By Steve Carleton, LCSW, CACIII Executive Clinical Director, Gallus Medical Detox Centers

"You have to go home and get sicker to get treatment for your withdrawals." For most of my career in substance use treatment, this was the reality for many of my patients seeking help. Medically managed detox from drugs and/or alcohol is not a service commonly offered. To get this type of care, patients across the country must be in severe withdrawal before an emergency room will help. This is a tremendous barrier to recovery.

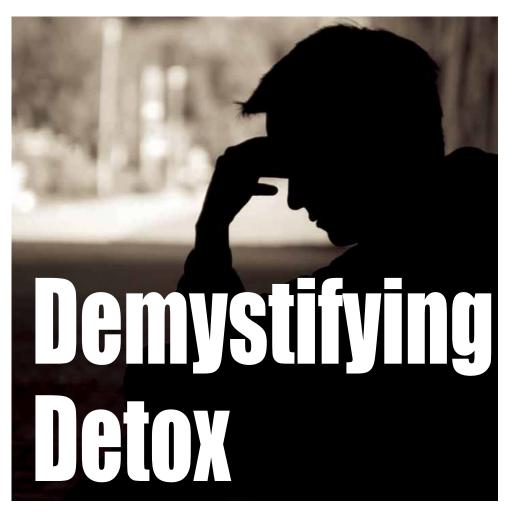
Understanding Addiction

Over the past couple decades, professionals now recognize that most substance use disorders start out as a symptom. Addiction is not about any one substance. Using becomes a way for people to manage underlying mental health issues like depression, anxiety, or trauma. And — it works very well in the short run! Self-medicating numbs emotional discomfort and pain. However, in the long term, people need more and more of the substance to get the same effect. This is where things backfire.

Clinically, addiction is defined by symptoms in the following 4 areas:

- 1. A loss of control over one's use patterns. Simply put, people use more than intended over longer periods of time.
- 2. Consequences from use in social and/or occupational settings. Using creates strain on relationships with family, friends, and at work.
- 3. Risky behaviors increase as substance use escalates. The most common examples are driving while impaired or continuing to use despite knowledge that is worsens a mental or physical illness.
- 4. Lastly, physical dependence. A person using needs to use more and more of the substance to get the same effect. When they stop using, they go through an uncomfortable withdrawal. "Bad hangovers" are an example of this.

The frequency and intensity of these symptoms determine how severe the addiction is. Not everyone goes into severe withdrawals while quitting but when this is the case it is a significant barrier to starting recovery. The three substances known for withdrawals requiring medical detox are alcohol, opiates (i.e. heroin, fentanyl, and other pain killers), and benzodiazepines (i.e. Xanax, Klonopin, Ativan, and Valuim). Alcohol and Benzodiazepines are the two classes of substances where withdrawals can lead to death, but for opiates the detoxification process makes people feel as though they are going to die.



What are Withdrawals?

Take a minute and think about the worst flu or food poisoning you have experienced. While not identical, that level of suffering is what severe withdrawal feels like. The issue is that as a user, you know that if you just use more of the substance that feeling of intense sickness goes away, albeit temporarily. What would you do? Is that even a choice if you have a job, rent due, or kids at home depending on your income?

Detox symptoms are predictable. For alcohol and benzodiazepine withdrawals, the primary medications administered are actually benzodiazepines. They affect the brain the same way as alcohol. Patients need to be slowly tapered or weaned off these substances. Initiating IV fluids early in conjunction with medication can help quickly manage symptoms and get ahead of the withdrawals.

Detox continued page 7

A Worn Road Less Traveled

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

Addicts contemplating recovery see only two options, either use or die with cravings. Addicts don't usually die with craving but habitually succumb to acting out. In the beginning days of recovery addicts are poor at creating options. They come from an either/or and black/white world. They either use or obsess about using until the craving has subsided.

Living with shame and pain

Many live disconnected from their inner self, longing for connection. Mindlessly, we listen to the radio or podcast when driving. Aimlessly, we scroll texts, emails and a host of social media platforms disengaged — lost in the spectacle of it all. For an addict any reason is a good reason to use.



"Two Roads diverged in a wood And I took the one less traveled, And that has made all the difference" — Robert Frost

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Treating Complex Trauma

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RESOURCES/HELPLINES



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Publisher's Note

By Barbara Nicholson-Brown



What Matters Most in 2023

As much as I don't like admitting I'm getting older, I am. Which got me to thinking... what matters most? In no particular order it is my health.... physical, emotional and spiritual. Top of the list is my sobriety—always. As we get older we experience more losses and precious time seems to fly by quickly—so now more than ever, each day is another opportunity to live life the best way I can.

In 2022, we heard of more young people who have completed or attempted to take their own lives; the rate of overdoses is still staggering, deadly poisonous drugs continue to flood our schools and neighborhoods, people of all ages are struggling with mental health issues. It's been a very tough year for many of us, as we faced inflation, Covid is still here, and there's an aggressive, angry vibe out in the world. Isn't it time to be kind and gentle, with ourselves and others? Deep deep down I think we just want to be happy.

Each day I get to open my eyes is a blessing. With the help of others I've built a strong foundation in recovery, and am blessed with amazing people in my circle. Nothing is greater than the life we get to live right now. Love where you are, and who you are. Happy 2023.

Garles

Welcome to our newest partner in recovery, **Recovery in Motion**. Recovery In Motion is a drug and alcohol rehab located in Tucson and their goal is to help every client find sustainable sobriety and addiction recovery at an affordable price. For more info, visit recoveryinmotion.com.



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The More You Know

Statewide Campaign to Raise Awareness of Human Trafficking

On December 8, 2022, Arizona Governor Doug Ducey joined members of the Arizona Human Trafficking Council announced the launch of a statewide multi-media campaign to raise awareness about human trafficking and provide resources to all Arizonans.

The campaign includes the Arizona Department of Public Safety's Arizona Counter Terrorism Information Center Tip Line to report any signs of criminal or suspicious labor and sex trafficking activity from across the state. Hotline staff will act to contact the necessary law enforcement officials and proper jurisdictions, ensuring victims and/or potential victims are being safely located and supported in real time. The campaign will also include the nationally recognized materials from the U.S. Department of Homeland Security (USDHS)'s Blue Campaign.

"It can't be overstated—human trafficking is real, it is pervasive and it's an issue Arizona takes seriously," said Governor Doug Ducey. "Thanks to the collaborative efforts of the Council and state agencies, Arizona's youth, our tribal nations, and our entire state are able to join the fight in combating this horrific issue. Anyone can be a victim, but together we can ensure we are doing all we can to protect victims and stop human trafficking throughout our state." This campaign was developed by the Governor's Office of Youth, Faith and Family (GOYFF) and the Arizona Human Trafficking Council, in partnership with the USDHS.

"Arizona has become a national leader in the fight to end trafficking," said Human Trafficking Council co-chair and Senior Director of the McCain Institute, Claire Sechler Merkel. This initiative comes ahead of the 2023 Super Bowl to educate Arizonans on how to recognize the indicators of human trafficking and how to appropriately respond to possible cases.

While human trafficking can occur at any time and at any place throughout the world, Arizona is grateful for the partnership with the NFL Host Committee for joining the Council in this opportunity to educate and raise awareness about preventing and addressing this heinous crime.

https://goyff.az.gov/humantrafficking/

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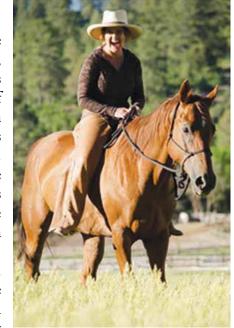
Treating Complex Trauma In and Out of the Arena

By Sarah Jenkins, MC, LPC

Trauma's Influence

Let's face it, whether or not we identify ourselves as a trauma survivor, our personal perspectives and histories of trauma come into play, regardless of whether we think we are "working on trauma" with our client(s), and regardless of whether it occurs in or out of the arena. Trauma's influence is present, even if we are not present to it. And, as hard as it is to hear, it is equally important to explore our own personal work if we are to, in turn, ask others to do the same.

It's not a popular opinion mind you. As an example, many of my students have heard the story of when I was interviewed as a potential **Ted Talk** speaker about



Equine-Assisted EMDR (EA-EMDR) and my work with highly dissociative clients. After much discussion about my perspective that unhealed dissociation veils our deepest rooted pain, both individually, but also on a societal level, the interviewer curtly replied "well we can't tell our listeners that they all need therapy, now can we?" To which I chuckled at the irony and responded, "and with that, you have succinctly proven my point."

Needless to say, while doing our personal work isn't popular, it's still necessary, especially if we are asking others to do the same. For, as Carl Jung implored us to consider, if we don't do the innerwork that no one else can do for us, then we will find it reflected to us on the outside and think it is just our fate.

This article is my way of pleading for unity in the field overall, but especially as it relates to working with complex trauma survivors. It is my way of begging practitioners in the field, both therapist and equine-specialist, to really un-

"If we don't do the innerwork that no one else can do for us, then we will find it reflected to us on the outside and think it is just our fate." derstand trauma, but more importantly to learn the foundational principles, the groundwork. For, as many of my students

have heard me say, over and over again, providing equine-assisted therapeutic services of any kind, is not just about throwing the client(s) and horses in the arena, hoping for the best, and seeing what happens. And, if we don't think that clients aren't impacted by this, then we would be wrong. We can do better than that.

There is a focus in our EAP/EFP field on what makes us and our models different, unique, more marketable, more desirable to grants, and unlike the next program. I believe that for our field to be able to sustain itself and bring forth a greater sense of integrity, let alone a greater sense of legitimacy, we must also be able to bring certain set of foundational principles to the client and equine therapeutic experience, especially as it relates to working with complex trauma and dissociation.

I am also going to say something that may be uncomfortable to read. I actually hate even writing it and can feel myself squirming in a sweaty pool of vulnerability as I do, but still believe it to be a necessary invitation for discussion. Unfortunately, I have seen it over and over again working in and supervising agencies, both equine and non-equine, there can be a mentality of "there is a grant, let's make a program for it."

The chase to find finances often determines the population served, as opposed to the population and current clinical needs defining what funding to seek. The shadow side is that if an individual or agency chases a financial carrot, but does not have the clinical expertise on board, even the greatest of intentions, love for a population, and money isn't enough. If we work with trauma, whether in our outside of the arena, without having foundational principles of good trauma therapy regardless of model, we can, in fact, do harm, and we do.

It can happen throughout the therapeutic world, not only in the field of providing equine interactions. For example, in my EMDR training, I am constantly reminding folks that, just because you are getting trained in EMDR, does not mean that you can "do EMDR" with every population. Instead, we must consider that our training(s) sits on top of a foundation of knowledge. We must have a larger understanding of the clinical nuances of working with the specific population(s) that we serve, no matter what modality we chose to work with.

Complex Trauma continued page 8

We Can Do It!

By Dina Evan, PhD

Thank heavens, we are leaving a year of drama, chaos, crime, violence, earthquakes, lava spills, world-wide massive demonstrations, wars, outrageous rising prices, epidemics, floods, the worst menacing, bad mouthing and bickering ever. Had enough? And yet, there is no actual end in sight, so stay buckled up. When are not terrified, we are heartbroken and scared. When we are not heartbroken and scared, we are furious. When we are neither, we are numb and who can blame us when that is all we hear about in the news.

However, that is not all that is happening! People are finally standing up and saying WE are the only ones who decide what happens with our bodies, and deciding who we love. Women and minorities are now in elected positions, in high positions of authority such as the Supreme Court, the Senate and House as well as in the White House and in major corporations. Minority groups are working together. There are more nonjudgmental sup-

port groups about every addiction and every emotional need than ever. We are beginning to understand, perhaps for the first time, that what happens to any one of us—happens to all of us.

We have been on automatic pilot for the past few years, expecting people who have no values to act as if they do, expecting people who have huge self-serving agendas to include us, but they don't, and expecting the people who got elected to take care of our country but, ...well you know. So now we get to do it, and I for one am delighted because now, it might really get done.

First we have to take a breath and understand that we can't change the world all at once, but we can start the process by changing ourselves first. Do we hesitate to reach out when we see someone in pain? If so, that's probably because we haven't healed our own pain. Do we withhold truth or afraid to tell the truth? Maybe it's time to be truthful with ourselves first about the work we need to do to be authentic. I don't know about you, but I can almost always tell when someone is lying to me and usually it's about someone or something they don't even need to lie about, it's just become a habit.

This is our year to change things from the inside out

We start with ourselves with three simple things:

- To express love
- Offer help
- Tell the truth to others

Can you imagine for a minute how much the world would change if we were all making this commitment? And remember, you never need to deliver truth with a sledge hammer. You can always start with... "Iam trying to deepen my relationships and what I would love from you this year is if you trusted me enough to always tell me the truth. What do you need from me to be willing to try that?" Compare that to "I think you lie to me a lot."

If you always deliver your message from an "I" place and not a "you" place, you will get heard. Saying you makes others feel accused, and usually they are right, and even if it's the truth your message won't get heard.

Offering help can be as simple as giving the guy in front of you at the cash register a dollar if he comes up short. Or, helping your neighbor bring in their trash cans. My neighbor has done that for years for me because I can't do it without falling with my cane. You never know the value of a simple gift given freely. Make it a point to talk to people, even if it is just a simple "hello," especially if you notice others are shunning them. Every time I do, the guy or women behind me does the same. Just setting a role model for others is an amazing way to change the world and ourselves, one person at a time.

We are just simply talking about changing drama, chaos and crime to caring, compassion and gentle authentic communication. It's not hard but it is probably the most important thing we need to do in this era and we can do it for ourselves, as well as for others.



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. Visit drdinaevan.com or call 602-571-8228



New Year, New Opportunities

We hear it every year - new year, new me! But just because it sounds cheesy or overrated doesn't mean it isn't true. This year you can be the best version of you! In 2023, try focusing on self-love, practicing mindfulness, or even making time for yourself to do and be whatever you want. Be compassionate in all of your conversations, because you never know what someone may be going through.

When someone you love is struggling with a behavioral or mental health disorder that requires residential care, you're well aware that one difficult conversation is a price worth paying. The good news is that with proper preparation, the talk may go much more smoothly than you anticipate – and the result may change (or save) your loved ones' life. You might think that you're trying to help when you look the other way, cover up damage, or otherwise try to minimize the impact of the behaviors in question; however, you are allowing the problem to take a stronger hold on your loved one and prevent them from getting help.

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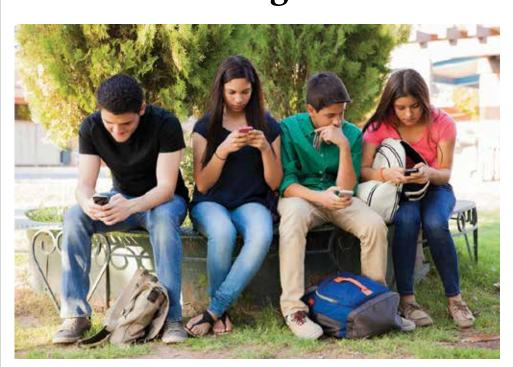
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The Mental Health Effects of Social Media Addiction and Overuse in Young Adults



For many young people, checking social media is the first thing they do when they wake up in the morning, and the last thing they do at night. Research shows 16- to 24-year-olds spend an average of three hours a day using social media. Increasing numbers of people sense their habits are not healthy for them. When does social media overuse turn into a true social media addiction? What can you do to protect yourself from the harmful effects of social media on mental health without missing out on the benefits of the apps?

Social Media Use by Young Adults

According to the Pew Research Center, the top social media platforms used by young adults ages 18–29 are:

YouTube: 95% Instagram: 71%

Facebook: 70%

Snapchat: 65%

TikTok: 48%

Social Media Is Designed to Be Addictive

Why is it so hard to resist? Social media is designed to keep your attention. These "free" services are not actually free — and the user is not the customer. Rather, the user's attention is the product. The more of it you provide, the more can be sold to advertisers. Social media addiction is good for a social media company's bottom line.

Some of the irresistibility of social media is inherent to smartphone technology — it is always close at hand and available. But social media platforms are also deliberately designed to challenge your self-control. Bottomless pages offer no natural stopping points and invite endless scrolling. Perhaps the most powerful force behind social media addiction is its appeal to our innate social instincts. While there is nothing inherently addictive about smartphones themselves, the true drivers of our attachments to these devices are the hyper-social environments they provide.

Humans have survived as long as we have thanks to our instinct for social behavior. Experts theorize our brains have evolved to reward social interactions with the release of particular neurochemicals. Chief among these is dopamine, released in response to activities our survival-oriented "primitive brain" deems beneficial, such as eating, sex, or exercise. Dopamine's neural pathways are central to learning, habit formation, and addiction. Small, frequent, and unpredictable rewards with low investment (sometimes known as the "slot machine effect") are the most effective form of habit reinforcement. Such rewards have been built into social media functions, keeping the user engaged for longer. Checking social media feeds to see what's new or how many likes we have can easily become a dopamine-driven compulsion.

Study after study has investigated the link between social media and mental health effects, including increased anxiety, depression, and loneliness. Since 2020 there has been a 12 percent rise in people saying they use social media less than they used to.

Detox—from page 1

For opiates, the primary medication for detoxing or weaning someone off is Subutex. However, other supportive medications and expert application are needed so that person does not go into a precipitated withdrawal, which is the sudden onset of severe withdrawal caused when too much Subutex is administered to quickly.

Fentanyl, the powerful, yet devastating, new opiate that has flooded the streets, is notorious in the detox industry because of how long the drug stays in a person's symptoms. The risk of precipitating withdrawals with Subutex lasts 72 to 96 hours after last use. For this reason, my colleagues at Gallus Medical Detox use a protocol called the Accelerated Micro Induction. Basically, this process involves using tiny amounts of Subutex and other supplemental medications immediately upon arrival. Opiate withdrawals in this protocol rarely rise above mild to moderate symptoms. Virtually all other detox facilities' procedures involve either waiting for the person to get sick from withdrawals or starting Suboxone maintenance treatment.

Understanding Medical Drug and Alcohol Detox

Severe substance use disorders often come with a choice: get sick from withdrawals or continue to use to feel better. Many people are stuck in this vicious cycle and don't know where to turn. Medical detox is the process where care providers use medications and other interventions to take people off drugs and alcohol safely. This level of care happens in hospitals and inpatient facilities. It is often inaccessible via most insurance plans and when available, people are only treated after symptoms become severe.

Social detox, insensitively referred to as "the drunk tank" is detox without medical intervention. In these types of settings people "sleep it off" and suffer terribly. In social detox people are only transferred to medical care if they suffer a withdrawal seizure or become violently ill. These facilities are more like jail than a hospital. Think about a warehouse with hundreds of cots lined up in rows the size of a football field. Fluorescent lights are kept on 24 hours a day and there is one TV and couch for the 200 occupants. Staffing is sparse and treatment is as cold as the concrete floor.

The Stigma of Addiction Remains

When I started out in addiction treatment in 2007 things were different. The model I was trained in was confrontational and shame-based at times. Adolescents were made to stand with their noses touching a wall and "think about their actions" if they were not taking their treatment seriously. The message across the board was "you are bad" and suffering in one way or another was the only way to get people to change.

While the therapy and treatment has become more progressive and compassionate, detoxing those experiencing severe withdrawals has not. The approach in many facilities is still to wait until a person has become physically ill before providing medical intervention. No other acute situation in medical treatment would this be acceptable.

Imagine for a minute that you had surgery. Predictably, there will be pain associated with making an incision and starting the procedure. It would be criminal if a doctor waited for you to experience the pain before giving you anesthesia. Pain is predictable in both a surgical procedure and in withdrawals from substances. Intuitively we need to be proactive in the management of both. But, that is not what happens.

The stigma of addiction is alive and well. Despite general knowledge that it is driven by underlying mental health issues, society blames the one using. "They did it to themselves." "It's their fault this happened." The judgment is that those with a substance use disorder are weak, failures, and losers. "The only way they will learn or get better is if they hit rock bottom."

Again, nowhere else does this attitude exist in the same way. If a child starts to struggle in school and is diagnosed with dyslexia, would we wait until they failed out of school and felt terrible about themselves before we helped? No. That student would hopefully be offered significant supports and get connected to professionals to design a plan to educate the student at the moment of awareness and diagnosis.

Understanding Quality Detox Care

The first question a person should ask when trying to find detox services: Are you proactive in your approach to symptom management? If the answer is not a resounding yes then it is not a good one. In an instant you will understand if they are going to treat you with compassionate care or use a "let's wait and see how sick you get before we give you medicine."

Having a structured environment to provide this care is essential. Is it possible to wean yourself off these substances? Yes> Though it is difficult and dangerous to measure and manage alone. Often "at home detox" perpetuates the problem and ends poorly.

If I were to write something on the walls of every Gallus Medical Detox it would be "the only predictor of success in recovery from substances is connection." To recover, people must get connected to professional or peer

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support. Detox is the almost always the first major hurdle. People lose trust in professionals and treatment when they must beg for help and are immediately labeled "drug seeking." Of course they are seeking medication! They are suffering from withdrawals and uncontrollable urges to use more. Building healthy connections and relationships in a detox setting sets the foundation for what happens next in their recovery.

When hiring new staff, the founder of Gallus Medical Detox frequently said, "I want great acute care nurses that are also kind." This is critical in detox. Following medication protocols is difficult and the first impression with the patient must be compassion. Trust and confidence in providers leave a patient feeling as though recovery is possible. If we make a great first impression the patient is going to be more open and consider continuing in treatment when their detox is complete.

In the end, a quality detox will do two things well: provide medical intervention that eliminates any unnecessary pain and suffering and connect the patient to ongoing treatment and/or support that decreases the likelihood they return to use.

About the Author

Steve Carleton LCSW, CACIII. Prior to being the Executive Clinical Director at Gallus Medical Detox Centers, Steve worked in the Department of Veterans Affairs for 10 years. He is a PTSD and substance use disorder expert with over 16 years of experience in and around addiction. Steve is also an Adjunct Professor at the University of Denver's Graduate School of Social work. He teaches cognitive behavioral therapies, Motivational Interviewing, and assessment skills using DSM-5, amongst others.

Gallus Detox Centers offer customized medical detox programs for alcohol and substance use disorders utilizing our proprietary Gallus Method, which prioritizes our patients' comfort and relief from withdrawal symptoms. Gallus has locations in Phoenix, Denver, Nevada, San Antonio and Dallas. Visit www.gallusdetox.com or call 866-272-5978.

Complex Trauma from page 4

Similarly, if we are seeking to provide trauma focused therapeutic services via equine interactions, we must also have a foundation of knowledge about how to work with trauma, first. Using a term that we horse folks all know, the groundwork must be there, first. We don't start to teach the Spanish Walk online, before having the horse be able to follow the feel of the lead line in the first place.

No matter what EAP/EFP model we have ascribed to, I would imagine that we can all agree on one thing, that the healing work we witness with our clients is often moving and often indescribably heartrending. Along with our passion for horsemanship and our love of the horse stands our own transformation by the experience. Thus, our love of the field of providing equine interactions in therapeutic settings continues to call to us, asking us to expand our knowledge. We are asked to not only embrace not only what we learn from the horse, but also from each other as fellow travelers on this journey to support our clients' healing from their deepest of hurts.

"If we work with trauma,
whether in our outside of the arena,
without having foundational principles of
good trauma therapy regardless of model,
we can, in fact, do harm, and we do."



Sarah Jenkins, MC, LPC, CPsychol is an EMDRIA Approved EMDR Training Provider, EMDRIA Approved EMDR Consultant, 200 hour registered yoga teacher, and is credentialed as a Charted Psychologist (CPsychol) by the British Psychological Society. A trauma and dissociation specialist, EMDR therapist for over twenty years, and lifelong

horsewoman, Sarah also created EquiLateral™ the premiere EMDRIA Approved protocol for integrating EMDR and Equine-Assisted Therapy to become Equine-Assisted EMDR (EA-EMDR). She can be reached at www.DragonflyInternationalTherapy.com and www.EAEMDR.com

Road from page 1

In recovery, creating options to using requires we take the road less traveled. There are no shortcuts, and no room for perfection. It requires a willingness to endure painful moments, relentless perseverance and a commitment to being a little better today than we were yesterday. Along the road there will be a dawning you are a spiritual being having a human experience. This transforms the struggle into sacred meaningfulness. This awareness is hallowed throughout 12-step rooms. Carl Jung once concluded that what chronic addicts needed was a spiritual experience and ongoing communal support.

Most addicts in recovery settle for sobriety. Certainly, it beats the hell out of wallowing in the pain and distortion from a life lived in the agony of addictive behavior. Yet, few engage the worn road less traveled. Once you have put the cork in the bottle, what's next? Are you willing to go deeper? Are you willing to explore what is missing? Are you curious to understand why the addiction? Why the pain? Do you want to address the feeling in your gut — you are not good enough? These questions and more represent the gateway to a worn road less traveled. To those who have committed to sobriety and are no longer content to rotate the object of addiction, I offer the following road markers on the worn road less traveled.

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Adopt a mindset for recovery

Practice brainstorming more than one option to every challenge you face. Breakthrough the either/or mentality. Change your language about how you see yourself and the world around you. Dare to dream about creating the kind of person you want to be. Figure out what your song is and sing it. The expedition in recovery truly begins when you earnestly are willing to truly change your mind set about addiction, yourself and the world around you.

Become a sponge What has helped t

What has helped me to be successful in my world of endeavor is that I became a sponge to learn everything I could — to be the best I could be. During the beginning days of ministry I worked for three years for free, with whom I thought was the very best. I asked so many questions the minister asked me to stop asking so many questions. Today, I am proud I learned to be a sponge in ministry and as a professional counselor. That said, it saved my life in recovery. Early in recovery, I adopted the mindset of learning everything I could about recovery. It is one of the fundamentals that has projected my personal growth during the past 33 years in recovery.

Learn to fail forward

People who embrace a healthy recovery mindset create a paradigm shift in their thinking about failed behavior. They make it exciting. They realize in their failure are lessons to learn that will help them become a little better today than they were yesterday. Rather than wallow in mud of shame and negative thinking, they practice conditioning themselves to pursue a better way to live. They learn to transform the word excitement from a necessary feeling to a committed action of exploring what went wrong and doing something different.

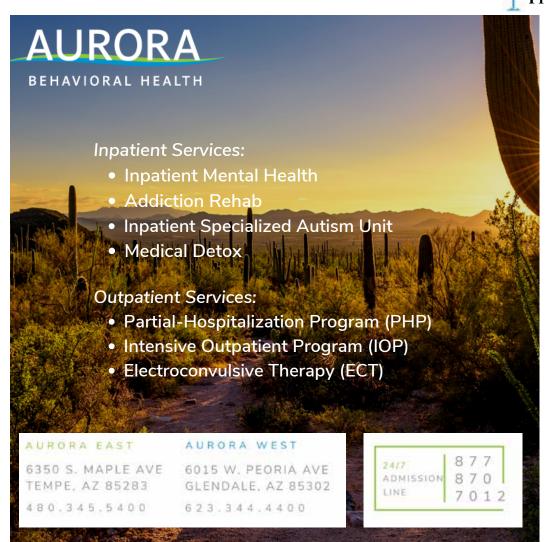
Practice playback

This road marker is related to the previous one. When an addict relapses, it is common to admit the destructive behavior and then to get back on the horse and try again. It is often brushed off with the idea that "I'm an addict" and what needs to happen is that I just need to bear down with my recovery skills. Sometimes, they commit to going to 90 meetings in 90 days or start again doing the 12 steps. What often is overlooked is the importance of playback. When addicts admit their failure to their support community, what is left out is why I relapsed and what happened. What often is overlooked is the importance of playback.

It is crucial to go back and unpack what happened and where was the breakdown. Go back and fastidiously review triggers, built up behaviors, mistaken beliefs that dominated and then practice over and again replacement behavior that corrects what broke down. We never become perfect. But playback will help you become incrementally better than before.

Protect your imagination and get outside your comfort zone

It is counterintuitive for an addict to embrace discomfort. Running from emotional and physical pain is at the root of why addiction grows in the first place. In recovery, an addict learns to lean into the pain and sit with it. Recovery requires you get outside your comfort zone. Only when you do this, are you able to give birth to the person your destiny is pulling you toward. The worn road less traveled demands you live outside your comfort zone. This is where the problem is. Once sober from the hectic helter-skelter life of addiction and within the warm and friendly confines of a 12-step community, an





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addict is asked to push on. It requires sensitivity to the support of community while pushing forward to dream and realize your destiny. In doing so you must protect your imagination from the negative messages of "you can't" or "who do you think you are". You must protect your imagination from the impact of your personal failures or others who subtly want to pull you back into an old mindset. Sometimes you will take 2 steps forward and then 3 steps back. Everyone slips even as they soar. Overcome your setbacks by doing the next right thing regardless of how you feel. You won't think your way into acting differently. Don't abandon your quest to fulfill your imagination. Stop flogging yourself with negative messages. Every positive thought and action will move you closer to your desired transformation.

Choose your support community carefully and elevate those around you

One of the biggest challenges for any addict is to create an environment that fosters sobriety and personal growth. Most addicts who have not surrendered to recovery behavior and hang around old friends who either influence them to return to addictive behavior or who thwart their vision of fulfilling their destiny. The worn road less traveled in recovery will require that you weed out those who bring you down. You will need to distance yourself from the dream crushers around you. Don't let them rent premium space in your mind. Foster a web of influence that will inspire you. Build an environment

where half-assed efforts are unacceptable. Cultivate your brilliance by choosing a support community that expects greatness within. Create a support system that you can solicit counsel from those who will inspire you.

When I wrote the book *Dare to Be Average*, *Cultivating Brilliance in the Commonplace* the emphasis was the opposite of half-hearted living. Rather, it is about taking the worn road less traveled and embracing the common everyday moment—even those that provide emotional discomfort—and mining meaningfulness from each one. This pursuit of meaningfulness is required in recovery for those who choose the worn road less traveled.



Get more insights about the importance of embracing every day experiences in recovery from Ken's book "Dare to Be Average- Finding Brilliance in the Commonplace" published by Daily House Publishing and currently on sale through Amazon.com. For information

on PCS, visit www.pcsintensive.com



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"Incredible change happens in your life when you decide to take control of what you do have power over instead of craving control over what you don't."

Steve Maraboli, Life, the Truth, and Being Free



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Social from page 6

In America, Gen Z stands out for saying social platforms are good for society and help them feel connected to others; but also for believing there's too much pressure to be perfect in this space, and that it causes them anxiety.

How can you tell if you are just overusing social media or if you are facing a social media addiction? Rate your social media use according to the Bergen Social Media Addiction Scale, as presented by *Psychology Today*:

Rate whether the following statements apply to you (1) very rarely, (2) rarely, (3) sometimes, (4) often, or (5) very often.

- You spend a lot of time thinking about social media or planning how to use it
- Feel an urge to use social media more and more
- Use social media in order to forget about personal problems
- Have tried to cut down on the use of social media without success
- Become restless or troubled if you are prohibited from using social media
- Use social media so much that it has had a negative impact on your job/studies.

A score of 4 or 5 ("often" or "very often") on at least 4 of those statements could indicate a social media addiction.

How Does Social Media Affect Young Adult Mental Health?

Many of the detrimental social media effects on mental health for today's young adults, the first generation of digital natives, reflect habits they may have developed as teenagers. Adolescents are the age group at greatest risk of developing social media addiction, due to their ongoing brain development and identity formation. Some of these effects are connected to the way social media takes advantage of our innate social instincts. But other effects are simply the result of the fragmentation of our attention and the over-investment of time in social media at the expense of other activities. These effects include:

- 1. Heightened anxiety from a "fear of missing out," or FOMO
- Lowered self-esteem due to constant upward social comparisons
- Poor concentration and memory due to frequent shifts in focus
- Social media has negative impact on academic performance
- Impaired performance at work
- Neglect of real-life relationships with friends and family
- Disrupted sleep and the associated cascade of poor mental health effects
- "Technostress" from the perceived need to stay current with social media
- Lowered rates of physical activity
- Decreased overall sense of life satisfaction

Prevention and Treatment for Social Media Addiction

A digital detox can be an effective way to curb habits that can be the precursor to social media addiction. While complete abstinence can cause distress, research has shown that even a week of cutting back to 10 minutes per platform per day results in a greater sense of well-being. Moreover, reducing use also raises awareness of your habits and the effect they're having. And a few simple steps can lead to permanent reductions in social media usage without a noticeable impact on your sense of connectedness. Try turning off notifications or keeping your phone out of reach at night.

If you suspect that you or someone you love has a social media addiction related to underlying mental health issues, Newport Institute can help. Our approach to healthy device management reveals and heals the root causes of behavioral addictions and other co-occurring issues, like substance abuse and eating disorders. Contact us to discover a path to healing. We are dedicated to helping young people get back on track toward a healthy, fulfilling, and balanced life.

As the research shows, teen social media overuse is often linked with underlying issues, such as depression, chronic stress, anxiety, or low self-esteem. Hence, treatment at Newport Academy includes addressing these root causes while unplugging from phones and social media. During treatment with us, they form strong friendships, explore their inner life through journaling and meditation, spend time in nature, and experience creative offline activities. Newport's clinical team specializes in helping teens gain the skills and self-knowledge to heal from the maladaptive behaviors, underlying causes, and negative consequences associated with teens and social media.

Contact us today to learn more about our teen treatment programs

www.newportacademy.com 877-329-3645





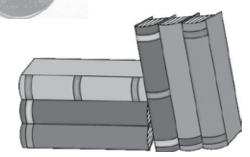
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SUPPORT Resources & Helplines

Suicide crisis call 988 In an Emergency dial 911 **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 I 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 800-334-7606 | Grief Recovery | Heroin Anonymous 602-870-3665 800-766-6779 Marijuana Anonymous NDMDA Depression Hotline – Support Group 800-826-3632 Narcotics Anonymous/Phoenix 480-897-4636 Narcotics Anonymous/Casa Grande 520-426-0121 928-255-4655 Narcotics Anonymous/Flagstaff Narcotics Anonymous/Prescott 928-458-7488 Narcotics Anonymous/Tucson 520-881-8381 (800) 477-6291 Nar-Anon Family Groups 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 Tucson 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 988 Teen Challenge 888-352-4940

ARIZONA CRISIS HOTLINES/ Suicide and Crisis Hotlines by County

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

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

Apache, Coconino, Gila, Mohave, Navajo and Yavapai Counties served by Health Choice Arizona:

877-756-4090

Gila River and Ak-Chin Indian Communities:

Teen Life Line

800-259-3449

Salt River Pima Maricopa Indian Community:



800-248-8336



Reach us 602-684-1136

Email: info@togetheraz.com

Our Recovery Partners and Contributors

AZ Women's Recovery Center	602-264-6214	arizonawomensrecoverycenter.org
Aurora Behavioral Health	877-870-7012	auroraarizona.com
CBI, Inc.	480-831-7566	communitybridgesaz.org
CBI Access to Care	877-931-9142	communitybridgesaz.org
Cohn Media	866-578-4947	cohnmedia.com
Copper Springs	480-418-4367	coppersprings.com
Dr. Dina Evan	602-571-8228	drdinaevan.com
Dr. Marlo Archer	480-705-5007	downtoearthneterprises.com
Erics House	1-855-894-565	8 ericshouse.org
Gallus Medical Detox	888-306-3122	gallusdetox.com
Gifts Anon	480-483-6006	
Hushabye Nursery	480-628-7500	hushabyenursery.org
I Am Teen Strong	480-396-2409	lamTeenStrong.com
The Meadows	800-632-3697	meadowsBH.com
Meadows Ranch	866-390-5100	meadowsranch.com
Mens Teen Challenge	520-792-1790	tcaz.org
Mercy Care 800-631-1314	602-222-9444	mercycareaz.org
Newport Healthcare	888-675-1764	newporthealthcare.com
NotMYKid	602-652-0163	notmykid.org
Phoenix Life Coach Services	602-245-9600	PhoenixLifeCoachServices.com
Psychological Counseling Services (PCS)	480-947-5739	pcsintensive.com
Recovery In Motion	844-810-1599	recoveryinmotion.com
Scottsdale Recovery Center	888-663-7847	scottsdalerecovery.com
Sierra Tucson	800-842-4487	sierratucson.com
Sierra at Scottsdale	844-749-1567	sierrascottsdale.com
Brough Stewart, MC, LPC, NCC	602-316-3197	
Valley Hospital	602-952-3939	valleyhospital-phoenix.com
Teen Challenge AZ	602-708-9475	tcaz.org
Willow House	877-421-6414	willowhouseforwomen.com

Additional Resources

AZ. Dept. of Health	602-364-2086
Arizona Opioid Assistance Helpline	888-688-4222
AzRHA	602-421-8066
The Crossroads	602-279-2585
Problem Gaming	800-NEXTSTEP
Desert Drug Dog	602-908-2042
Hunkapi Programs	480-393-0870
EMPACT/La Frontera	800-273-8255
TERROS Health	602-685-6000
THOCON	
TUCSON	

ERRUS Health	602-685-6000
UCSON	
ICA	aca-arizona.org
A	520-624-4183
II-Anon Infor Service	520-323-2229
inger Management	520-887-7079
Sehavioral Awareness Center	520 629 9126
co-Anon Family Groups	520-513-5028
cocaine Anonymous	520-326-2211
ottonwood Tucson	800-877-4520
risis Intervention	520-323-9373
larcotics Anonymous	520-881-8381
licotine Anonymous	520-299-7057
vereaters Anonymous	520-733-0880
Recovery in Motion	520-975-2141
sex Addicts Anonymous	520-745-0775
uicide Prevention	520-323-9372

520-403-3559

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