday: 9:00 am – 5:00 pm

The Homestead Community Center

18600 N 98th St, Scottsdale, AZ 85255

*\*Scholarships are available for those in financial need. Email workshops@notmykid.org*

More details call (602) 652-0163

# Bringing Alcohol Treatment Into the Mainstream

Nearly 15 million people in the United States have alcohol use disorder (AUD), but in any given year, **less than 10 percent of them receive treatment.** Even those who receive treatment may not receive the type of care that best fits their needs and improves their chances of a successful recovery. Research shows that about one-third of people treated for alcohol problems have attained abstinence a year later. Many others substantially reduce their drinking and report fewer alcohol-related problems. So, why do so many people who could benefit from treatment not receive it?

"Finding quality AUD care can often be complicated," says NIAAA Director George F. Koob, Ph.D., "and many people aren't aware of the full range of available treatment options.

## What Treatment Options Are Available?

A common misconception is that there are only two places to get help for alcohol problems—a 12-step program, such as Alcoholics Anonymous, or a long-term residential rehabilitation program. The reality is that evidence-based treatment comes in many forms. AUD treatment settings include:

- **Outpatient**—visits to a physician's or therapist's office, or an outpatient treatment program
- **Inpatient**—overnight stays in a hospital for a specific period of time, with care provided by physicians and nurses who address psychological and physical health needs
- **Residential**—overnight stays at a treatment program for several weeks, with a full daily schedule of counseling, education, and wellness activities

Many patients benefit from counseling approaches, such as cognitive behavioral therapy or family therapy. Some patients benefit from medications that help address craving and prevent relapse.

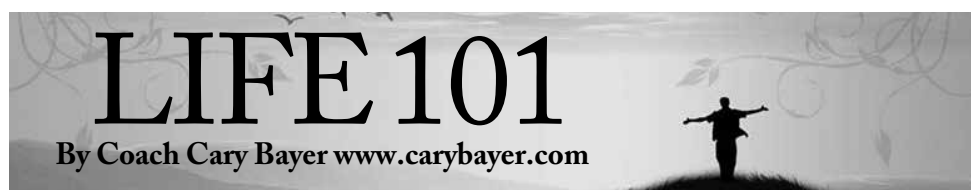
## Expanding Medication Options

NIAAA supports a research program on the development of effective AUD pharmacotherapies. Currently, the U.S. Food and Drug Administration has approved three medications for treating AUD:

1. Naltrexone works by blocking the receptors in the brain involved in the rewarding effects of drinking and thus helps with craving. It comes as either a pill that is taken daily or an injection that can be given once per month.
2. Acamprosate is prescribed to help people with AUD maintain abstinence from alcohol by alleviating some negative symptoms of prolonged abstinence. It is a pill that is taken three times per day.
3. Disulfiram is a pill that causes unpleasant symptoms such as nausea and flushing of the skin when a person drinks alcohol. Wanting to avoid those unpleasant effects helps some people refrain from drinking.

"Not all people will respond to medications, but for some individuals, they can be an important part of overcoming AUD," says Raye Litten, Ph.D., Acting Director of NIAAA's Division of Treatment and Recovery Research and the Division of Medications Development. "NIAAA scientists are working to develop a larger menu of AUD pharmacotherapies. Future research will include studies to advance personalized medicine to match an individual to a specific medication for a more favorable outcome."

AUD next page



## An Attitude of Gratitude Awakens Prosperity

Frederick Eikerenkoetter II said it beautifully when he talked about the prospering power of "an attitude of gratitude." I know...you're scratching your head since you never heard of Frederick Eikerenkoetter II. That's because you probably remember him as the legendary Reverend Ike. He founded churches in Beaufort, South Carolina, Boston, Massachusetts, and New York city. He also inspired many thousands of parishioners in person, hundreds of thousands of radio listeners who heard his sermons over the air, and millions of readers of his dozens of books and listeners to his dozens of tapes. The spiritual activist is famous for tweaking the famous injunction by Jesus to say, "It is the lack of money that is the root of all evil."

But it's the attitude of gratitude that we want to discuss here. Essentially, the great motivator understood that what you pay attention to gets stronger. This is the dictum of the best-seller, *The Secret*: energy flows where attention goes. My guru, the great sage Maharishi Mahesh Yogi, used to say, "What you put your attention on grows stronger in your life."

Putting your attention on gratitude by writing in a nightly Gratitude Journal that records what you are grateful for that particular day strengthens your sense of gratitude, which strengthens your prosperity. When you write in your nightly Gratitude Journal, don't forget to write, from time to time, that you're grateful for being able to write in the journal in the first place. Sad to say, there are many deceased people who you've known and loved over the course of your lifetime who are unable to write in any kind of journal because where they are now, there are no pens, papers, or journals.

Life responds to attention and acknowledgment, so too does Prosperity. Pet a dog and his tail wags, stroke a cat and she purrs, play Mozart to a plant and it thrives. Affirmations and visualizations are mental techniques that help awaken prosperity, while grati-

tude is an emotional technique that helps accomplish the same. A grateful heart appreciates what it has, and that attracts more things, opportunities, and money because everything likes to be appreciated.

Being grateful for what you have invites more of it in your life. As one of my early teachers, Bob Mandel of the Loving Relationships Training, used to say ever so aptly, "The more grateful I am for what I have, the more I have to be grateful for."

Let me share some of my favorite quotes about gratitude. Henry Ward Beecher, a 19th century American clergyman, abolitionist and brother of Uncle Tom's Cabin author Harriet Beecher Stowe, said it beautifully: "Gratitude is the fairest blossom which springs from the soul." 20th century German theologian Dietrich Bonhoeffer wrote, "In ordinary life, we hardly realize that we receive a great deal more than we give, and that it is only with gratitude that life becomes rich."

The ancient great Roman orator Cicero said, "Gratitude is not only the greatest of virtues, but the parent of all the others." Grammy and Golden Globe winner and Doris Day said it tersely: "Gratitude is riches, complain is poverty." Author Melody Beattie said, "Gratitude unlocks the fullness of life." My second favorite quote about gratitude comes from G.K. Chesterton, who wrote, "When it comes to life the critical thing is whether you take things for granted or take them with gratitude."

Probably my favorite quote about the link between gratitude and prosperity comes from the best-selling author Eckhart Tolle, who wrote,

***"Gratitude for the present moment and the fullness of life now is the true prosperity."***



# Why Hope is Trustworthy

By Alan Cohen

My coaching client Sara had agreed to a business dinner with a fellow she found quite difficult to work with after she made the appointment. Now, the morning before the dinner, she was looking for a way to get out of it. “When I went to the store this morning, my car had trouble starting,” she told me. “When that happened, I found myself hoping it wouldn’t start so I would have an excuse to not show up for the meeting.”

I told Sara, “You don’t have to create a broken car to avoid the meeting. You can just cancel it if you like.”

“Yes,” she concurred. “Now I see that my hope for the non-starting car was showing me what I really wanted to do. I just needed to find the courage to do it.”

Business leader and philanthropist David Mahoney said, “Trust your hopes, not your fears.” If you have a difficult decision before you, ask yourself, “What am I hoping will happen?” In the answer is your guide to your likely best path.

You don’t have to create adverse circumstances to find a reason to do what you wish to do or avoid what you do not wish to do. Just be honest. A caller phoned my radio show (hayhouseradio.com) and explained that after her messy divorce a few years earlier, she had put on a bunch of weight, and even though she had tried various diets and exercise regimes, she couldn’t get the weight off. I asked her, “Is there any way you believe the extra weight serves you?”

She thought for a moment and answered, “Since my divorce I don’t really want to get involved with a man. Maybe on some level I believe that the extra pounds make me less attractive and I won’t have to think about having a relationship.”

I thanked her for her honesty and suggested, “If you don’t want to be with a man, you can just say no. You don’t have to use the weight to speak for you. You can claim your choice directly.”

*“The key to getting what you hope for is to know that you are worthy to have it.”*

**The question, “What would you like to do?”**

.....Is one of the hardest questions for many people to answer. We have been conditioned to think about what our parents, religion, spouse, boss, or culture want us to do, leaving our true choice buried under a massive pile of “shoulds.” On the first day of a weekend seminar a fellow told me, “My ex-wife wants me to do one thing, my kids want me to do another, and my girlfriend is pushing me in another direction. I don’t know what I should do.” I asked him, “What would you like to do?” A stunned look washed over his face as he answered, “I never thought about that.”

I told him to give that important question some thought and let me know what he came up with.

At the next day’s seminar meeting he stood and reported to the group, “Alan Cohen healed me yesterday! When I thought about what I really wanted to do, I got totally clear and found a path that was satisfying for me and would work for everyone as well.”

I don’t claim any credit at all for healing that man. All I did was ask him what he really wanted to do. His honest answer opened the door for his awakening. Truth heals.

We don’t always achieve the situation we are hoping for, but stating our intention definitely ups the chances to attract that result. We do best to state the experience we are hoping for, and allow the universe to arrange the details. Rather than demanding the physical characteristics, age, or income of your desired mate, you can state, “I want a relationship that is harmonious, mutually

supportive, joyful, and based on shared spiritual values.” That kind of request gives the universe far more latitude to bring you what you want than narrowing your hope down to specifics that leave out what’s really important.

The key to getting what you hope for is to know that you are worthy to have it. Your hopes represent a pipeline to the place deep inside you that knows you deserve good. That inner well of worth may be buried under years of training to the contrary, but it cannot be lost. It is there. The part of you that hopes for your good indicates that you remember you are here for a good purpose, you are loved, and the universe can and will deliver your blessings. Reality can be submerged, but never destroyed. Trusting your hopes and acting on them increases the size of that crucial pipeline such that it becomes easier and easier to tap into your worth and live from it. Acting on your hopes is the greatest investment you can make in yourself.

You don’t have to manufacture problems as shields to keep what is unattractive or detrimental at a distance. You can claim your right to your good without playing games or making excuses. Honesty is your best friend on your spiritual path. While telling the truth may be uncomfortable at times, if you are sincere, it will take you to where you want and need to be. Then you won’t have to just hope for your good. You will be living it.

*Alan Cohen is the bestselling author of the newly-released **Spirit Means Business**, illuminating how you can successfully merge your career and financial path with your spiritual life. He will present a program related to this book on the US Mainland (west coast) in August. For more information about this program, Alan’s books and videos, free daily inspirational quotes, online courses, and weekly radio show, visit [www.AlanCohen.com](http://www.AlanCohen.com).*

## Recovery and Relapse: What Does Successful Treatment Look Like?

Although definitions vary, one conceptualization of recovery from AUD is the disappearance of AUD symptoms accompanied by a state of well-being that builds resilience to relapse. Recovery is associated with neuropsychological and neurobiological changes; however, the process is not the same for everyone.

Some people with AUD need longer or more intense treatments, whereas others recover more quickly and with minimal intervention. Relapse is often a part of the process; it may take several attempts before someone can stop or reduce drinking over the longer term. A return to drinking after a period of abstinence is especially likely during times of stress and/or when individuals are exposed to people or places they associate with drinking. Currently, little is known about the factors that facilitate or inhibit long-term recovery, including why some people can recover without some form of treatment. A better understanding of the recovery process, including the factors that enable people to maintain changes in their drinking behavior and promote resilience to relapse, will inform the development of additional effective treatment interventions and strategies to sustain recovery.

“The challenges for improving AUD care may often seem insurmountable,” says Dr. Koob, “but recent advances and ongoing investigations reveal that opportunities for improving treatment options in all therapeutic domains for people with AUD are plentiful, and we will follow every opportunity to expand the effectiveness and delivery of AUD treatments.”

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# Relapse Warning Signs

A relapse doesn't begin when you pick up a drink or a drug. It is a slow process that begins long before you actually use. The steps to a relapse are actually changes in attitudes, feelings, and behaviors that gradually lead to the final step, picking up a drink or a drug.

Researchers Terence T. Gorski and Merlene Miller identified a set of warning signs or steps that typically lead up to a relapse. Over the years, additional research has confirmed that the steps described in the Gorski and Miller study are reliable and valid predictors of alcohol and drug relapses.

## Change in Attitude

For some reason, you decide that participating in your recovery program is just not as important as it was. You feel something is wrong, but can't identify exactly what it is.

## Elevated stress

An increase in stress in your life can be due to a major change in circumstances or just little things building up. Returning to the "real world" after a stint in residential treatment can present many stressful situations. The danger is if you begin over-reacting to those situations. Be careful if you begin to have mood swings and exaggerated positive or negative feelings.

## Reactivation of Denial

This is not the denial that you have a drug or alcohol problem, it's denial that the stress is getting to you. You try to convince yourself that everything is OK, but it's not.

You may be scared or worried, but you dismiss those feelings and you stop sharing those feelings with others.

## Recurrence of Withdrawal Symptoms

Anxiety, depression, sleeplessness and memory loss can continue long after you quit drinking or doing drugs. Known as post acute withdrawal symptoms these symptoms can return during times of stress. They are dangerous because you may be tempted to self-medicate them with alcohol or drugs.

## Behavior Changes

You change the daily routine you developed in early sobriety that helped you replace your compulsive behaviors with healthy alternatives. You might begin to practice avoidance or become defensive in situations that call for an honest evaluation of your behavior.

## Social Breakdown

You may begin feeling uncomfortable around others and making excuses not to socialize. You stop going to your support group meetings or cut way back on the number of meetings you attend. You begin to isolate yourself.

## Loss of Structure

Abandon the daily routine or schedule you developed in early sobriety.

## Loss of Judgment


You have trouble making decisions or you make unhealthy decisions. It may be hard to think clearly and you become confused easily. You may feel overwhelmed for no apparent reason or not being able to relax. You may become annoyed or angry easily.

## Loss of Control

You make irrational choices and are unable to interrupt or alter those

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choices, or actively cut off people who can help you. You begin to think you can return to social drinking and recreational drug use and you can control it. You may begin to believe there is no hope. You lose confidence in your ability to manage your life.

## Loss of Options

You begin to limit your options. You stop attending all meetings with counselors and your support groups and discontinue any pharmacotherapy treatments. You may feel loneliness, frustration, anger, resentment, and tension, helpless and desperate.

## Final Stage: Relapse

You attempt controlled, "social" or short-term alcohol or drug use, but you are disappointed with the results and experience shame and guilt. You quickly lose control and your alcohol and drug use spiral further out of control. This causes you increasing problems with relationships, jobs, money,

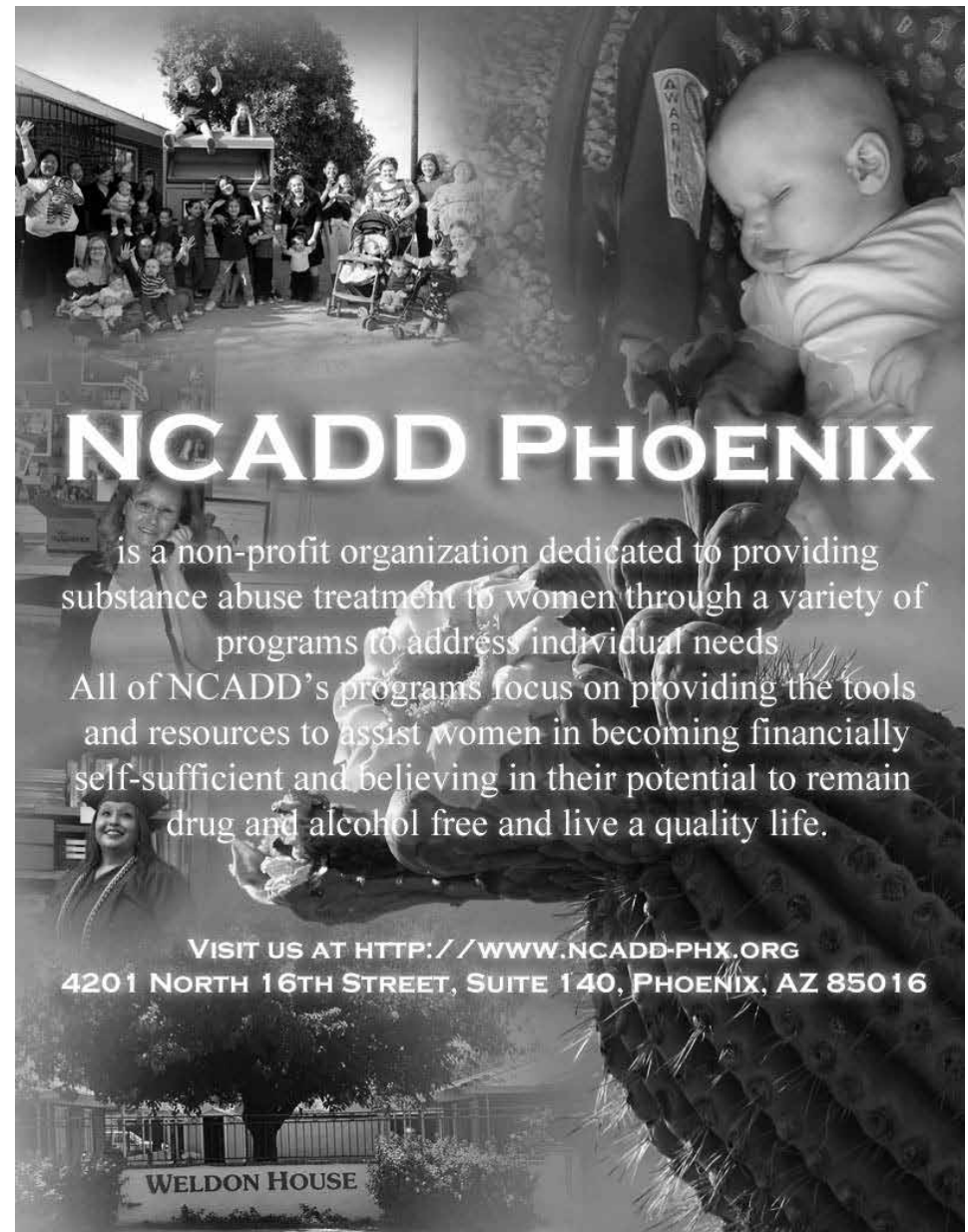
mental and physical health. You need help getting sober again.

## Relapse Is Preventable

Relapse following treatment for drug and alcohol addiction is common and predictable, but it is also preventable. Knowing the warning signs and steps that lead up to a relapse can help you make healthy choices and take alternative action.

If a relapse does happen, it is not the end of the world. If it happens, it is important that you get back up, dust yourself off and get back on the path to recovery.

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(source: Reach out Recovery)




## NCADD PHOENIX

is a non-profit organization dedicated to providing substance abuse treatment to women through a variety of programs to address individual needs. All of NCADD's programs focus on providing the tools and resources to assist women in becoming financially self-sufficient and believing in their potential to remain drug and alcohol free and live a quality life.

VISIT US AT [HTTP://WWW.NCADD-PHX.ORG](http://www.ncadd-phx.org)  
4201 NORTH 16TH STREET, SUITE 140, PHOENIX, AZ 85016

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- ☐ Hearing Voices, Hallucinations, Paranoid
- ☐ Sexual Trauma
- ☐ 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](http://www.valleyhospital-phoenix.com)





# Events & Support Groups

**JUNE 15—** 9am-2pm **FREE—** ***Educational Workshop for Parents of the Chemically Dependent.*** Presented by Chris Harper and Joe Ross. Chris Harper and Joe Ross teach their hard-earned knowledge, insight and wisdom gained by working with families and addicts for many years. Attendees receive an unmatched education on: What brought the Prodigal son home? Loving your kid enough to take care of yourself. RSVP: Joe: 602-399-9479 Chris: 602-469-0309. Parentingyourprodigal.com. OASIS Community Church, 15014 N. 56th Street. Scottsdale, AZ 85254

**JUNE 18- Professionals:** PCS Monthly Lunch. RSVP to pcs@pcsearle.com. Registration required. 3302 N. Miller, Scottsdale.

**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. valley-hospital-phoenix.com

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

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

**NICOTINE ANONYMOUS—**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 —**womenfor sobriety.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-



**PARENTING YOUR PRODIGAL**  
STOP THE SUFFERING

## Educational Workshop for Parents of the Chemically Dependent

### JUNE 15, 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*

**Free to attend**

**Parentingyourprodigal.com**

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

603-8892. Scottsdale, Wed. 5:30-6:30 pm, N. Scottsdale Fellowship, 10427 N. Scottsdale Rd., Rm 3. Tom N. 602-290-0998. Phoenix, Thurs. 7-8:00 pm. First Mennonite Church 1612 W. Northern. Marc 623-217-9495, Pam 602-944-0834, Janice 602-909-8937.

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

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

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

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

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

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

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

**EATING DISORDER SUPPORT GROUPS—** PHX— Monday 7:00 p.m. 2927 E. Campbell Dr. Ste. 104, (Mt. View Christian Church). Jen (602) 316-7799 or edaphoenix@gmail.com. Wed. 7:00 p.m. Liberation Center, 650 N. 6th Ave, Phoenix. (cross street McKinley). Jennifer (602) 316-7799. Tempe—Thursday 6:30 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 Tradition/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 SUPPORT GROUP INFO :**  
**barb@togetheraz.com**  
**Deadline 20th of month prior to printing.**



# Together AZ

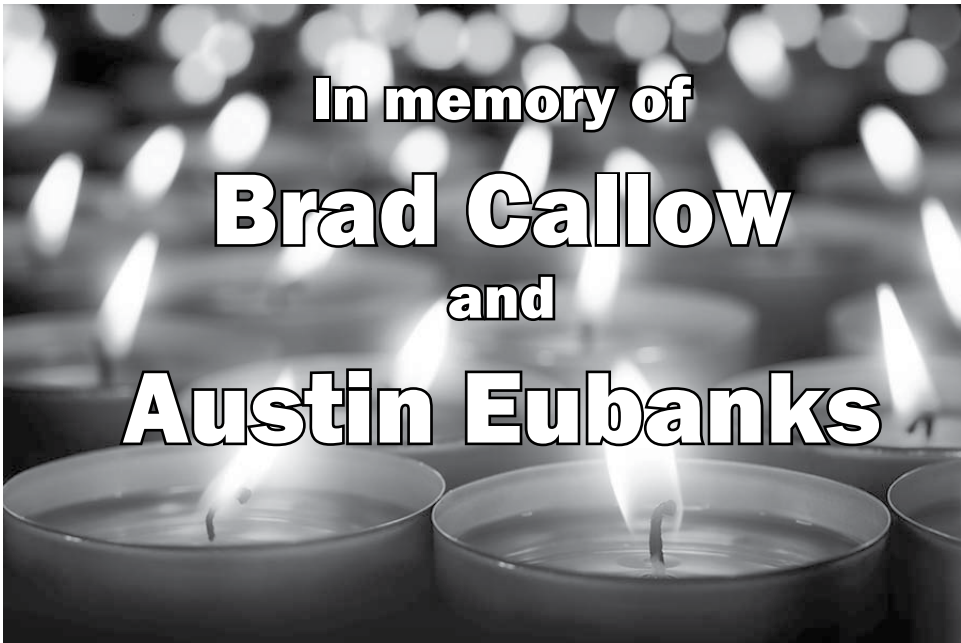
## Resources & Helplines

<b>TOGETHER AZ</b>	<b>602-684-1136</b>	<b>Therapists/Interventionists</b>
Acceptance Recovery Ctr	844-302-0440	Dr. Marlo Archer 480-705-5007
ACT Counseling	602-569-4328	Dr. Janice Blair 602-460-5464
Arizona Addiction	602-737-1619	Carey Davidson 928-308-0831
AZ Center for Change	602-253-8488	Dr. Dina Evan 602-997-1200
AZ. Dept. of Health	602-364-2086	Dr. Dan Glick 480-614-5622
Arizona Addiction Recovery	888-512-1705	Bobbe McGinley 602-569-4328
AZ. Div. Problem Gambling		Julian Pickens, EdD, LISAC 480-491-1554
	800-NEXTSTEP	Stewart Counseling Services 602-316-3197
Aurora Behavioral Health	877-870-7012	
AzRHA	602-421-8066	<b>Legal Services</b>
Building Blocks	602-626-8112	Dwane Cates 480-905-3117
Calvary Healing Center	866-76-SOBER	Real Estate
CBI, Inc.	480-831-7566	Scott Troyanos 602-376-6086
CBI, Inc. Access to Care	877-931-9142	
Chandler Valley Hope	480-899-3335	<b>TUCSON</b>
Choices Network	602-222-9444	ACA aca-arizona.org
Continuum Recovery Ctr.	877-893-896	Alcoholics Anonymous 520-624-4183
Cohn Media	877-640-6529	Al-Anon 520-323-2229
Cottonwood Tucson	800-877-4520	Anger Management 520-887-7079
Crisis Response Network	602-222-9444	Behavioral Awareness Center 520 629 9126
The Crossroads	602-279-2585	Center For Life Skills Development
First Step	866-832-6398	
Fit FOUR Recovery	480) 828-7867	520-229-6220
Gifts Anon	480-483-6006	Co-Anon Family Groups 520-513-5028
Governor's Office of Youth, Faith & Family		Cocaine Anonymous 520-326-2211
	602-542-4043	Cottonwood Tucson 800-877-4520
Hunkapi Programs	480- 393-0870	Crisis Intervention 520-323-9373
Lafrontera -EMPACT	800-273-8255	Desert Star 520-638-6000
The Meadows	800-632-3697	The Mark Youth & Family Care Campus
Meadows Ranch	866-390-5100	
Mercy Care		520-326-6182
	602-222-9444 or 1-800-631-1314	Narcotics Anonymous 520-881-8381
NCADD	602-264-6214	Nicotine Anonymous 520-299-7057
PITCH 4 KIDZ	480-607-4472	Overeaters Anonymous 520-733-0880
Psychological Counseling Services (PCS)		Sex/Love Addicts Anonymous
	480-947-5739	
Recovery in Motion Treatment Center		Sex Addicts Anonymous 520-745-0775
	520-975-2141	Sierra Tucson 800-842-4487
Rio Retreat Center	800-244-4949	Sonora Behavioral Health 520-829-1012
River Source	480-827-0322	Starlight Recovery Housing 520-448-3272
Scottsdale Providence Recovery Center		Suicide Prevention 520-323-9372
	480-532-4208	Men's Teen Challenge 520-792-1790
Scottsdale Recovery Ctr	888-663.7847	Turn Your Life Around 520-887-2643
Sober Living AZ	602-737-2458	Workaholics Anonymous 520-403-3559
Teen Challenge of AZ	800-346-7859	
TERROS	602-685-6000	
Valley Hospital	602-952-3939	
VIVRE	480- 389-4779	

**Want to be a resource?**  
**Send your request by email to**

***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 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



### Together AZ

**www.togetheraz.com**  
**602-684-1136**  
Email: [barb@togetheraz.com](mailto:barb@togetheraz.com)

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a Loved One Get The Help You Deserve.

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## More teens are vaping marijuana than we thought, researchers say

A school-based survey reports nearly 1 in every 11 middle and high school students have smoked marijuana using electronic cigarettes.

For a research letter published in JAMA Pediatrics, researchers analyzed 2016 National Youth Tobacco Survey results of more than 20,000 students. They found that 8.9 percent of those surveyed said they had smoked cannabis in e-cigarettes. Male students were more likely to report cannabis use.

Among those who reported vaping, nearly 1 in 3 high school students and about 1 in 4 middle school students reported using cannabis in the devices.

These findings are higher than previous reports on such cannabis use, authors note.

"Teenagers are becoming regular users, and the proportion of regular users is increasing," said Commissioner Scott Gottlieb, a physician. "We're going to have to take action."

The FDA also launched a first-of-its-kind public service campaign against youth vaping on Tuesday, May 28, 2019.



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SOLUTION TO THE DRUG EPIDEMIC**

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<b>PHOENIX TEEN CHALLENGE</b> (Male 18+) <b>602-271-4084</b>	<b>HOME OF HOPE</b> (Female 18+) Women or Women with Children Casa Grande, Arizona <b>520-836-5030</b>	<b>SPRINGBOARD</b> Home for Adolescent Girls (Female 12-17) Tucson, Arizona <b>520-887-8770</b>	<b>PREVENTION</b>  <b>THINK ABOUT IT®</b> To schedule a Drug Prevention Presentation for your group or school, contact the Public Relations office at 602-271-4084
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