

NOVEMBER 2021

Together AZ

Inspiring Success on the Road to Recovery

The Connection Between Growing Up with Addiction and PTSD

By Dr. Tian Dayton, Senior Fellow at The Meadows

We used to think that if you left home in body, your mind left home, too. But we are much more psychologically savvy today.

We know each of us carry the voices of those we grew up with in our heads and hearts. When those voices are soothing, we can call on them for consolation and confidence, when they are abusive, we defend ourselves from the admonitions of ghosts.

An important thing to understand if you're an ACoA (*Adult Child of an Alcoholic*) is that the body as well as the mind are impacted by trauma. Children who grow up with parents who are chaotic, inconsistent or alcoholic can be affected in their nervous systems, because we're so dependent on our parents when we're children, for our very survival. Who *they are* and what *they do* in relationship with us, shapes who we become.

Neuroception, a term coined by Stephen Porges (2004), former Director of the Brain Body Center at the University of Illinois at Chicago, describes our innate ability to use intricate, meaning-laden, barely perceptible mind-body signals to establish bonds and communicate our needs and intentions. While many of these communications are conscious, still more occur beneath the level of our awareness.

Through our neuroception we can assess — in the blink of an eye, whether or not the situations we're encountering are safe or in some way threatening. According to Porges, our neuroception tells us if we can relax and be ourselves, or if we need to self-protect. If the signals that we're picking up from others are cold, dismissive, or threatening, our neuroception sets out an inner alarm, followed by a cascade of mind-body responses honed by eons of evolution to keep us from being harmed (Porges, 2004). In pain engendering exchanges, "people are not able to use their interactions to regulate their physiological states in relationship — they are not getting anything back from the other person that can help them remain calm and regulated. Quite the opposite. The other person's behavior is making them go into a scared, braced-for-danger



state. Their physiology is being up-regulated into a fight/ flight mode," says Porges (*personal communication, n.d.*).

When a child's attempts to connect or to give and receive love are ignored, rejected, or misunderstood, or their authentic emotions are cancelled out, that child will need to somehow defend against the pain of indifference and rejection. Or when a child is modeling a parent who is anxious or chaotic, they will have a hard time self-regulating or finding their own balanced regulation within this relationship.

ACA's talk about a "place they go inside" when they get triggered, they

Addiction and PTSD continued page 6

Scottsdale Recovery Opens Detox

Detox: the vital first step in the journey toward lifelong recovery. Drug and alcohol withdrawal can be agonizing, even life threatening. It is highly recommended not to detox on your own. Medical detox helps you safely and comfortably withdraw from drugs and alcohol. A successful detox is the difference between continued substance use or a lifetime of sobriety. The new state-of-the-art detoxification facility located in Scottsdale, AZ, ensures a medically monitored and safe detoxification process with highly trained and experienced medical, psychiatric and clinical staff. Clients' safety and comfort are essential during this time.

The length of time required to complete a medical detox depends on the type of the drugs that have been used, medical history of the patient, and level to which drugs has entered the system of the patient,

which in turn depends on how much of it has been consumed, on average, detox should last about 14 day or less.

Creating the individualized detox plan takes into account all factors related to the person including physical health, history and length of substance use, family history, medical needs, and mental and emotional health. This comprehensive understanding ensures a more informed and effective detox plan. Detox by itself is not recommended to be a standalone solution and we are here to provide support every step of the way.

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Publisher's Note

By Barbara Nicholson-Brown
barb@togetheraz.com

thankful
grateful
blessed

Before my personal journey in recovery, grateful was never a word I used much, if ever. My mind-set was 'victim'; and view of the world and everyone in it was distorted. Through continuous alcohol and drug consumption, I was a shell of a person, hiding behind a transparent mask. The reason I say my mask or façade was transparent, is because the real me could not hide the shame guilt, remorse that permeated from my pores. And everyone in my life knew the truth.

I blamed anything on the "outside" for what was going on inside. With so much of my focus on the negative there wasn't much room at all for the positive. I've heard many times, like attracts like, we are what we think. Through the years of long term sobriety, while every day is not what I think it should be or how I want it to be, I do feel and experience gratitude on levels I never knew existed before.

My plan is not the grand plan. Even after all these years clean and sober I still tend to future scape, or wait for the other shoe to drop. I have bouts of "stinking thinking." On page 9, Ken Wells of PCS writes about being trapped in negative thinking and I think the timing of publishing his article is perfect for me right now and hope it is for you as well.

A big thank you and tons of gratitude to Dr. Tian Dayton for providing her insight on addiction, PTSD and being an adult child of an alcoholic. Tian recently published, "Adult Children of Alcoholics Workbook," which is available on amazon.com.

While designing this month's paper and thoroughly reading Tian's words, I felt like a cosmic 2 x4 bopped me on the head as I realized, I still have plenty of work to do on this topic. I can't wait to jump in and do the work – it's calling me to continue to heal.

During this time of thanksgiving and gratitude, take some "me time", grab a note pad and jot down all the things you can think of that make you feel grateful, thankful and blessed.

Barb



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By Dina Evan, PhD

Okay, maybe we need more than one month, during times like these to remind us to be grateful and give thanks. Advice to think positively during tough times may seem cliché, but there is significant scientific research showing positive thinking brings positive change to any situation, including the health of your body.

Therapists know every thought we have which gets repeated consistently, creates a neuronet in the brain. The more we think the same thought or feed the neuron, be it positive or negative, the quicker it becomes our default outlook and belief for every aspect of our lives.

Maybe instead of just being grateful and positive for one day this month, we use this time to create some new habits to create more positivity and health all year round. For instance, if we are not grateful and positive about our relationships or partners, we'll view their actions through a veil of skepticism and negative interpretations.

If we perceive our bodies in a negative way, we lower our immune systems neurohormones and become more susceptible to disease — creating an immune system that can't fight off illness. It's exactly as the Native American Indians teach...what we focus on and feed, we create. This philosophy of having gratitude and positive energy is important in every aspect of our lives, including how we think, how confident and assured we feel, how we present ourselves to the outside world and how we feel about life changes and challenges. Unfortunately, this is not something most of us have in our tool bags, so no self-shaming... you don't have the tools. Let's look at how to create greater gratitude and joy even in hard times.

Start close to home

What gifts do you use daily you're grateful for...your humanity, sense of touch, hearing, speaking, sobriety and sponsees, your ability to feel, intellect and understanding, ability to teach, and are for others? Your mobility and freedom? Your home, job and the money, whether \$10.00 or \$10,000.00 in the bank? Take a breath— be thankful for all of it. Embrace everything in your life as a gift — no matter the size or worth.

Next, become more aware of how much gratitude you already express in your life. When was the last time you told someone how grateful you are for them, or said thank you to the stranger at the grocery store who helps you out, sent that note to a parent or a teacher, sponsor or mentor from your past? What gifts did they give you? Which of those gifts have you integrated and are now giving forward?

Create some tools to help you until being grateful becomes a habit. When I first began learning about energy, I had yellow sticky notes in my closet, on the bathroom mirror, in my car, appointment book, until it became second nature to focus on the things that brought joy to my life. Because joy was an unknown emotion in my young life, I needed the notes to remind me every day until it became second nature. It's all about feeding the thoughts you want which ultimately create your reality. Make a vow or say a prayer every morning to keep that in the forefront of your life and mind. Start a gratitude journal and write about what you are doing that creates a more positive awareness. **Make a promise to yourself to become more thankful and aware everyday.**

Look for new opportunities to give of your time, talent, wisdom, creativity and knowledge in order to create a positive difference. Commit to someone or someplace outside your normal circle to make a difference. You will be amazed by what a difference that makes in you!

Take time every day to take a deep breath and focus, by slowing down and noticing what you can see, hear, touch, smell, taste and love in your life. There doesn't have to be a special day once a year in order to practice gratitude — maybe it's as simple as feeling grateful for your morning coffee, the bird outside your window or your next meeting. Keep yourself and mind in the moment. Future-scaping is not helpful and usually comes from fear. Just be in the moment, in the now, and be grateful for everything and everyone that is here now.

And finally, know that those of us who are privileged to share our thoughts are giving thanks to Barbara for her blessing of publishing them, and to you for reading and sharing them. We wish you an amazing holiday season and a new beginning in 2022... filled of course with thanks giving all year.

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 drdinaevan.com or call 602-571-8228.

Youth Suicide Together We Can Save Lives

Suicide is one of the leading causes of preventable death in our nation today. We lose an average of more than 125 young people each week to this tragedy that can be prevented.

How can it be prevented you may ask? The Jason Foundation, Inc. believes education is the key to prevention. The Jason Foundation's programs and services are in response to this belief. Our nation should be familiar with the warning signs associated with suicide, suicide facts and statistics, and how to find help for at-risk youth.

Remember, never be reluctant to get involved and always take any child/adolescent's desire or intent to harm themselves seriously. If you suspect a young person of suicidal ideation, get them to professional help immediately.

- **For middle and high school age youth (ages 12-18), suicide is the 2nd leading cause of death.**
- **For college age youth (ages 18-22), suicide is the 2nd leading cause of death.**
- **Over-all, suicide is the 2nd leading cause of death for our youth ages 10-24.**

In ages 10-14, we have seen an alarming increase in suicides. The number of suicides for this group has more than doubled since 2006, making it the second leading cause of death for that age group.

More teens and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, COMBINED.

Each day in our nation, there are an average of over 3,703 attempts by young people grades 9-12. If these percentages are additionally applied to grades 7 & 8, the numbers would be higher.

Four out of five teens who attempt suicide have given clear warning signs.

The Youth Risk Behavioral Surveillance System (YRBS) is a survey, conducted by the Centers for Disease Control and Prevention, that includes national, state, and local school-based representative samples of 9th-12th grade students. The purpose is to monitor priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth in the United States. The surveys are conducted every two years to determine the prevalence of these health risk behaviors. Behaviors that contribute to unhealthy lifestyles and those that indicate possible depression and/or suicidal ideation are included.

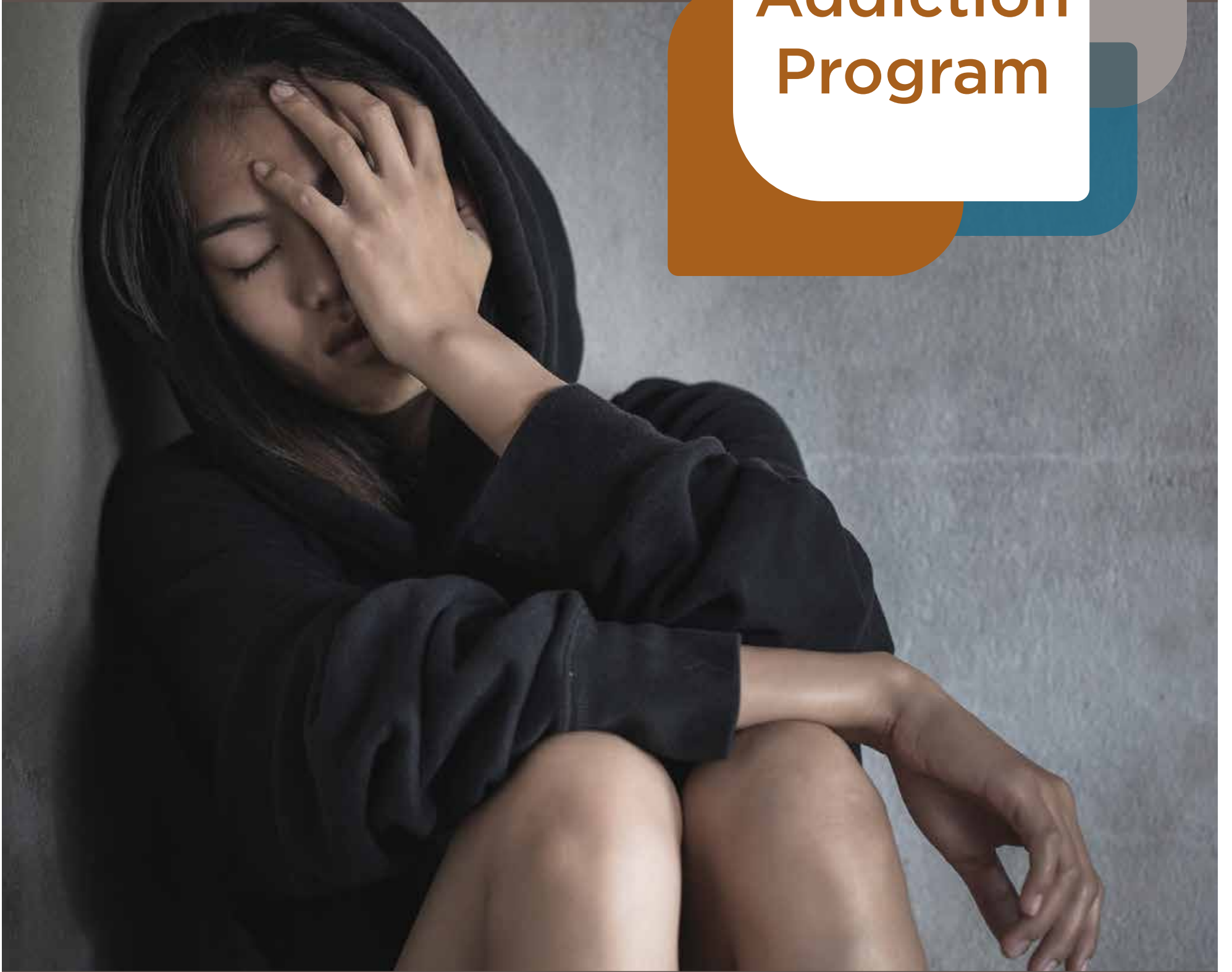
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from page 1

often describe it as “being both activated and shut down at the same time, wanting to withdraw/dissociate and flee simultaneously.” A failure to successfully engage and create a sense of safety and nourishing connection with those people we depend upon to meet our most pressing, basic needs, can be experienced as traumatic. This type of relational trauma can occur at very subtle levels of engagement or a lack thereof, as well as in its more obvious forms of living with abuse, neglect, illness, or addiction.

Some of the factors that sear trauma in place and make it more likely a child of addiction (or family dysfunction) will develop PTSD are:

- Whether or not escape is possible, can the kids get away from stressful, painful family situations?
- Whether or not there is a power imbalance e.g. BIG parents... small kids.
- Did the child have access to outside support? Were there caring, concerned adults who could provide “safe haven” or a place the child could feel, if only momentarily out of harm’s way? A place that could provide a “reality check” or model a different way of being in a family?
- The length of time the child spends in a numbed out, emotionally frozen or dissociated state. *(The effects of trauma in the home tend to be cumulative, occurring incrementally and over a significant period of time.)*
- The developmental level of the child, how old were they when trauma in the home occurred, and what age-related capacities did they have to make sense of confusing, painful or frightening experiences?
- Whether or not it’s the parents, who they would normally go to for comfort and reassurance who are causing the stress.

Years after the child has left home and become an adult, they may carry anxieties about themselves and relationships they do not fully understand. This is what the PTSD from being a child of addiction or dysfunction is all about. Days, months, years or decades after we leave our childhood living rooms, we find we recreate that similar emotional climate in our own homes.

The heat of intimacy acts as a trigger for the unconscious pain we carry. Even loud voices, a raised eyebrow, flashing eyes or a change in mood can send the ACA sailing back into a place inside where they feel anxious and threatened all over again. Because these children got hurt in relationships, it’s relationships later in life that tend to trigger them. But because of the psychological defenses they used as kids, they don’t make the connection. In other words, they don’t know that they don’t know, they really and sincerely

think the source of their pain is outside of them, if only they could fix that person who is bothering them, they would feel fine.

I wrote *The ACoA Trauma Syndrome* in 2012 to make this connection that being an ACoA is having PTSD. At that time, I introduced a new laundry list not instead of, but in addition to Janet Woititz’s with the same publisher.

“An important thing to understand if you’re an ACoA (Adult Child of an Alcoholic) is that the body as well as the mind are impacted by trauma. Children who grow up with parents who are chaotic, inconsistent or alcoholic can be affected in their nervous systems.”

Tian Dayton’s List of ACoA and Adult Child Symptoms

Problems with Self-Regulation: Broad swings back and forth between feeling overwhelmed with intense emotion then shutting down or going numb, characterize the trauma response. We go from zero to 10, and 10 to zero, with no speed bumps in between bypassing four, five and six. We become uncomfortable living in the middle range and used to living on the edges. Twelve step programs have found a colloquial expression for this cycling, referring to it as “black and white” or “yo-yoing”.

Hyper Vigilance/Anxiety: When we’re hypervigilant, we tend to scan our environment and relationships for signs of potential danger or repeated relationship insults and ruptures. We constantly try to read the faces of those around us to protect ourselves against perceived danger. When we’re hypervigilant we’re constantly bracing for danger, “waiting for the other shoe to drop,” or “walking on eggs shells.” Unfortunately, this may also create problems because we may perceive danger even where little exists or become overly reactive to perceived slights, making ourselves hard to be around or even driving a situation toward problems. (van der Kolk 1985)

Hyper-reactivity/Easily Triggered: Living with relationship trauma can over sensitize us to stress. Consequently, we may over respond to stressful situations blowing conflicts that could be managed calmly out of proportion; we over react. People who are hyper reactive may become easily triggered. This hyper reactivity can emerge whether in a slow grocery line, in traffic, at work or in relationships. Stimuli reminiscent of relationship trauma, such as feeling helpless or humiliated can trigger old vulnerability; or being around yelling, criticism; even certain facial expressions may trigger a stronger reaction than is appropriate to the situation for the ACoA.

Emotional Constriction: Homes that do not encourage the expression of genuine feeling along with the emotional numbing... that part of the trauma response may mean those who have experienced relationship trauma have a restricted range of feelings that they are comfortable feeling and expressing. (van der Kolk 1985)

Loss of Trust and Faith: When our personal world and the relationships within it become very unpredictable or unreliable, we may experience a loss of trust and faith in both relationships and in life’s ability to repair and renew itself. *This is why the restoration of hope is so important in recovery.* It is also why having a spiritual belief system can be so helpful in personal healing. (van der Kolk 1985)

Unresolved Grief: ACoA’s have suffered profound losses. There has been the loss of parents to rely on, the loss of family members to addiction and possibly death, the loss of a feeling of safety, the loss of the secure family unit, the loss of trust, the loss of a stable and smooth early development. There are the losses of comfortable family events, rituals and holidays, and the loss of normalcy and the security of knowing that parents are in the position to parent and meet needs. ACoAs often need to mourn not only what happened, but what never got a chance to happen.

Traumatic Bonding: Traumatic bonds are unhealthy bonding styles that tend to become created in families where there is significant fear. Traumatic bonds have a tendency to repeat themselves, that is we tend to repeat this type of bond in relationships throughout our lives, often without our awareness. Trauma bonding is an emotional and psychological response to abuse in which the person being abused forms an unhealthy bond with the person who is abusing them. It occurs primarily when there is an abuse of power or authority. (Carnes 1991)

Learned Helplessness/Avoidance: When we feel we can do nothing to affect or change the situation we're in, we may develop learned helplessness, we may give up and collapse on the inside. We may lose some of our ability to take actions to affect change or move a situation forward. We avoid people, places, things that threaten to trigger unresolved, past anxiety. (Seligman, Maier (1967), Dayton (2021), van der Kolk 1985)

Confusion: The cognitive dissonance that results from living with the ever changing realities surrounding addiction can cause children to doubt their own perceptions. Children sense one thing but are often told what they see and sense is not really happening. The denial and deception of the addict and often enablers bends their reality. As a result, children can become confused, they learn to doubt their own feelings and their best thinking. Eventually they may avoid coming to conclusions and decisions and this avoidance can grow into a defense that they slip into, a sort of zone that becomes a familiar hiding place.

Somatic Disturbances: Because the body processes and holds emotion, we may experience our unconscious emotions as somatic disturbances. Some examples of emotional pain affecting the body are back pain, chronic headaches, muscle tightness or stiffness, stomach problems, heart pounding, headaches, shivering and shaking. (van der Kolk 1985)

Tendency to Isolate: People who have felt traumatized may have a tendency to isolate and withdraw into themselves when they are feeling vulnerable. They have learned to recoil into a personless world and take refuge in avoiding connection. Isolation is also a feature of depression. Unfortunately the more we isolate the more out of practice become at making connections with people, which can further isolate us.

Cycles of Reenactment: The reenactment dynamic is one of the most common ways trauma from one generation gets passed down through subsequent generations. We tend to recreate those circumstances in our lives that feel unresolved, perhaps in an attempt to see the self more clearly and master or resolve our pain, or perhaps because we are locked in circuits of brain/body patterning that are largely unconscious. We repeat and repeat the relational patterns that are familiar even if they do not work to get us what we really want.

High Risk Behaviors: Adrenaline is highly addictive to the brain and may be a powerful mood enhancer and alterer. Speeding, sexual acting out, spending, fighting, drugging, working too hard or other behaviors done in a way that puts one at risk are some examples of high risk behaviors. (van der Kolk 1985)

Survival Guilt: The person who "gets out" of an unhealthy family system while others remain mired within it, may experience what is referred to as 'survivor's guilt. This is a term originally used to describe what soldiers who left mates on the battlefield experienced. This person may become overly preoccupied with fixing their families because the thought of being happy when their families remain locked in dysfunctional ways of living, can be very disturbing.

Shame: For the person growing up in an addicted environment, shame becomes not so much a feeling that is experienced in relation to an incident or situation, but rather a basic attitude toward and about the self. Both shame and guilt can be difficult to identify because they are so pervasive, a part of the very fabric of the personality. Shame, for example, can be experienced as a lack of energy for life, an inability to accept love and caring on a consistent basis, or a hesitancy to move into self-affirming roles. It may play out as impulsive decision making, or an inability to make decisions at all.

Aggression against Self and Others: "Being abused as a child sharply increases the risk for later delinquency and violent criminal behavior. In one study of 87 psychiatric outpatients (van der Kolk et al.,1991) we found that self-mutilators invariably had severe childhood histories of abuse and/ or neglect. There is good evidence that selfmutilative behavior is related to endogenous opioid changes in the CNS secondary to early traumatization."

"ACoA's have suffered profound losses. There has been the loss of parents to rely on, the loss of family members to addiction and possibly death, the loss of a feeling of safety, the loss of the secure family unit, the loss of trust, the loss of a stable and smooth early development."

Development of Rigid Psychological Defenses: People who are consistently being wounded emotionally and are not able to address it openly and honestly may develop rigid psychological defenses to manage their fear and pain. Dissociation, denial, splitting, repression, minimization, intellectualization, projection are some examples of these defenses.

Relationship Issues: Those who have experienced trauma within the context of primary relationships may tend to recreate dysfunctional patterns of relating in the present that mirror unresolved issues from the past. This can occur through psychological dynamics such as projection (*projecting our pain onto someone or a situation outside the self*), transference (*transferring old pain into new relationships*), reenactment patterns (*recreating dysfunctional patterns of relating over and over and over again*).

Depression with Feelings of Despair: The limbic system regulates mood. When we are dysregulated in our emotional system through living with the pain and chaos that often surrounds addiction, we may have trouble regulating feelings such as anger, sadness and fear, all of which may contribute to depression. Research both in animals and in people show stress or trauma

continued page 8



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from previous page

early in life can sensitize neurons and receptors throughout the central nervous system so that they perpetually over-respond to stress. (van der Kolk) This dysregulation can also morph into having trouble regulating substances and behaviors, in other words it can lead to compulsive self-medication.

Distorted Reasoning: We make sense of situations with the developmental equipment we have at any given age. When we're young we make childlike meaning which may be laced with magical thinking or interpretations based on the natural egocentricity of the child who feels that the world circulates around and because of them. This kind of reasoning can be immature and distorted. When our family unit is spinning out of control, we may tell ourselves whatever is necessary to allow ourselves to stay connected. We may tell ourselves that our drunk mother has the flu or that our sexually invasive father loves us best. We may deny the truth that is right in front of us in an attempt to make a more palatable meaning out of confusing, frightening or painful experiences that feel senseless. We may carry this distorted reasoning into adult relationships.

False Self Functioning: We create a "false self" that is more acceptable to others rather than being your authentic self, a presentation that we imagine will work better in our family system but does not allow us to be our authentic self. The concept of false self came from D. W. Winnecott who used the term "true or real self to describe a sense of self based on spontaneous authentic experience, and a feeling of being alive". He saw the false self as a "defensive façade, lacking spontaneity and feeling dead and empty, behind a mere appearance of being real."

Learning Difficulties: The ability to attend in the present can be negatively impacted by trauma. Physiological hyperarousal interferes with the capacity to concentrate and to attend in the present and to make sense of, draw meaning from and learn from experience or teaching. (van der Kolk, van der Hart, Burbridge)

Body/Somatic Disturbances/Sleep Problems: Our body sometimes does our feeling for us if we can't feel and heal it consciously. Emotion gets stored in a sensitive body part, we get tight muscles, back problems, queasiness, chronic headaches and so on. Or we may experience sleep problems, such as nightmares, or flashbacks that intrude on our relaxation. (van der Kolk 1985)

Loss of Ability to Take in Caring and Support from Others: The numbing response and mental preoccupation along with the emotional constriction that is part of the trauma response may lead to a loss of ability to take in caring and support from others. As mistrust takes hold, our willingness to accept love and support may lessen. We're perhaps afraid if we let our guard down, if we let connection feel too good, we'll only set ourselves up for more pain when the inevitable happens and we're disappointed again and again. So we protect ourselves as best as we know how imagining that by avoiding meaningful connection we will also avoid hurt. (van der Kolk 1985)

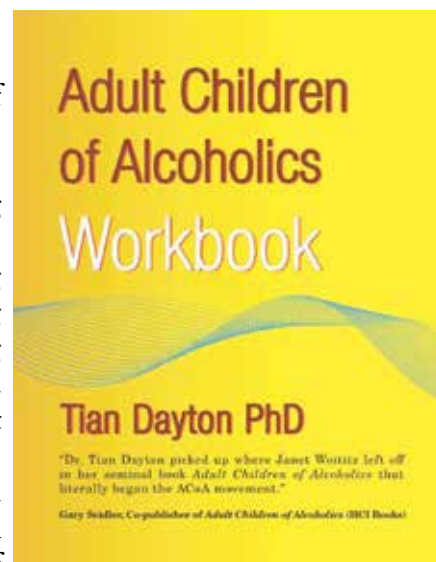


Dr. Tian Dayton is a senior fellow at **The Meadows** and author of fifteen books including, *The Adult Children of Alcoholics Workbook*, *The Soulful Journey of Recovery*, *The ACoA Trauma Syndrome*, *Emotional Sobriety* and *Forgiving and Moving On* she is a Huffington Post blogger.

Dr. Dayton was on the faculty at NYU for eight years teaching psychodrama. Dr. Dayton is a fellow of the American Society of Psychodrama, Sociometry and Group Psychotherapy ASGPP, winner of the Lifetime Achievement award, their scholar's award, the President's award and editor in chief of the *Journal of Psychodrama, Sociometry and Group Psychotherapy* and sits on the professional standards committee. She is also the winner of The Mona Mansell Award and The Ackermann Black Award. Dr. Dayton has been a guest expert on NBC, CNN, MSNBC, Montel, Rikki Lake, John Walsh, Geraldo. For further information log onto tiandayton.com

About the ACoA Workbook

"It has long been a desire of mine to create a workbook for Adult Children of Alcoholics.....as an ACoA myself....I know that it takes a village and a lifetime to figure out the strange legacy of loving someone who moves in and out of reality.... and takes the family with them to varying degrees. This workbook is about climbing out of that legacy. It's about understanding both the cost and the rather unusual and sometimes zany gifts of living in a world that challenges one's sense of "normal". Anyone who has grown up with adverse childhood experiences, codependency or relational trauma can find themselves in the pages of this book. This information and the exercises and processes here, are for you. I had a wonderful time putting this together, I tried to make it as welcoming and user-friendly as possible. I hope that you'll have an equally good time using it..."come on in, the water's fine...." (Available on Amazon.com)



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Finding gratitude during difficult times

It's always easy to count our blessings when we're full of joy and happiness with where we are in life and what's happening around us.

But finding gratitude when times are tough is not always simple. However, most of us have plenty to be grateful for, and finding those things can transform our thinking and mental mindset.

If you're trying to cope with an unimaginable loss of a family member, a chronic or life-threatening disease, divorce, unemployment, or depression, it's more than likely difficult to find something that's positive in your life. However, if we search with strong intent, we will find at least one blessing or kindness on which we can focus. By allowing ourselves to turn to gratitude, it is possible we can find hope amidst despair.

If we're feeling sad, grief, anxiety, stress, fear, or anger, we probably feel overwhelmed and as if a storm cloud is hanging over us.

We feel these emotions for a reason. Acknowledge them, allow yourself to experience them while also allowing yourself to feel the opposite emotion — happiness. Amidst the dark clouds, there is a rainbow, or light. We often have to dig deep to find it.

If you're in one a low point perhaps someone else has shown gratitude toward you. Use that as inspiration to focus on your blessings.

Gratitude is not just for the difficult moments in life. It should be part of everyday life. If a difficult time brought you to think about gratitude, continue it even when you're through the uncertainty. It will help you maintain your happiness and all the benefits of gratitude give us.

Happy Thanksgiving.

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Trapped in Negative Thinking

by Ken Wells

“The only person you are destined to become is the person you decide to be.”
—Ralph Waldo Emerson

Addicts are plagued with stinking thinking. They are not the only ones. Addicts learn to stop acting out with their drug of choice. However, many who have put a cork in the bottle are still badgered with negative beliefs that sabotage serenity.

Addicts wallow in past memories, wishing that things were different. In recovery, many “future trip”, focusing on how things will be when sobriety and stability is achieved. Everybody grapples with staying in the present moment, but this is difficult when you don’t like where you are. Mistaken beliefs about self and the world flourish when addicts get stuck focusing on the past or future.

Most addicts say they just want to be happy

However, happiness depends upon positive conditions. Yet, this cannot always be controlled. In the life of an addict, the results of addictive behavior have a life of their own. Trust is broken and lives have been destroyed. Often, once the havoc is wreaked, there is no going back to fix things. Relationships are devastated regardless of achieved sobriety. Loved ones have had enough!

People who are not addicted cannot control the conditions for happiness either. For example, loved ones die unexpectedly. Tragedy and heartache happen outside of your control, too. The chase for happiness becomes an illusion because you cannot govern all of the outside factors that contribute to happiness. Your efforts to create happiness are fragile at best. Negative thinking is overcome by seeking inner peace rather than happiness. Inner peace is controlled from within.

Struggle and adversity leave an addict feeling empty and without happiness. It is possible to create inner peace in the presence of unhappiness. Addicts can transform limitation, failed recovery, broken families and relapse into their greatest teacher. This stabilizes long term sobriety. They transform emptiness into serenity with perspective and stability.

Last week, I spent time with friends in their mountain home. We visited someone who modeled peace. He was a campground host and recovering alcoholic. He spoke about past losses and hurt, yet now exuded with enthusiasm, joy and peace. During a tour of the campground, he underscored how appreciative he was to have such stunning views of the mountains that were nearby. He was excited to show us his small camping trailer. At the end of the tour he declared that he was the luckiest man alive and that he was living the life he had always hoped.

Upon reflection, he seemed to radiate an inner peace that was opposite of the negative thinking that dominated his addictive behavior earlier in his life. He talked about being present in the moment with his own thoughts that brought him peace. He learned to block out the negative thoughts from the past and anchored his thoughts to the present moment. As I listened to him share, I thought of the many people who had so much more in personal possessions but



“Peace comes in the present moment, not the past or future. Anxiety and worry accelerate when you fret about what might happen in the future or lament about a past action.”

who were stuck in negative thinking about needing more to keep from being less. When you discipline yourself to be in the present moment, negative thinking is countered with inner peace.

When you lose a loved one or must face your own demise, it is impossible to be happy about the misfortune. But, you can be at peace as long as you have released grasping for things and conditions you cannot control.

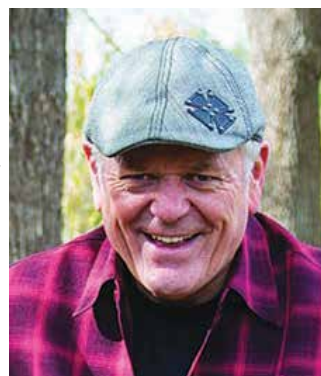
In recovery, maybe you won’t be able to be with the family you thought would be there, but you can have peace. You may face a dramatic change and limitation in your life because of illness or financial restraints. Economic reversals and poor health will never trigger happiness. Yet, peace can be attained within when you let go of negative beliefs by simply embracing the here and now.

Peace comes in the present moment, not the past or future. Anxiety and worry accelerate when you fret about what might happen in the future or lament about a past action. Addicts tell themselves that bad things happen because they deserve it. They create movies in their head that reinforce destructive experiences from the past. They tell themselves they don’t have what it takes to live a sober, serene and successful life. Their negative thinking sabotages good results in their life and prevents them from being present in the here and now. They become their negative thoughts. This contributes to relapse behavior and impairs the possibility of peace in the present moment. Addicts get stuck and are unable to separate themselves from the negative voice in their head.

You stop negative thoughts by learning to sit in life experience as it is whether pleasant or unpleasant. In recovery you learn to connect with yourself without judgment and without clinging to the past or grasping for the future. You must learn to accept what is, right now. Your sense of self is different from your life situation. When you learn to be friendly with the present moment, you begin to make peace rather than embrace negative thoughts that treat the present moment as an enemy. In 12-step groups, addicts learn to separate their sense of self from their negative thoughts. When this happens an addict is able to embrace the present moment. They create inner peace and discover the brilliance of who they really are. The trap of negative thinking is resolved through practicing being present in the here and now.

As a senior therapist at Psychological Counseling Services, Ken Wells has twenty-seven years of experience in treating sexual addiction and sex offender behavior.

You can read more insights about the importance of embracing every day experiences in recovery from Ken’s newly released book “Dare to Be Average- Finding Brilliance in the Commonplace” - published by Daily House Publishing and currently on sale through Amazon.com. For more information about PCS visit <https://pcsintensive.com> or call 480-947-5739





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Calvary Healing Center 866-76-SOBER

CBI, Inc. 480-831-7566

CBI, Inc. Access to Care 877-931-9142

Cohn Media 866-578-4947

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

Recovery Ways 844-299-5792

Rio Retreat Center 800-244-4949

Scottsdale Recovery Center 888-663-7847

Sierra Tucson 800-842-4487

Sober Living AZ 602-737-2458

Stewart Counseling 602-316-3197

Valley Hospital 602-952-3939

Teen Challenge AZ 800-346-7859

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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

RESOURCES

ACT Counseling 602-569-4328

AZ Center for Change 602-253-8488

AZ. Dept. of Health 602-364-2086

AzRHA 602-421-8066

Chandler Valley Hope 480-899-3335

Choices Network 602-222-9444

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Resources & Helplines

The providers listed are available to assist you. In an emergency dial 911

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Al-Anon	602-249-1257
Tucson Al-Anon Information	520-323-2229
Adult Children of Alcoholics	aca-arizona.org
Arizona Addiction	602-737-1619
AZ Women's Recovery Center	602-264-6214
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
Copper Springs	480-418-4367
Crisis Help Line – For Any Kind of Crisis	800-233-4357
Crisis Response Network	602-222-9444
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
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
Teen Challenge	888-352-4940
Teen Life Line	800-248-8336



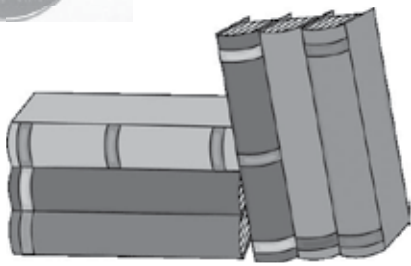
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