

JANUARY 2022

# Together AZ

Inspiring Success on the Road to Recovery

## "It Was Just One Pill"

By Stephanie Siete, Public Information Officer, CBI

**T**eens, young adults and people in general engaging in risky behavior **is not new news... it IS the news!** Provisional data from the CDC's National Center for Health Statistics indicate there were an estimated 100,306 drug overdose deaths in the US during the 12-month period ending in April 2021. This is an increase of 28.5% from 78,056 deaths during the same period the year before. We can no longer call experimentation and drug use normal behavior. This is a deadly epidemic killing many and impacting all. It is not a youth problem; it is a community problem. It's time to flip the switch and reverse these numbers of lives lost in America from preventable deaths.

It's time to start talking about drugs in our homes daily. We can't wait to have the conversation when we think it is a problem. It might be too late. Currently, we are at an all-time record high of unnecessary deaths. We are losing about 275 people a day to drug overdoses. People are dying prematurely — sometimes from just one use.

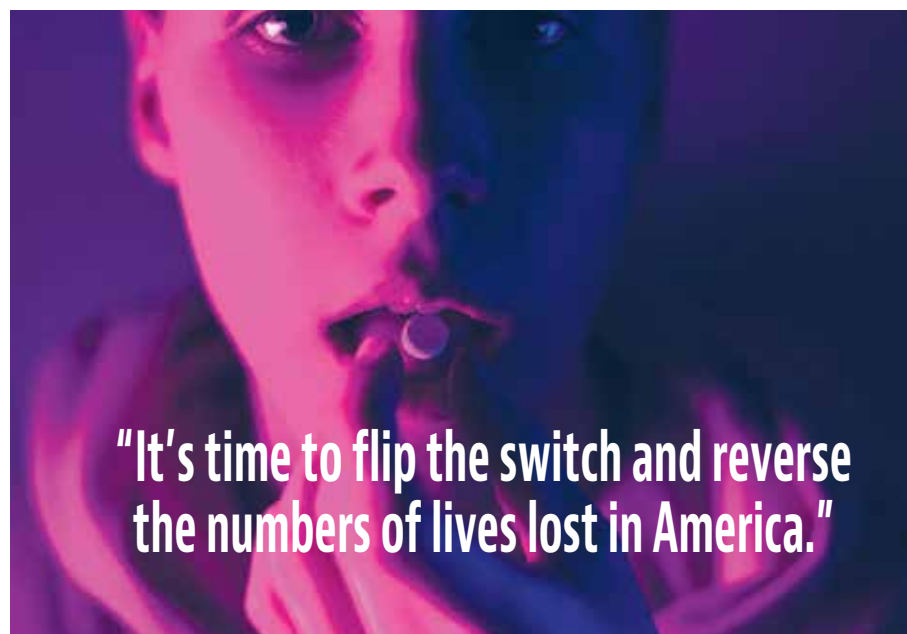
### One Pill Can Kill. Fentanyl

Fentanyl is a deadly opioid that by now, most Americans are familiar with. It can be fatal with miniscule amounts... that look like grains of salt. When it is cut into a powder or a pill, one might never suspect it is even there. If someone is a regular

opioid user and has built up a tolerance to use, they may not die of respiratory arrest right away. However, a first-time user may stop breathing immediately. Synthetic opioids, primarily fentanyl, caused nearly two-thirds (64%) of all drug overdose deaths in the same 12-month period referenced above, ending in April 2021.

In Arizona, a recent drug bust netted over 360 pounds of fentanyl. Nearly 1.7 million fentanyl pills allegedly connected to Mexico's Sinaloa Cartel were seized in Arizona this week (Dec. 17, 2021) — a record bust in the state, according to police and federal authorities. The massive seizure by Scottsdale police and Drug Enforcement Administration officials had an estimated street value of \$9 million and may have saved hundreds of thousands of lives. "The pills in front of you are death, that's what they are," Scottsdale Police Chief Jeff Walther told reporters.

Seizures of fentanyl at the southern border have spiked over the past 12 months, doubling the amount of the lethal drug confiscated a year earlier, according to recent reports.



**"It's time to flip the switch and reverse the numbers of lives lost in America."**

In the period from October 2020 to September 2021, Customs and Border Protection officials seized 11,201 pounds of fentanyl, the *Washington Examiner* reported.

One kilogram of fentanyl is equivalent to 500,000 lethal doses, the federal government estimates, meaning the seizures represent 2.5 billion doses prevented from entering the country, the report said.

In fiscal year 2020, 4,791 pounds of fentanyl were confiscated.

*One Pill continued page 3 —*

## John Lee on "Reclaiming our true masculinity"

### The Forgotten Body: One Big Wound

If you received shame, or an injury like a whipping or beating, or an icy cold, unresponsive stare from a father's silent face — as a child you probably went numb from the neck down. Any boy subjected to such abuse will try to disappear and will usually fly up into his head where he'll hide till it's safe to come out. Abuse after abuse leads to his forming intellectual and psychological armor against emotions, against feelings. By detaching from his body he avoids feeling the whipping or the shame. Detaching from the body is the way most of us survived our childhoods.

Frozen inside, we peer out and look at the people walking up to us to be loved or just to give love.

Most people use the body to express love, but we can't feel ours for the fear the emotions that we carry will overwhelm us and others around us.

Two bodies move close to each other, but a man who has been hurt steers his body from behind his eyes. He stops breathing when love is near. Those who "loved" him were those he most feared; they were the one who threw everything at him from criticism to cheap china to punches.

***"Detaching from the body is the way most of us survived our childhoods."***

He holds in his breath until the pain stops. But the pain never really stops until we let ourselves breathe, until we decide it's safe enough to let down our

*Reclaiming continued page 4 —*



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# Publisher's Note

By Barbara Nicholson-Brown  
barb@togetheraz.com

## Follow Your Heart in 2022

What will be new for you in 2022? With the beginning of a new calendar year, are you ready to go to where your imagination can take you, to follow your heart?

This time of year many of us make resolutions for various reasons; from getting more exercise, or cutting back on sugar; and maybe for some the time is now to take the giant first step to sobriety. On New Years I'd announce it was time to stop destroying my life every; but within hours that promise was broken, and the longer I used, the less it took to send me over the edge.

I'm so grateful to have stayed the course of recovery. A few important lessons I have learned along the way are: Every day counts. Life is uncertain. I can do my best but cannot control any outcome. I have a choice to be negative or positive. I have all I need, no matter what I think it is I want.

Maybe getting older is mellowing me out. Since I don't know how many chapters are left to write; I want each day to be meaningful. I'm blessed in more ways than I can count. I choose to be the best woman I was meant to be, because it's less about me and more about you; less of what I don't have; and more of what I do. 2020 and 2021 have been tumultuous and scary. Together let's continue our trudge on this magnificent road of recovery. Wishing you happiness and peace each day of this New Year. And always follow your heart.



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## Being charged with a DUI is an exhausting and expensive process.

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## One Pill from page 1

The increase in seizures is closely connected to the jump in overdose deaths in the US.

The drug world is forever changing and becoming more dangerous and deadly. Fentanyl is the prevalent and popular substance that is constant and concerning. It is potentially cut into almost any drug. You can't take risks today or even experiment. **NOTHING IS VANILLA.** Fentanyl is cut into meth, heroin, cocaine and even marijuana. Again, you need to have conversations about this deadly drug trend regularly to inform and protect people. The headlines of fentanyl are becoming too common daily.

## Naloxone

Naloxone hydrochloride (also known as naloxone, NARCAN® or EVZIO®) is a drug that can temporarily stop many of the life-threatening effects of overdoses from opioids. Naloxone can help restore breathing and reverse the sedation and unconsciousness that are common during an opioid overdose.

## How is Naloxone given?

Naloxone should be given to any person who shows signs of an opioid overdose or when an overdose is suspected. Naloxone can be given as a nasal spray or it can be injected into the muscle, under the skin, or into the veins. Steps for responding to an opioid overdose can be found in the Substance Abuse and Mental Health Administration's (SAMHSA) Opioid Overdose Prevention Toolkit.

## The other drugs

Opioids aren't the only drugs of abuse. We still need to be concerned and educated about marijuana, tobacco, cocaine, meth, heroin, and alcohol... to name a few. The problem is they all have evolved.

Marijuana is 710, not 420. It is oil based and used in electronic devices like vapes or wax pens. It can be a crystal form known as **"Diamonds"** not to be confused with methamphetamine. There are many chemicals associated with marijuana; some are medicinal, and some are not. THC is a psychoactive substance found in marijuana and causes the "high" or hallucinations, paranoia and potential violent outbursts. What used to be 2-5% THC concentrations are now upwards of 70-90% levels in concentrates or oils. Yet, the most potent of all is the Crystalline THC or "Diamonds" with concentration levels of nearly 99.9%.

CBD is the non-psychoactive substance medically approved in Arizona to aid in anxiety, depression and sleep deprivation. There are so many other chemicals to learn and know... in facts and trends. Delta 8 and Delta 9 so sound so similar and are in effect; yet one is legal with the 2018 Farm Bill Act (Delta 8) and one is not (Delta 9).

## Tobacco is flavored and hard to recognize

With thousands of flavors like Oreo Milkshake, Choco Donuts, Circus Cotton Candy and Unicorn Poop it is hard to detect the scent of new tobacco. It too, is used in vapes like Puff Bar, Phix, Suorin, Posh and JUUL. Youth use with these products is on the rise every year. 81% of kids who vape started with flavors. The new companies continue to market and target our kids. In a 2020 lawsuit, AZ accused Juul of using fruit-flavored liquid pods, social media campaigns and free giveaways to appeal to young customers, leading to a spike in addiction among teens. Arizona won and was the 2nd state in US to win a settlement of \$14.5 million.

Cocaine is prevalent and use is on the rise. One of the biggest problems is the trend of the new "speedball" cocaine cut w fentanyl. 75.5% of

**"In Arizona, a recent drug bust netted over 360 pounds of fentanyl. Nearly 1.7 million fentanyl pills allegedly connected to Mexico's Sinaloa Cartel were seized in Arizona this week (Dec. 17, 2021) — a record bust in the state, according to police and federal authorities. The massive seizure by Scottsdale police and Drug Enforcement Administration officials had an estimated street value of \$9 million and may have saved hundreds of thousands of lives."**



all cocaine-related deaths involved one or more opioids in 2019.

Meth has a new recipe. The original synthetic drug now uses phenyl-2-propanone (P2P) instead of pseudoephedrine. The strength of the new meth deteriorates mental health quickly. People are decaying not dying. They experience intense hallucinations, memory loss, jumbled speech and may exhibit violent paranoia while being non communicative. Human connection is a large part of successful treatment and with this new meth many lack ability to connect with the severe side effects.

Heroin is powerful; its potency has been on the rise for decades, but now we are seeing most of heroin as a mixed drug with fentanyl. Plain heroin is on the decline while the stronger fentanyl mix is on the rise. Heroin may look like a pill, not just a powder. Again, you never know what you are getting.

Alcohol is still the teen drug of choice and it goes hand in hand with all the flavored vapes as alcohol too is mostly flavored and tempting to youth. Underage drinking is still the number one problem affecting American youth and young adults. It remains the most commonly used and abused drug among youth in the United States. According to the Centers for Disease Control (CDC). Sadly, 32% of underage drinking deaths are a result of traffic fatalities and 30% are a result of homicide. Talk to your kids. Delay the early use and be a strong voice and good listener.

We have an uphill battle when it comes to prevention and intervention. Culturally, many of the drugs are seen as "normal" or less harmful. Parents are condoning substances that they did in their teens or experimental years. We can NOT compare the substances of the past to today's though. There is no comparison. We are living in a time when potency has increased across the board. The formats are different and even the trends of use have changed. Think about it... no one was ever allowed to smoke a cigarette in school, nor are they still. However, vaping tobacco is happening daily on school campuses in bathrooms, classrooms and hallways with a quick hit hidden in the hand, sleeve of a shirt or top of a tank. In regards to format, the liquid form of nicotine is more potent with one pod being equivalent to a pack of cigarettes

nicotine. Instead of ashing out with one cigarette, use is complete with one pod. Now, you see why the flavors are even more concerning... temptation of something that tastes good and looks harmless, yet ultimately is more dangerous in the developing body of a teen.

## Ongoing education is key

This is just one example of why we need to be in the know. The drugs will continue to be here and continue to be a problem. Ongoing education is key. Prioritizing these conversations with loved ones is imperative. If these last few years of living through a pandemic that enhanced feelings of fear, isolation, anxiety and depression didn't teach us that life is precious; I don't know what can. Time is something you can't put a value on. Spend your time wisely with loved ones doing things that matter.

***No matter what 2022 throws our way... let's just make everyday matter, because it really does.***

For more information and help visit these suggested websites and to host an educational **Be in the Know** seminar with Stephanie Siete, email her at [ssiete@cbridges.com](mailto:ssiete@cbridges.com)

[www.drugabuse.gov/drug-topics/opioids](http://www.drugabuse.gov/drug-topics/opioids)

[www.flavorshookkidsphoenix.org/](http://www.flavorshookkidsphoenix.org/)

[www.talknowaz.com/](http://www.talknowaz.com/)



Stephanie Siete is the Public Information Officer for Community Bridges, Inc. (CBI).

Stephanie is an expert prevention trainer on drug trends and community resources spending the majority of her time educating

the public about the realities of drug abuse.

**Learn more at [communitybridgesaz.org](http://communitybridgesaz.org)**



# Games People Play

Ever felt like a target in someone else’s game? Recognizing the tactics can help create boundaries with people with traits of narcissistic personality.

Maybe you’re not sure if someone has played games with you. Maybe you were in a whirlwind romance, only to have the object of your affection—bolt without warning, or found out one of your friends intentionally pitted you against someone else. It’s natural to feel devastated and confused.

## Are they the bad guy/girl?

Not really. People with narcissistic personality disorder are living with a mental health condition that’s complex and often stigmatized. Learning to identify the games people with narcissistic personality play — and other frequent behaviors — can help you establish necessary boundaries.

## Why use manipulation games?

The whys and hows are complex, and in many cases, not well understood.

Someone may appear to you as a person with strong self-esteem. Behind an attitude of superiority, there’s often someone who’s vulnerable and might even feel powerless. A person with narcissistic personality may develop very elaborate self-defense mechanisms, including manipulation tactics.

They also tend to have low empathy and difficulty getting emotionally invested in others. Low empathy doesn’t mean no empathy, though. A 2018 study suggests people with covert or overt narcissism are prone to making unethical decisions and acting in unethical ways.

## The top games

For people with a narcissistic personality disorder, relationships are often about getting ones own needs fulfilled. This may involve a need to constantly feel admired and powerful. If this validation isn’t received, there’s not much to fall back on for them.

A few games someone with narcissistic personality might engage in: from *gaslighting*, *love bombing*, *ghosting*, *triangulation*, to *playing the victim*.

## Gaslighting

You’ve probably heard of gaslighting. It’s a form of severe emotional manipulation where the goal of the gaslighter is to sow seeds of confusion. This makes you doubt your own thoughts, emotions, or reality.

Narcissistic gaslighting is typically a long-term, gradual technique. The ultimate intention is to keep you under tight control and dependent.

## Love bombing

If you ever thought it was way too soon for someone to love you so much, *it probably was*. Love bombing can take many forms, but it’s usually a person pushing too far too soon. It’s someone saying “You’re amazing” or “I’ve never met anyone like you before,” when they actually hardly know you at all. It might include showering you with gifts and together-forever conversations. It can involve more extreme behaviors like stalking and jealousy fits.

Being love bombed can sometimes feel very flattering. Because of this, you might feel inclined to respond to all these romantic gestures. Before you do, consider doing two things:

- Go beyond their words and gestures and focus on how much they really have to base all this love on.
- Ask yourself if you’re increasingly feeling committed to this person or obligated to correspond when you wouldn’t be interested otherwise.
- Love bombing is someone hunting for your attention and dependency. Once this goal has been met and you’re engaged, a love bomber is likely to lose interest and take advantage of what you now feel for them.

## Ghosting

Ghosting happens when someone suddenly stops communicating without warning. It can happen in any relationship, but more typically in a dating scenario. You’ve finally accepted to date this person who has inundated you with attention. And then, one day after a date, you try to check their Instagram profile and find out... **you’ve been blocked**. This has to be a mistake of some kind. So, you text them. Nothing. Hours later, you try calling them. Nothing. You’ve been ghosted.

Ghosting is a power move someone with narcissistic personality disorder may use. There are many reasons why someone might ghost you. It may be because they lost interest and want to avoid the conflict of telling you this personally. It may be they want to see your reaction and how much you care. Often, it’s break-up game — they use to feel they had the last word and all control in the relationship.

Do narcissists come back after ghosting you? Not likely, but they might if they want to gain something from it. *Remember, not everyone who ghosts you has a personality disorder*. If you’re engaged in a relationship where you feel others are manipulating you constantly, despite your efforts for them to stop, consider taking a step back, setting boundaries, or even letting go.

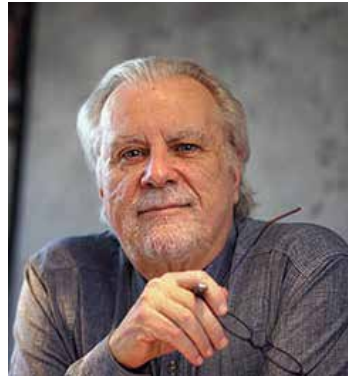
*continued from page 1*

guard and give our hypervigilance a rest. We hold our bodies up more by our will, rigidity, and fear than by our bones, muscles, and spinal cord.

The wounded man, when told to relax and rest, looks at you as if you’re crazy — knowing that you don’t understand. When told to let out his anger, rage, and sadness, he points to his body and says, “I can’t feel a thing.”

While a man wants to feel, he knows that if he does he’ll hurt. Didn’t he learn to leave his body so he wouldn’t have to feel pain? But unless we increase our ability to feel the body, we will not be able to give or receive any emotion of real value. We have to become physically conscious again in order to be mentally and emotionally present for ourselves and those we love. We have to learn to trust our bodies, our feelings, and ourselves before we can connect with other men and women.

**“...Let the body’s doings speak openly now,  
Without your saying a word  
as a student walking behind  
A teacher says, This one knows  
More clearly than I the way.” — Rumi**



John Lee is a pioneer in the fields of self-help, anger management, co-dependency, emotional regression, recovery, emotional intelligence, relationships, and men’s issues. His highly innovative work in these fields have made him an in-demand consultant, teacher, trainer, life coach, and speaker. His contributions in these fields have put him in the national spotlight for over 30 years. His latest book, *Odd One Out* is now available at [teitelbaumpublishing.com/books](https://teitelbaumpublishing.com/books). For more information on John visit [johnleebooks.com/](https://johnleebooks.com/)



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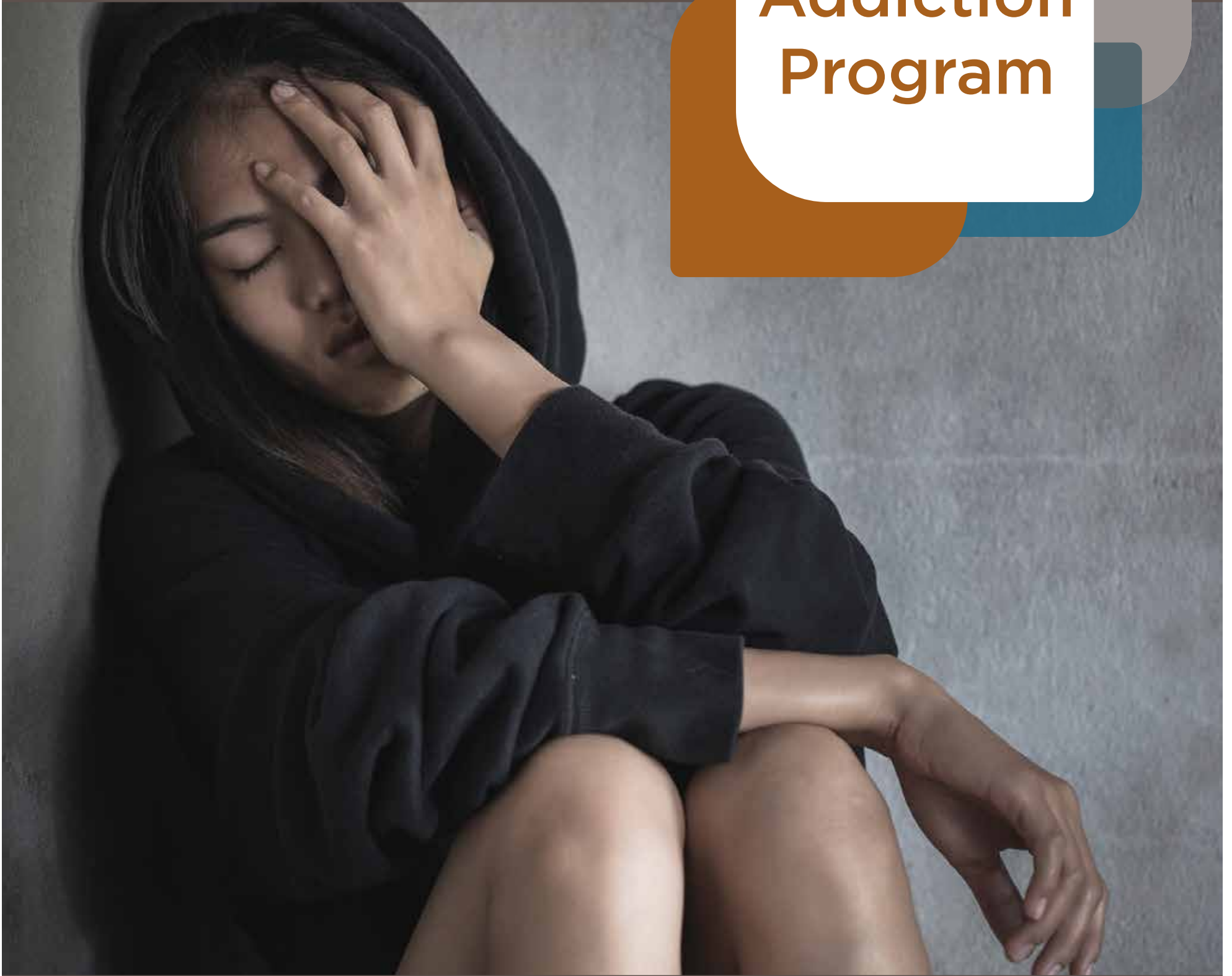
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# It's a

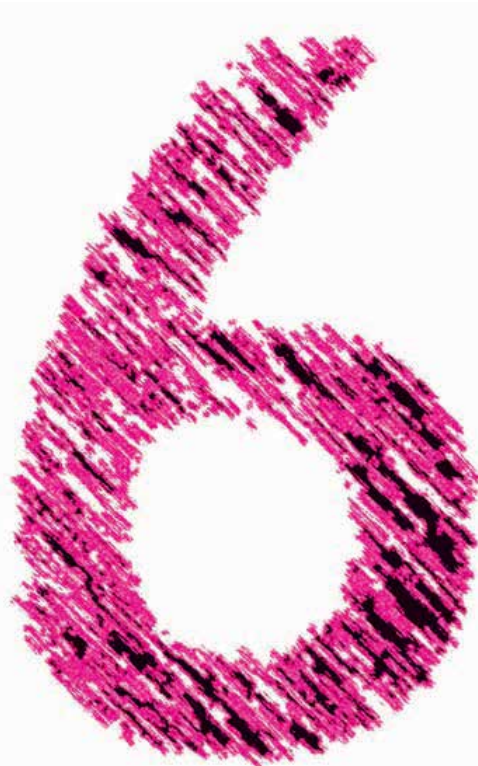
By Dr. Dina Evan

That's right  $1+1+2022 = 6$  and according to Numerology.com the number 6 is the embodiment of the heart. It represents unconditional love and the ability to support, nurture, and heal. It is a powerful force of compassion and empathy and its warm light is a beacon of hope. Its role is to use its heart and soul to be of service to others and ourselves.

The 6 in Numerology shines in partnerships of all kinds but especially emotional ones. Its empathy makes others comfortable letting down their guard and being open and honest about their feelings which, in turn, allows it to understand and provide the help that's needed. We could all use someone in our life who manifests the devoted energy of the 6, but after the year we have had, how do we open back up, be vulnerable and begin caring more about each other without judgment?

It's really important to understand that everyone in our life is there to teach us something about ourselves! So, our number one priority is to learn something new ourselves so we can be better human beings. Of course that means being willing to see your own faults and be willing to grow emotionally as well as intellectually. One thing that might help is to remember we can't give what we don't have inside or have in our human tool bags. If you weren't loved, you may not know how to give love. If you weren't forgiven you may not be able to forgive. Be willing to forgive yourself and the people who don't have the tools to do it better and find out how we can improve our own sense of humanity, forgiveness and acceptance. After all, without those people who get to us and stir us up, how can we develop our own ability to forgive, forget and move on?

So step one, is taking a moment to identify the ways in which you want to change. For instance if you want to be a better friend or parent, take a moment to list the things that prevent you from doing that and decide what you need to begin the process of healing those issue.



Take action about the issue with a class, a book on the issue, doing some research on line or talking with a friend you feel has developed those skills. Remember to not be hard on yourself. Acknowledge the things you have overcome in your life and give yourself credit. Too often we beat ourselves up with guilt and shame which leaves very little room for growth or compassion. Just notice your strengths and weakness with understanding, in the same way you would if you were speaking to your friend about his or her issues.

Once you are clear on your issues, set goals that are attainable. Maybe you want to listen to your friends or kids better. Make a list of open-ended questions that you can ask to keep the conversation going such as, "What did that make you feel," or How did you decide to handle that?" Then be accountable. Be willing to see whether you are making progress and if not look for what it is that prevents you and remove the road block to your own growth. Ask yourself what your fear or belief is about the issue and be willing to change or release that which no longer serves you.

Or if you want to practice forgiving, the next time the judgment comes up in you, silently begin to wonder about that person and what he or she must have gone through that makes him or her the way they are. That thought alone will help you get to compassion.

These may seem like little things but now is the time for all of us to take the focus off what is going on out there and bring it back to what is going on in here. If each of us make it our business to change what is in our own hearts and minds, the world can and will become a better place. And we really need to do that now and let's do it together!



*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 won national acclaim as a human rights advocate. Visit [drdinaevan.com](http://drdinaevan.com) or call 602-571-8228.*

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# Taking Control of Your Mental Health: Tips for Talking With Your Health Care Provider

Don't wait for your health care provider to ask about your mental health. Start the conversation. Here are five tips to help prepare and guide you on how to talk to your health care provider about your mental health and get the most out of your visit.

**1. Don't know where to start for help? Talk to your primary care provider.**

If you're going to your primary care provider for other health concerns, remember to bring up your mental health concerns. Mental health is an integral part of health. Often, people with mental disorders can be at risk for other medical conditions, such as heart disease or diabetes. In many primary care settings now, you may be asked if you're feeling anxious or depressed, or if you have had thoughts of suicide. Take this opportunity to talk to your primary care provider, who can help refer you to a mental health specialist.

**2. Prepare ahead of your visit**

Health care providers have a limited amount of time for each appointment. Think of your questions or concerns beforehand, and write them down.

**Prepare your questions.** Make a list of what you want to discuss and any questions or concerns you might have. This worksheet can help you prepare your questions.

**Prepare a list of your medications.** It's important to tell your health care provider about all the medications you're taking, including over-the-counter (non-prescription) drugs, herbal remedies, vitamins, and supplements. This worksheet can help you track your medications.

**Review your family history.** Certain mental illnesses tend to run in families, and having a close relative with a mental disorder could mean you're at a higher risk. Knowing your family mental health history can help you determine whether you are at a higher risk for certain disorders. It also can help your health care provider recommend actions for reducing your risk and enable both you and your provider to look for early warning signs.

**3. Consider bringing a friend or relative.**

Sometimes it's helpful to bring a close friend or relative to your appointment. It can be difficult to absorb all the information your health care provider shares,



especially if you are not feeling well. Your companion can be there for support, help you take notes, and remember what you and the provider discussed. They also might be able to offer input to your provider about how they think you are doing.

**4. Be honest.**

Your health care provider can help you get better only if you have clear and honest communication. It is important to remember that communications between you and a health care provider are private and confidential and cannot be shared with anyone without your expressed permission. Describe all your symptoms with your provider, and be specific about when they started, how severe they are, and how often they occur. You also should share any major stresses or recent life changes that could be triggering symptoms.

Examples of symptoms include:

- Persistent sad, anxious, or "empty" mood*
- Feelings of hopelessness or pessimism*
- Irritability*
- Feelings of guilt, worthlessness, or helplessness*
- Loss of interest or pleasure in hobbies and activities*
- Decreased energy or fatigue*
- Moving or talking more slowly*
- Feeling restless or having trouble sitting still*
- Difficulty concentrating, remembering, or making decisions*
- Difficulty sleeping, early-morning awakening, or oversleeping*
- Appetite or weight changes (or both)*
- Thoughts of death or suicide, or suicide attempts*
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment*

**5. Ask questions.**

If you have questions or even doubts about a diagnosis or treatment your health care provider gives, ask for more information. If your provider suggests a treatment you're not comfortable or familiar with, express your concerns and ask if there are other options. It's okay to disagree with your provider on what treatment to try. You may decide to try a combination of approaches. You also may want to get another opinion from a different health care provider. It's important to remember that there is no "one-size-fits-all" treatment. You may need to try a few different health care providers and several different treatments, or a combination of treatments, before finding one that works best for you.

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# Understanding the Characteristics of Suicide in Young Children

*The death of a child by suicide is a tragedy, having lasting and profound impacts on family, friends, and the larger community.*

Researchers supported by the National Institute of Mental Health (NIMH) recently published a study describing the characteristics of suicide in young children and the factors that sometimes precede these tragic events. The findings, published in the *Journal of the American Medical Association*, help shed light on risk factors and provide an avenue for future research and intervention.

Suicidal thoughts or actions, even in very young children, are a sign of extreme distress and should not be ignored.

**If you or someone you know needs immediate help, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or the Crisis Text Line by texting “home” to 741 741.**

According to the Centers for Disease Control and Prevention (CDC), rates of suicide attempts and deaths among children have increased in the US over the past decade, and suicide is now the eighth leading cause of death in children age 5–11. Despite these rates, very little research has been conducted on the risk factors for suicide in this age group. Understanding the factors that put a child at risk for suicide is a critical step toward preventing such outcomes and protecting youth.

To answer this urgent need for information, Donna Ruch, Ph.D., and Jeffrey Bridge, Ph.D., from the Center for Suicide Prevention and Research at Nationwide Children’s Hospital, as well as Lisa Horowitz, Ph.D., M.P.H., of the NIMH Intramural Research Program, and colleagues analyzed data from 134 children between the ages of 5 and 11 who died by suicide between 2013 and 2017. Those included in the dataset were an average of 10.6 years old and primarily white (59%) and male (75.4%). The researchers examined information such as the method and location of suicide; mental health and substance use concerns; family, school, and peer-related problems; and events that occurred on the day of the suicide. This study provides an in-depth follow-up to a previous NIMH-funded study published in 2016 led by Arielle Sheftall, Ph.D., who found that children who died by suicide at younger ages were more likely to be male, Black, and die at home from hanging, strangulation, or suffocation, compared with early adolescents who died by suicide.

When researchers looked at the characteristics of children who had died by suicide, they found most child suicide deaths occurred in the family home (95.5%) and, more specifically, in

the child’s bedroom (65.6%). The most common way children died by suicide was by hanging (78.4%), although a significant number of children died by suicide using a firearm (18.7%). When researchers investigated deaths by firearm, they found that more than half of these deaths involved a handgun (52%), and in all cases in which the details of gun access were known, the firearm used was not stored safely (for example, a gun and ammunition stored in an unlocked nightstand or a loaded gun stored in a common living area). In more than half of cases (58.4%), a parent was home at the time of the child’s death.

Mental health concerns were identified in a third (31.4%) of the suicide deaths examined, with the most common diagnoses being attention-deficit/hyperactivity disorder (ADHD) or depression. Trauma, including suspected or confirmed cases of abuse, neglect, and domestic violence, was seen in more than a quarter (27.1%) of children who died by suicide. Of children who were reported to have experienced trauma, almost half (40.6%) had experienced multiple traumatic events. Family-related problems, such as divorce, custody disputes, parental substance use, or a family history of suicide or mental health concerns, were seen in more than a third (39.8%) of children who died by suicide. School problems, such as expulsion, changing schools, or suspension, were also reported for almost a third (32%) of children who died by suicide.

While a history of suicidal behavior was reported for a minority of children (11.9%), a history of suicidal thoughts was present for almost a quarter (24.3%) of children who died by suicide. While a small number of children made a suicidal statement on the day of their death (11%), most children who died by suicide had made a suicidal statement in the past (79.6%).

Research suggests young children who attempt suicide are six times more likely than their peers to attempt suicide again in adolescence. To prevent child death and subsequent suicide attempts during the teen years, it is important to intervene as soon as possible to help children at risk. These findings suggest strategies that promote more robust mental health and suicide risk screening in primary care settings, paired with lethal means safety counseling on safe firearm storage and family-based interventions, could help reduce suicide risk in this age group. While more research is needed, the researchers say this study is a first step toward identifying risk factors for suicide in children and determining how to best prevent child deaths.

**References**  
Ruch, D. A., Heck, K. M., Sheftall, A. H., Fontanella, C. A., Stevens, J., Zhu, M., Horowitz, L. M., Campo, J. V., & Bridge, J. A. (2021). Characteristics and precipitating circumstances of suicide among children aged 5 to 11 years in the United States, 2013–2017. *JAMA network open*, 4(7), e2115683–e2115683.

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# Muddy Waters

By Ken Wells, MDiv, MA, LPC, CSAT, LSAC

When I was in high school, a group of us guys would go to a pond to swim. Many times the pond was murky and stirred up before we arrived. We knew we would have to wait for it to settle before we dove in. Underneath the surface on the deep end of the pond was an area of debris at the bottom where we wanted to swim. It was all concrete and re-barb that someone had dumped. There was a safe area in the vicinity but we had to wait for the wind and the water to calm in order to see what was underneath the surface of the water. Once the water cleared and we could see we dove in. Some of us even swam to the bottom of the pond and even swam between the debris once it was recognized. To just dive in without caution would be a decision that would lead to disaster.

### This story is an example of what many addicts do

Throwing caution to the wind, many addicts jump into the uncertain waters of relationships and experiences without waiting for the water to calm in order to see the hazards and difficulties that are present. Some falter in the high risk situation and succumb to addiction relapse. The problem was they did not carefully survey the obstacles that were present underneath the surface. There are many examples of muddy water that should be avoided during recovery.

Listed are a few that create hazards in recovery:

**Mistaking intensity for intimacy.** When your heart is broken or you feel

desperately lonely in your life, you are vulnerable to mistaken intensity for intimacy in a relationship. It's true about romance, friendship and work relationships.

Romantically, you meet someone who triggers a lot of chemistry. They are fun loving. You like their humor, personality and physically and emotionally you are drawn to this person. Your attraction magnet becomes super glued to this person. Immediately you want to spend all your time with h/her. The intensity of the relationship becomes the muddy water that prevents you from evaluating and cultivating intimacy. All you see is attraction.

No time to really sit with differences, challenges or conflict. Regarding conflict, there is none at the intensity level. All you want to do is be consumed with the love and love-making in the relationship. By the time the intensity settles that requires a more realistic level of relational commitment, you can be off to another relationship of intensity leaving behind a trail of emotional carnage.

Slowing the pace of development in a relationship is an important step to staying out of the muddy waters of intensity. The same can be said about the intensity of a work relationship. Before you sell your soul to the company store, moderate your long term commitment to determine the feasibility of working with those who are around you. You can be honorable and productive without losing yourself in your work. The deeper level of healthy intimacy in

a valued work environment takes time to cultivate and develop.

### *Making your sponsor, therapist or anyone else your guru.*

To be a guru means to be a teacher which we all are to each other. However, "parentalizing" others, making them your authority- gets in the way of being your own authentic self. You may think you need to see the best therapist in the land. However, if you overtly or subtly put them on a pedestal, you likely will remain stuck in your immature behavior. When you are stuck in shame you will tend to "pedestalize" others who you think represent what you want to be. This dynamic becomes the muddy water that will prevent you from becoming your true assertive self.

### *Greed and envy/resentment and bitterness. Inevitably, these powerful emotions must be addressed in your recovery program.*

They are mud puddles that trigger recovery imbalance and if left unaddressed will derail your recovery journey. It is typical to want more. You will tend to compare and compete with others. It is easy to compare where you are in your recovery to where someone else is.

While comparing you will lose your sense of self. Comparison triggers envy about wanting what others have. You make up that others are more respected, more appreciated and loved than you are. Eventually this leads to resentment

and bitterness that fuels mistaken beliefs that you are not enough and never have been or will be. Typically, these are beliefs that come from family of origin experience. Each of these feelings represent muddy water that blurs sobriety and obstructs serenity.

In recovery muddy water is more than an isolated emotion. It's a position, a posture or an attitude that poisons recovery perspective. Don't be careless about where you choose to swim. If you have quickly plunged into muddy water it is not too late to get out and wait for the water to settle. Are you willing to let the muddy waters in recovery to settle before you dive in?

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



As a senior therapist at PCS, Ken has 25 years of experience in treating sexual addiction and sex offender behavior. He specializes in confronting denial in addiction and the treating the nuance of impact around sex offender behavior. Visit [pcsintensive.com](http://pcsintensive.com)

## Resources & Helplines

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



Together AZ

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
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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“As we grow older and wiser, we begin to realize what we need and what we need to leave behind. Sometimes there are things in our lives that aren’t meant to stay. Sometimes the changes we don’t want are the changes we need to grow. And sometimes walking away is a step forward.”  
— Unknown



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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

**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

Compass Recovery 800-216-1840

Copper Springs 480-418-4367

Cornerstone Healing 480-653-8618

The Crossroads 602-279-2585

Problem Gaming 800-NEXTSTEP

Desert Drug Dog 602-908-2042

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