

Together AZ

NOVEMBER 2020

Inspiring Success on the Road to Recovery

INSIDE

The Crow's Message
by John Lee



Let's Go Deeper
by Dr. Dina Evan

How Animals Aid in Recovery



Arizona continues to Fight the Opioid Crisis

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LGBTQ Treatment & Recovery

An Interview with Kyle Penniman from Stonewall Institute

Tell us a bit about your story and the backstory to opening Stonewall Institute.

I have a Master of Social Work (MSW) degree and I am an independently licensed counselor through the Arizona Board of Behavioral Health Examiners. I am also certified in addiction counseling through the Arizona Board for Certification of Addiction Counselors.

I opened Stonewall Institute in February of 2009. Prior to that, I was the Clinical Director for a private pay residential treatment center in North Scottsdale created for LGBTQ adults. The center was the first of its kind in Arizona and I helped develop and launch it from the ground up. Unfortunately, due to the economic recession of 2008, the center closed. I saw an opportunity to provide affordable services at the outpatient level which led to me creating Stonewall Institute.

In addition to my education and credentials, I am also a person in long term recovery from substance use issues and I identify as transgender. I transitioned from female to male nearly 9 years ago. Prior to my transition, I was out as a lesbian for over 20 years.

According to the National Institute of Drug Abuse (NIDA), addiction treatment programs that offer specialized groups for the LGBTQ community show better outcomes for those clients compared to non-specialized programs. Do you agree and why?

Specialized programs have some distinct advantages. When I think about the many ingredients that go into recovery, a vital component that sets the stage for long term recovery is the relatability factor. The process whereby one client identifies with another regarding their substance use behavior and related feelings helps to alleviate shame and disconnection. Just as there is stigma associated with addiction issues, there remains stigma for being LGBTQ+. Specialized programming affords clients the opportunity to relate to one another on this secondary level. This in turn creates safety and a stronger feeling of belonging which can be extremely helpful.

What are some of the obstacles the LGBTQ community face on top of the stigma associated with being someone who struggles with drugs and alcohol and mental health issues?

There are two obstacles that stand out to me. The first pertains to the stigma associated with being HIV positive. Science has come a long way in the last decade. Many professionals outside of the LGBTQ+ medical community are unaware of these more recent medical advances. In particular, the option for HIV negative people to utilize Pre-Exposure Prophylaxis (PrEP) to prevent the risk of HIV infection. That is a big deal, and I encourage all counselors who work in treatment settings to learn about these medication options for their clients. In addition, understanding about the many advances for HIV positive clients and the way in which medication can help to reduce viral loads and make the virus virtually undetectable.



Illustration: iStock.com

"Specialized programs have some distinct advantages. When I think about the many ingredients that go into recovery, a vital component that sets the stage for long term recovery is the relatability factor."

The second obstacle pertains to there being a limited number of well-trained physicians who work with transgender and gender nonconforming (TGNC) individuals. There is a common saying within the trans community that we as trans people are often "training and educating our healthcare providers". More needs to be done at the academic level to prepare healthcare providers in advance of direct patient care about the medical, psychological, and social aspects of gender transition.

What about going to a treatment setting that is not specific to the LGBTQ community? What would those challenges be, especially for in-patient.

Unequivocally, the greatest challenge at an inpatient facility would be staff preparedness to work with those who identify as transgender and gender nonconforming. Once again, training and education is key and having a clear plan in place when these situations arise. Particularly in relation to housing, medical care, and management of the clinical milieu. In the last 5 years, most local treatment facilities in the valley have had to make adaptations in this area and are prepared to serve transgender clients. Just as science pushes

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Publisher's Note

By Barbara Nicholson-Brown barb@togetheraz.com

Staying Grateful in Uncertain Times

We have a choice on where we focus our attention, even with the chaos we have faced in 2020. These tumultuous times can easily wrap us up in negativity and fear. So now more than ever, I need reminders, big and small... there is plenty to be grateful for.

When I was active in my addictions, being grateful never entered my thoughts — mostly because I was a blamer. I never wanted to take any responsibility for my behaviors or their consequences. It was much easier and familiar to look at the outside, never my insides. Addiction hijacked my conscience, integrity and morality.

For the last thirty years, with a solid commitment to staying sober — being in gratitude is the safest place for me to be.

I have to focus on what I have, not what I want. And in the big picture, I've finally learned life is not all about me, though I fall into that trap here and there, I don't stay in it as long.

I need gratitude and thanksgiving daily, without it I'm lost and empty. Take a few moments and think about all you're grateful for and have a blessed and safe Thanksgiving.



A very special thank you to Kyle Penniman of Stonewall Institute for our feature interview this month and to all who contributed to this edition of Together AZ.



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Arizona Awarded \$31.6 Million in Federal Grant Funds to Combat Opioid Crisis

Arizona will receive more than \$31.6 million per year for two years to provide prevention, treatment, and recovery services to individuals affected by opioid use disorders and/or stimulant use disorders.

Using the State Opioid Response II (SOR II) two-year grant, provided by the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, the Arizona Health Care Cost Containment System (AHCCCS) will administer work with other state agencies, contracted health plans, and community partners to address specific initiatives that:

- Increase access to medication-assisted treatment in metropolitan and rural areas.
- Increase distribution and public awareness of the overdose reversal medication Naloxone.
- Expand access to recovery support services including housing, peer support, and job search assistance.
- Increase localized community opioid and stimulant primary prevention efforts including a statewide toolkit on psychostimulants, fentanyl, and targeted strategies on counterfeit pills.
- Establish new substance abuse prevention coalitions in three, to-be-determined areas of need in Arizona.
- Reduce recidivism with “reach-in” care coordination for individuals who transition from correctional settings, and replicate the successful Yavapai Re-entry Project in additional counties.
- Increase street-based outreach in an attempt to identify high-risk individuals, get them into treatment, and provide them with resource options in a more timely manner.
- Enhance support for opioid-exposed newborns and pregnant women who have opioid use disorder.
- Efforts will focus on populations that have identified unmet needs, including individuals in rural and isolated areas; veterans, military service members and military families; pregnant women and parents with opioid use disorder; individuals experiencing homelessness; tribal populations; individuals who have experienced trauma, toxic stress or adverse childhood experiences; and individuals re-entering the community from correctional settings.

The grant extends services to underinsured and uninsured Arizona residents regardless of Medicaid eligibility.

AHCCCS will distribute SOR II funding through many community partners and state agencies, including but not limited to: Arizona Department of Health Services; Governor's Office of Youth, Faith, and Family; Arizona Department of Child Safety; Arizona Department of Corrections, Rehabilitation & Reentry; Arizona Department of Veterans' Services; Arizona State University; Gila River Health Care; Pascua Yaqui Tribe; Mercy Care; Arizona Complete Health-Complete Care Plan; Health Choice Arizona; Arizona High Intensity Drug Trafficking Agency; Phoenix Police Department; and the University of Arizona.



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clinicians forward, clients do so as well. With the abundance of people transitioning in the last 5 years, centers are essentially being forced to make adaptations which I see as a good thing.

Are rates of addiction among transgender people higher than rates of substance abuse in the general community?

The rate of substance use disorders in the LGBTQ community is higher than the general population. While research is lacking regarding the assessment of substance use rates solely within the transgender community, research has confirmed that nearly 50% of transgender people experience depression and/or anxiety issues. These higher rates of depression and anxiety would likely correlate to a greater risk for developing a substance use issue.

How can the recovery community at large help with reducing the stigma the LGBTQ community faces?

There are some amazing opportunities that exist! Young People’s AA Conferences (ex. ASCYPAA, ICYPAA) have done a remarkable job integrating LGBTQ+ workshops and meetings into their conference. Doing so provides an extraordinary opportunity to educate those in mainstream recovery about the LGBTQ+ community. While AA conferences for young people have been outstanding in this regard, there remain several larger mainstream AA conferences in the area that have yet to include any LGBTQ+ meetings. I would encourage any person in recovery who is serving on a conference committee to advocate for the integration of LGBTQ+ meetings & workshops as part of the conference. Doing so can significantly increase the feeling of belonging for those who identify as LGBTQ+, while serving as a vehicle to educate those outside of the community.

How prevalent is suicide completion and/or suicide ideation?

Research confirms that suicide risk is higher for LGBTQ youth and adults. Lesbian, gay, and bisexual youth are almost five times as likely to have attempted suicide compared to heterosexual youth, and 40% of transgender adults have attempted suicide in their lifetime. These are extremely concerning statistics, and the hope is that as families and society at large become more accepting, these suicide statistics will decline.

What are some recovery resources for the LGBTQ community?

There are many locally. Southwest Center for HIV/AIDS offers support for people who are HIV positive combined with behavioral health services and support groups. One-n-Ten is a great support for young people. There are local therapists in the valley who are offering support groups to specific subpopulations within the LGBTQ+ community. And lastly, there is Lambda Phoenix Center which is a local LGBTQ+ 12-step recovery club where meetings are currently being offered online and in-person.

Any final thoughts?

The local behavioral health community in Arizona has come a long way in the last 10 years. Having spent over a decade providing LGBTQ+ training for thousands of counselors and medical professionals throughout the state, it has been incredibly rewarding to witness these changes.

Historically, a more generalized LGBTQ+ 101 training was sufficient to educate clinicians on the basics. A shift in more recent years is to take clinicians beyond the basics by offering specialized training pertaining to each specific subgroup within the community. The differences that exist within the LGBTQ+ community are vast. For example, gay men manage stress differently than lesbians, and the complexities that transgender and gender nonconforming clients face is extremely distinct compared to those who do not identify as such. Learning on a deeper level the culture, trends, and clinical needs of each specific subgroup within the community can have tremendous value for clinicians and therefore the clients they serve.

Kyle Penniman MSW, LISAC, CADAC



With over 20 years of clinical and leadership experience in the behavioral health field, Kyle has spent over a decade providing training and consultation to behavioral health professionals who serve LGBTQ+ individuals and families. He has been an active leader with various state and local initiatives, and in 2009, created Stonewall Institute, which is an outpatient substance use treatment center located in Phoenix. In 2016, Kyle was presented with Sierra Tucson’s annual “Spirit Award” for his outstanding contribution to the LGBTQ+ community. In 2005, he

graduated with a 4.00 GPA from the Master of Social Work (MSW) program at Arizona State University and is an independently licensed counselor through the Arizona Board of Behavioral Health Examiners.



For more information visit www.stonewallinstitute.com or call 602-535-6468.

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Let's Go Deeper

By Dr. Dina Evan



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Connections are the birth place of deeper, whether it's between each other, to a stranger or even our own newly uncovered feelings and new awarenesses. For those who are aware, those kinds of feelings normally dance in the space between us and yet here we are — socially distancing, faces masked, feeling isolated and painfully missing deeper.

Deeper can be illusive unless you are aware. For instance, after doing spiritual work, I noticed as people approached me I could feel their energy before they were even close. It arises in sadness in me, and I always feel it when people lie to me. You can too if you're willing to believe what your body feels. Now, keep in mind, that is one you have to be careful with, because most people don't want the truth or tell the truth so be prepared to be treated like a unicorn.

I felt deeper with the birth of each new child. It was like we chose each other long before they each arrived.

I always feel the deeper when I stand beside my sisters and brothers who are brave enough to stand up for everyone's rights, not just the entitled or wealthy few.

I think deeper is about the character of our soul. It's not about talking smart or a level of intelligence or knowledge. Rather, it's about a willingness to be vulnerable, feel your feelings fully and sharing them truthfully in an unabashed way. Deeper, feels as important to me as breath itself. I can't imagine my life without it. So, how do we create it in this tumultuous time?

Time for Inventory

Maybe this time-out is a great time to do an inventory about where you are or, are not, willing to go deeper and why or why not.

For instance, are there people with whom you almost never tell your truth — if so why not? Are you afraid they will leave you, be angry with you, speak badly about you? If any of those are true let's consider telling your truth in a non-offensive way by never using the word you.



Dr. Evan is a Marriage, family, child therapist and consciousness counselor. She has presented nationwide seminars and workshops, written several books and created meditation CDs for couples, individual and mental health professionals. She has also won national acclaim as a human rights advocate. Visit www.dr dinaevan.com or call 602 571-8228.

The minute you use the word "you," your listener will become defensive. Instead, maybe say, "I have come to realize what works better for me is to not be interrupted until I finish my thought."

It's also important to remember that we all get to wake up at our own pace so if you don't feel you can go deeper with someone, don't hold that against them. Just find someone with whom you can go there. I feel like it's helpful to make a contract with people. I am trying to be more aware and create deeper relationships in my life by telling the truth and talking about feelings, I normally hesitate to share. How would you feel about creating a deeper relationship with me? We can decide together what we want that to look like. Even in this time of distancing we can do this on the phone, with Skype, Facetime, Goggle Duo or Zoom.

You can also create deeper with people you don't know. For instance I make it a point to nod and smile, even behind my mask, to those who are differently-abled or have a different skin color, age, gender, partner preference or nationality. There are many more places where difference exists with distance and fear, than there are places where deeper thrives. And going deeper ourselves, means it's up to us to change that.

A Holy Moment

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apt to experience again. It cries out to us to go deeper into our hearts and souls. It requires going deeper into where separation and hatred live so both can be healed. Deeper into the realization that everyone matters, everyone deserves our respect and everyone deserves love —even those who are not yet awake.

If you believe these words, you are already awake and it is our job, yours and mine to role model and demonstrate these beliefs with our actions.

Starting here. Starting now with our very next breath. It won't be easy. Getting your PhD in consciousness never is. But getting it, is what you came here to do and I will walk beside you as you do it. Just call me if you get stuck. No doubt I have been in that muddy place myself as well and I will remind you the journey is worth it and you are brave and deeply loved.

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By John Herald Lee

The Crow's Message

The Differences Between Depression and Despair

"Despair is a haven with its own temporary form of beauty..."

— David Whyte

Several years ago, I gave a brief lecture to about a hundred men at a conference in Minnesota on the differences between *depression* and *despair*. During the talk, a tall man standing in the back of the room began weeping. At the end of my presentation I asked the man if he was okay and would he mind sharing what brought him to tears?

"For twenty-five years I have been telling my wife she had to do something, get some help or something for her depression. We fought over this a hundred times and every time she would say something like, 'You just don't understand. It's not depression. It's something else', and I would let it go for a while, and then we'd get into it again. I have to go home and apologize to her and try to make amends because now after your talk I know what she was trying to tell me but just didn't have the words. Now I know it is, and always has been, despair."

A few years later after my divorce, I went to my cabin in the Appalachian Mountains to deal with my own adult despair; not my childhood, adolescence or young adult depression. It was in that house that I read everything I could on despair. When I wasn't reading or weeping, I stared for hours out windows and into some distant pastures, past ponds and pine trees and slowly the distinction between depression and despair came into view. Even though many educated and thoughtful people and professionals use these two words interchangeably — I came to fully realize they were as different as night and day.

Depression is a biological and emotional quest for light, relief, and balance. Depression gives nothing and takes everything — sleep, food, relationships, and much more.

Despair on the other hand seeks darkness, like that of St. John of the Cross in his beautiful work, *"Dark Night of the Soul,"* or in the case of the Babylonian myth of the great flood.

In this version of Noah and the flood, the hero of the story wants desperately to know if there is any dry land to be found so he sends out birds — a sparrow, dove and they don't return with any news at all, but the last bird he sends out is the crow and it returns with mud on its feet. When we're in despair we are searching for the mud in our minds, art, hearts, careers, parenting, and partnering hoping to find meaning, usefulness and authenticity.

Depression does nothing to remove the masks we've made and worn for a lifetime. Despair's desire is to take the ego, the personas and all the false selves and drown them under 40 days and 40 nights, or in my case, over 40 years, and watch them sink to the bottom of the flooded false self. Despair is desperate to find the truth of our existence here on earth.

Here is a little more light about the differences between depression and despair. First depression is a situational, circumstantial, or biochemical imbalance or a combination of all three. Change the situation, the circumstances for the better the depression should diminish, dissipate or disappear. If it is due to biochemical difficulties, then change the biochemistry and the depression should lessen. What we know is that only two out of ten people who are diagnosed with depression get little or no relief from pharmacology or psychotherapy or both. What is the other eight or millions really suffering from? Could it be despair that pills, nor PhD's, or psychiatrists cannot cure?

"When I wasn't reading or weeping, I stared for hours out windows and into some distant pastures, past ponds and pine trees and slowly the distinction between depression and despair came into view."



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Despair is rooted in an existential loneliness that almost everyone is afraid to admit for fear they have done something wrong. Despair is a house we eventually have to sit in until we are ready to reassess our deepest self and our interior world. It is in this house where we must unabashedly and without embarrassment or shame strip away all our false selves.

Despair is the first stage of freedom and an entrance into a more genuine and real existence. Despair is the bridge that takes us from "here to there." Despair is that lonesome valley that we all fear but must be walked through. It is the dissonance or the distance between what we thought we would do with this life and what we have actually done, who we thought we'd be and who we became.

Despair is caused by self-betrayal and giving up on our deepest desires; it is the result of the risks not taken, the love not received or spoken. As John Burnside said, *"Nothing I know matters more than what never happened."*

Despair is the continual frustration and even anger over the feeling that some unspoken or spoken contract or agreement with our self, each other or the divine has been broken or dishonored. It is very different and from depression and must be treated differently.

In the words of poet Mary Oliver, "...tell me about your despair, and I'll tell you about mine." Or as David Whyte says, "...I want to know if you belong or feel abandoned, if you can know despair or see it in others."

So, I ask you to think a little differently now and consider, is it depression or despair that you wrestle with?

"Life begins on the other side of despair." — Jean Paul Sartre



John Herald Lee, Author, Teacher, Trainer, Life Coach

John Lee is a pioneer in the fields of self-help, anger, codependency, creativity, recovery, relationships and men's issues. In the mental health field, he is considered the therapist's therapist and regularly trains and mentors therapists on how to work with clients and how to work on themselves. He has taught his techniques and theories to thousands of individuals, couples, families, groups, corporations, and therapists all over the world.

John is in private practice in Austin, Texas and offers phone sessions and two and three day one-on-one intensives. His most recent books—*Where Do I Go From Her* and *The Flying Boy Letters* are published by Teitelbaum Publishing.

Learn more about John Lee at <https://johnleebooks.com/>

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The Story of Jesus G. Gutierrez

By Naomi Vega

For many years I have attempted to write a story of my life. Trying to chronicle a part of my history to see if some of my journey can help another. I say “another” because I know that I cannot save everyone; but my hope is that maybe I can at least help one other person. Our life has not been easy, and there have been moments that gave me cause to just give up and give in.

Mechanically going through the motions, trying to see the good in everything. Even in my darkest moments — just putting one foot in front of the other. This year, 2020 has been a year to reckon with. Pandemic, riots, race wars, cheating, and death. Though many things have happened, nothing, absolutely nothing could ever prepare my heart and soul for the pivotal moment that totally erased your birth. That fateful day taught me my life story was not nearly as important as yours — even though ours are entangled, and to understand the path you chose; I must share a tiny glimpse of mine. This is dedicated to you and others like you struggling with addiction and mental health... and a special dedication to the mothers and families who must live with a piece of themselves no longer here physically on earth.

My name is Naomi Vega

I grew up in an alcoholic home riddled with domestic violence and molestation; added to the usual statistic of a teenage mom; and had to raise all three of my kids alone. I say “was” because my kids and I are grown, I am older and because my son is no longer walking on this earth.

This is his story

My son was the most kind-hearted man with a beautiful soul and an amazingly big heart. He was the child who made me feel and experience unconditional love for the very first time. He cared more about others than he did himself, and could make you laugh when you were feeling your lowest. My son’s name is Jesus G. Gutierrez — he will forever be 29 years old.

Jesus had been addicted to meth, heroin, and any other substance he could get his hands on for well over 15 years.

He was a very extremely intelligent young man, testing at college level while in elementary school and afflicted with bipolar schizoaffective disorder. There were many moments of light that shone through the darkness that came with those co-occurring mental health and substance abuse disorders, that we all were extremely blessed with, and I am eternally grateful for that. However, when not completely treated, these were exceedingly difficult, tenuous, and sometimes scary to handle and de-escalate.

As an adult, my son made his own healthcare decisions and I was unable to enforce his treatment for continued stay in the facilities he was placed in.

Some facilities were simply unable to accommodate his co-occurring disorders and kicked him out the moment his behavior was not “appropriate” according to their standard. He was on a continuous escalator going up and down, getting admitted, re-admitted, discharged, and eventually forced out to be released back on the streets. My son and I agreed that he would only be allowed back home when he had at least six months of active treatment and sobriety. He unfortunately could not uphold his part of the agreement, and instead chose to go back out on the street, living in washes, under bridges, ashamedly committing illegal activities to fund his habit and start using again.

I often wonder if I would have asked him during one of his non-lucid moments to sit and plan his funeral arrangements.... If maybe that would have pushed him to finally surrender to the help he was given and remain sober. Wishing for that wonderful day I would have my semi-whole son back in my life. That was my continual prayer every moment of his adult life. My prayer for all those struggling with addiction and for those loved ones holding on to hope that their child, sibling, parent, family member, friend would finally “return home” one day.

As a mother, I tried everything and anything to get him the help he needed. Even going as far as using his young son as a method to push him into recovery... unfortunately, even that was unsuccessful. Yes, I have always loved my son, but despised the ugliness of the shell of who he was when he was high and/or

“A mixture of meth, fentanyl, and buprenorphine killed my son.”

not taking his meds appropriately. My rational mind knew that one day his addiction and lifestyle would be too much for his body to recover from; my heart released control of the situation over to God a long time ago... but nothing, absolutely nothing, prepared my soul for his death.

A few months ago, Jesus’ death was publicized due to the current political climate within our local police department. Never could I have imagined losing my child, but having his tragic death aired on national television and posted all over social media will forever be etched in my mind.

A mixture of methamphetamine, fentanyl, and buprenorphine killed my son. Seven minutes... that is how long it took for them to pronounce my son dead at the scene. There is nothing more permanent and painful than burying your child and I would do anything humanely possible to fight for another seven minutes to have him back.

I would like his death to have a purpose

Though my son’s life, our life, has been tarnished by the ugliness of addiction and untreated mental health, and as painful as it was while he was here on earth hurting, I would like for his death to have a purpose. Please do not give up on yourself and know that there is at least one person fighting for your success. As we step into tomorrow, fight as much as you possibly can to walk towards and live in recovery. Because as much as I would love to have my son back, it is simply impossible. But you are here, you are fighting the good fight and have a reason. Even in the darkest nights, the sun must rise and there is always at least one person around to lend a hand. Surrender to the greatness you are destined to become, ask for help and put those steps into action. Then, and only then, will you discover that My Son/Jesus’ story has fulfilled the purpose of at least helping one other.

(Reprinted with permission: Buena Vista Recovery Center) www.buenavistarecovery.com



CBI

COMMUNITY BRIDGES, INC.

Housing Our Homeless

Homelessness often results in substance abuse, and substance abuse and behavioral health issues can lead to homelessness.

Access to housing

is fundamental to helping vulnerable men, women, and families rebuild their lives.

CBI housing programs include:

- Temporary
- Transitional
- Permanent supportive housing

People We Serve

- Individuals and families experiencing homelessness
- Pregnant or postpartum women with substance use disorders, and their children
- Survivors of human trafficking, and their children
- Veterans

Grant to support opioid recovery center in Mohave County

Southwest Behavioral and Health Services has received a \$849,915 grant from the federal Substance Abuse and Mental Health Services Administration. The money will be used for a Comprehensive Opioid Recovery Center with an Integrated Systems Approach that will serve individuals in Mohave County. The grant “will enable SB&H to enhance capacity and service options for Mohave County’s uninsured and under-insured populations, directly addressing the county’s worsening opioid epidemic,” SB&H wrote in a news release.

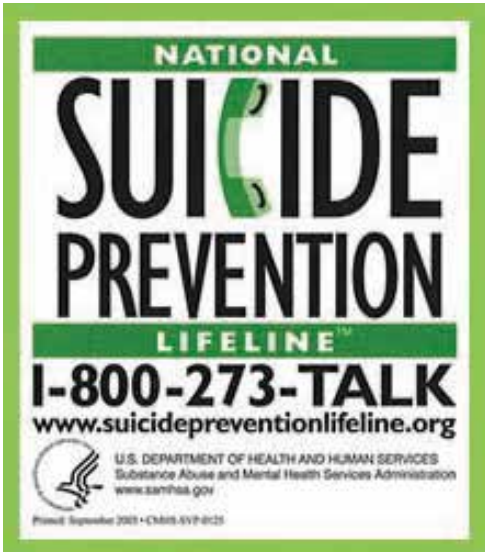
The new recovery center will partner with and serve local hospitals, Native American communities, police and fire services, probation programs, behavioral health providers and local community groups. The program can serve up to 500 individuals with opioid use dependency annually, and 2,000 people throughout the lifetime of the four-year grant project.

“This Comprehensive Opioid Recovery Center will be a valuable and much-needed resource to the Mohave County community, which needs easily accessible substance abuse and dependence treatment,” SB&H CEO Steven Sheets said. “The fact that we are partnering with other local community providers will streamline our services and increase the chances of success.”

The new program will:

- Improve access to care by completing intakes and evaluations both in office and during community outreach, within 24 hours of contact or less with a goal of inclusively engaging persons who are uninsured or under-insured.
- Provide a full continuum of holistic care in addition to opioid use dependency and medication assisted treatment services to support recovery, and help stabilize individuals, families, and the community.

Learn more at <https://www.sbhservices.org/>



Crisis and Warm Lines When help is needed

National Suicide Prevention Lifeline:
1-800-273-TALK (8255)

National Substance Use and Disorder Issues Referral and Treatment Hotline: **1-800-662-HELP (4357)**
Text the word "HOME" to 741741

Arizona Crisis Hotlines

Suicide and Crisis Hotlines by County

Maricopa County served by Mercy Care:
1-800-631-1314 or 602-222-9444

Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz and Yuma Counties served by Arizona Complete Health - Complete Care Plan: **1-866-495-6735**

Apache, Coconino, Gila, Mohave, Navajo and Yavapai Counties served by Health Choice Arizona:
1-877-756-4090

Gila River/Ak-Chin Indian Communities:
1-800-259-3449

Salt River Pima Maricopa Indian Community:
1-855-331-6432



NCADD Phoenix is now ARIZONA WOMEN'S RECOVERY CENTER

We are a non-profit organization dedicated to providing substance abuse treatment to women through a variety of programs to address family sustainability. All programs focus on providing the tools and resources to assist women in living financially independent, drug and alcohol-free lives.



Treatment | Housing | Education

602-264-6214 arizonawomensrecoverycenter.org

Axiom Care opens Detox in Apache Junction Serving East Valley

Anyone can be vulnerable to an addiction and it crosses all cultures, genders and economic levels. It impacts the lives of not only the person struggling, but the people in their lives. It takes everyone on a journey into situations they would never have chosen. Axiom Care now provides treatment options to anyone who suffers with a substance use disorder.

Axiom Care recently opened their facility at 150 N. Ocotillo Drive, Apache Junction.

Axiom Care approaches care of the most vulnerable of our population with addiction issues, and those with co-occurring addiction and mental health struggles — with a whole-person approach.

They aim to simultaneously reduce incarceration, homelessness, mental health issues, and substance use, while reducing costs associated with recidivism through local jails, hospital emergency rooms, and other healthcare agencies.

In addition, Axiom Care provides clients with a better individual life path through interventions in our Substance Abuse Detoxification (Detox), with both short- and long-term housing, a residential treatment Center, and outpatient services. All patients are assessed using ASAM

criteria, and the proper level of care is guided through evidence-based processes. Detox offers two types of critical care services: observation chairs and medical detox.

With observation, patients receive a full medical triage from the nursing staff, have access to medical providers, and are assessed by the mental health team. Medical detox provides patients evaluation for medical and mental health co-occurring disorders. Detox provides 24-hour care under the direct supervision of expert Medical Doctors, as well as RN-level nursing staff.

To learn more about Axiom call 480-482-7390 or visit www.axiomcareofaz.com/detox/.

Teen Challenge is Arizona's Faith-Based SOLUTION TO THE DRUG EPIDEMIC

With heroin addiction at epidemic proportions and drug abuse at an all time high, Teen Challenge is seeing results with an 86% success rate!

We can help!

PHOENIX TEEN CHALLENGE

(Male 18+)

602-271-4084

HOME OF HOPE

(Female 18+)

Women or Women with Children
Casa Grande, Arizona

520-836-5638

SPRINGBOARD

Home for Adolescent Girls
(Female 12-17)

Tucson, Arizona

520-887-8773

PREVENTION

THINK ABOUT IT®

To schedule a Drug Prevention Presentation for your group or school, contact the Public Relations office at 602-271-4084

National Suicide Hotline Act to Become Law

9-8-8

On October 17, the National Suicide Hotline Designation Act (S.2661), legislation that will support the implementation of the future 9-8-8 crisis hotline, was signed into law. Robert Gebbia, CEO of the American Foundation for Suicide Prevention (AFSP), the nation’s largest suicide prevention organization, released the following statement:

“In July, the Federal Communications Commission announced that 9-8-8 would be the new universal hotline number for the National Suicide Prevention Lifeline by July 2022. This easy-to-remember number will increase public access to mental health and suicide prevention crisis resources, encourage help-seeking for individuals in need, and is a crucial entry point for establishing a continuum of crisis care.

This is why AFSP applauds the U.S. Congress for prioritizing suicide prevention through unanimous passage of the National Suicide Hotline Designation Act. This historic legislation, now law, will bring our mental health crisis response system into the 21st century. We are encouraged by the federal government’s dedication to preventing this leading cause of death and showing all Americans that mental health is just as important as physical health.

It should be noted that the United States’ mental health crisis response system is woefully underfunded and undervalued. It is crucial local crisis call centers are adequately equipped to respond to what we expect will be an increased call volume and provide effective crisis services to those in need when 9-8-8 is made available in July 2022.

AFSP’s nearly 30,000 volunteer Field Advocates engaged their members of Congress for years in support of the National Suicide Hotline Designation Act. They made their voices heard through thousands of letters, phone calls, and emails. They have pushed the suicide prevention movement forward, and their efforts will save lives.”

The National Suicide Prevention Lifeline’s 9-8-8 number will be active nationwide by July 2022. Until that point, those in crisis should continue to call the Lifeline at 1-800-273-TALK (8255).

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How Animals Aid Recovery

Animal-assisted therapy, as the name suggests, is the involvement of animals to help with a variety of health issues. For people suffering from mental health disorders, critical illnesses such as Alzheimer’s or cancer, and even patients dealing with substance abuse disorder, animal-assisted therapy has proven to be quite effective. The therapy includes interaction with the animals which helps to alleviate uncomfortable feelings and provides a sense of serenity.

Spending time with animals boosts the release of endorphins in our body which eases our mind and reduces the feelings of stress, depression, anxiety, aggression, and low self-esteem. Numerous hospitals now have therapy dogs to comfort patients who are stressed with their various ailments.

Some treatment centers use a variety of animals such as cats, rabbits, horses, birds, etc., to offer animal-assisted therapy to their patients.

Pets share an extraordinary bond with their owners. The fact that being near your pet provides a great feeling is well known, and is exactly what drives the basic idea of animal-assisted therapy. Various studies over the years have concluded the presence of pets have a positive impact on our minds and help boost the recovery process.

Here’s why pets can be a great choice

Responsibility

As soon as someone turns to addiction, their unwillingness to accept any responsibility, no matter how big or small, is an issue that needs to be fixed. Pets offer love. When with pets, addicts know they have a responsibility to take care of something, and it’s not about them. Having this feeling inside can aid those in recovery to think about something other than themselves.

Emotional Balance

Pets respond to our emotions rather than our actions. Being around animals who understand emotions and react accordingly can help patients control their responses, and adjust it to sync with the animal’s emotional needs and not their own.

Confidence and Self-Worth

Unlike anything else, pets show gratitude for even the smallest gesture of love. When a patient interacts with a pet, their ability to handle the pet in a good way can induce a feeling of self-confidence. This also inspires them to conduct more selfless acts in the future as they progress in their life.

The Best Emotional Escape

Playing with pets and spending a small amount of time with them might become the best time of your day. They provide a healthy emotional escape from the issues burdening your minds such as anxiety, stress, and depression.

Types of Therapy

According to the National Association of Social Workers, there are two ways in which animals are involved in therapies.



Ivy and Brix, photo Stephanie Siete

“Spending time with animals boosts the release of endorphins in our body which eases our mind and reduces the feelings of stress”

Pet Therapy

In this type, volunteers take ownership of taking their gentle and well-trained pets to different settings involving hospitals or schools. The idea is to make the patients who are suffering from a critical disease or have gone through a painful surgery feel better. Pet therapy is quite straight forward and provides joy.

Animal-Assisted Therapy

This is a more specific approach where the animal is involved in the treatment process based on the recommendations of social workers, therapists, and counselors. Although this therapy can be carried out with a variety of animals, two of the most commonly used therapies involving animals are canine-assisted therapy (dogs) and equine-assisted therapy (horses).

Effectiveness of the Therapy

There have been mixed levels of effectiveness observed in such kinds of therapies. However, in people who relate to animals, animal-assisted therapy has proven to be quite effective. A report from *Current Pain and Headache Reports* states using animal-assisted therapy on cancer patients resulted in lower pain levels. This is also clinically proven by observing the increased levels of endorphins after the patient’s interaction with the animal.

For substance use disorder, studies say involving a dog in sessions between a therapist and a patient can make the person feel more confident and positive. When animal-assisted therapy is used along with other standard treatment methods, it is bound to provide great results and is known to yield desirable results.

Content for Scottsdale Recovery Center and Arizona Addiction Recovery Centers created by Cohn Media, LLC. www.cohn.media

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 602-346-9142.**

STAYING CONNECTED

The providers listed below are available to assist you.

TOGETHER AZ 602-684-1136

ADVERTISER LISTINGS

Arizona Addiction	602-737-1619
Arizona Addiction Recovery	888-512-1705
AZ Women's Recovery Center (formerly NCADD)	602-264-6214
Aurora Behavioral Health	877-870-7012
Buena Vista Health & Recovery	866-739-1642
Burning Tree West	877-214-2989
Calvary Healing Center	866-76-SOBER
CBI, Inc.	480-831-7566
CBI, Inc. Access to Care	877-931-9142
Continuum Recovery Ctr.	877-893-8962
Cohn Media	866-578-4947
(Online Marketing/SEO)	
Dept.Problem Gaming	800-NEXTSTEP
Gifts Anon	480-483-6006
The Meadows	800-632-3697
Meadows Ranch	866-390-5100
Men's Teen Challenge	520-792-1790
Mercy Care	602-222-9444 /800-631-1314
Psychological Counseling Services (PCS)	480-947-5739
Rio Retreat Center	800-244-4949
Scottsdale Recovery Center	888-663-7847
Sierra by the Sea	877-610-4679
Sierra Tucson	800-842-4487
Sober Living AZ	602-737-2458
Stewart Counseling Services	602-316-3197
Valley Hospital	602-952-3939
Teen Challenge of AZ	800-346-7859

RESOURCES

ACT Counseling	602-569-4328
AZ Center for Change	602-253-8488
AZ. Dept. of Health	602-364-2086
AzRHA	602-421-8066
Building Blocks-BBC	602-626-8112
Chandler Valley Hope	480-899-3335
Choices Network	602-222-9444
Compass Recovery Center	800-216-1840
Cornerstone Healing Center	480-653-8618
Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
Desert Drug Dog	602-908-2042
Fit FOUR Recovery	480) 828-7867
Governor's Office Youth, Faith & Family	602-542-4043
Hunkapi Programs	480- 393-0870
Lafrontera -EMPACT	800-273-8255
River Source	480-827-0322
Scottsdale Providence	480-210-5528
TERROS Health	602-685-6000
VIVRE	480- 389-4779

Therapists/Interventionists/Coaches

Dr. Marlo Archer	480-705-5007
Carey Davidson	928-308-0831
Dr. Dina Evan	602-997-1200
Dr. Dan Glick	480-614-5622
Julian Pickens, EdD, LISAC	480-491-1554

TUCSON

ACA	aca-arizona.org
Alcoholics Anonymous	520-624-4183
Tucson Al-Anon Information Service Office	520-323-2229
Amity Foundation	520-749-5980
Anger Management	520-887-7079
Behavioral Awareness Center	520 629 9126
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
The Mark Youth & Family Care Campus	520-326-6182
Narcotics Anonymous	520-881-8381
Nicotine Anonymous	520-299-7057
Overeaters Anonymous	520-733-0880
Recovery in Motion	520-975-2141
Sex/Love Addicts Anonymous	520-792-6450
Sex Addicts Anonymous	520-745-0775
Sierra Tucson	800-842-4487
Sonora Behavioral Health	520-829-1012
Suicide Prevention	520-323-9372
Turn Your Life Around	520-887-2643
Workaholics Anonymous	520-403-3559

Become a
Together AZ
resource

Send your request by email
barb@togetheraz.com

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

Alcoholics Anonymous	602-264-1341
Al-Anon	602-249-1257
Tucson Al-Anon Information	520-323-2229
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
Suicide Prevention Lifeline	800-273-8255

YOUR COACH

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www.carybayer.com

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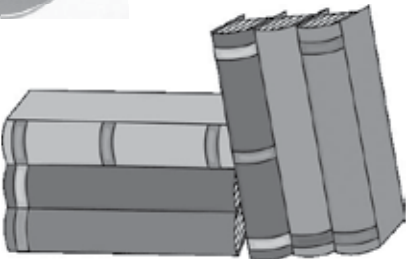
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