

# Together AZ



Inspiring Success On The Road To Recovery

February 2013

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## It's Time to Re-Think the Smoking Thing

By John Jaksich, MAPC

Conventional logic in recovery circles is that we should address our addictions in the order that they will kill us; i.e. focus on quitting your primary drug of choice and worry about cigarette smoking later. The advice frequently heard in 12-step circles and in clinical settings is this: The newly sober/clean person should put all of their effort and attention into abstinence/recovery from their primary drug of choice and not complicate things by trying to quit smoking at the same time. Sage advice, except that it's not true!



### The evidence is in

And it is quite conclusive. A meta-analysis of smoking cessation interventions (*Prochaska, Delucchi & Hall, 2004*) identified 19 randomized studies of individuals in current chemical dependency treatment or recovery, nearly all of which showed a meaningful, positive correlation between smoking cessation and abstinence from alcohol and illicit drugs. A second meta-analysis (*Koal, Fu & Joseph, 2006*) of 11 randomized controlled trials showed that smoking cessation interventions provided during chemical dependency treatment were associated with a 25% increased likelihood of long term abstinence from the primary drug of choice. Numerous other studies reach substantially the same conclusions. Contrary to previous concerns, smoking cessation interventions during treatment or early recovery appear to enhance rather than compromise long-term sobriety.

And if the improved outcomes associated with smoking cessation are not enough motivation to change our stance on the smoking issue, consider the long-term health consequences. Among individuals treated for alcohol dependence, tobacco related diseases are responsible for more deaths than alcohol

*SMOKING THING cont. page 4*

# Is it Love or Codependence?

By KEN RICHARDSON BSW, LISAC, CADAC & MARY RICHARDSON, M.Phil., LISAC, CADAC

While February is thought of as the month of Love, Romance and Valentines, it is also the month of *Expectations, Fantasy and Disappointment*. So, what better time to talk about relationships?

Nearly all of us desire love and loving. We have heard how love heals all wounds. That love is the answer. Love fills the heart and soul. That we are here to learn how to love and be loved. There are numerous love songs playing on the radio at any given moment and books and movies about love. In many spiritual teachings it is said that love is the answer. We are surrounded with TV and magazine ads that promise if we dress a certain way or use a particular product, we will find love. Or if we look a particular way, have the right credentials, the right car....then we will be lovable. Human beings love, love. It is the Holy Grail....to love and be loved.

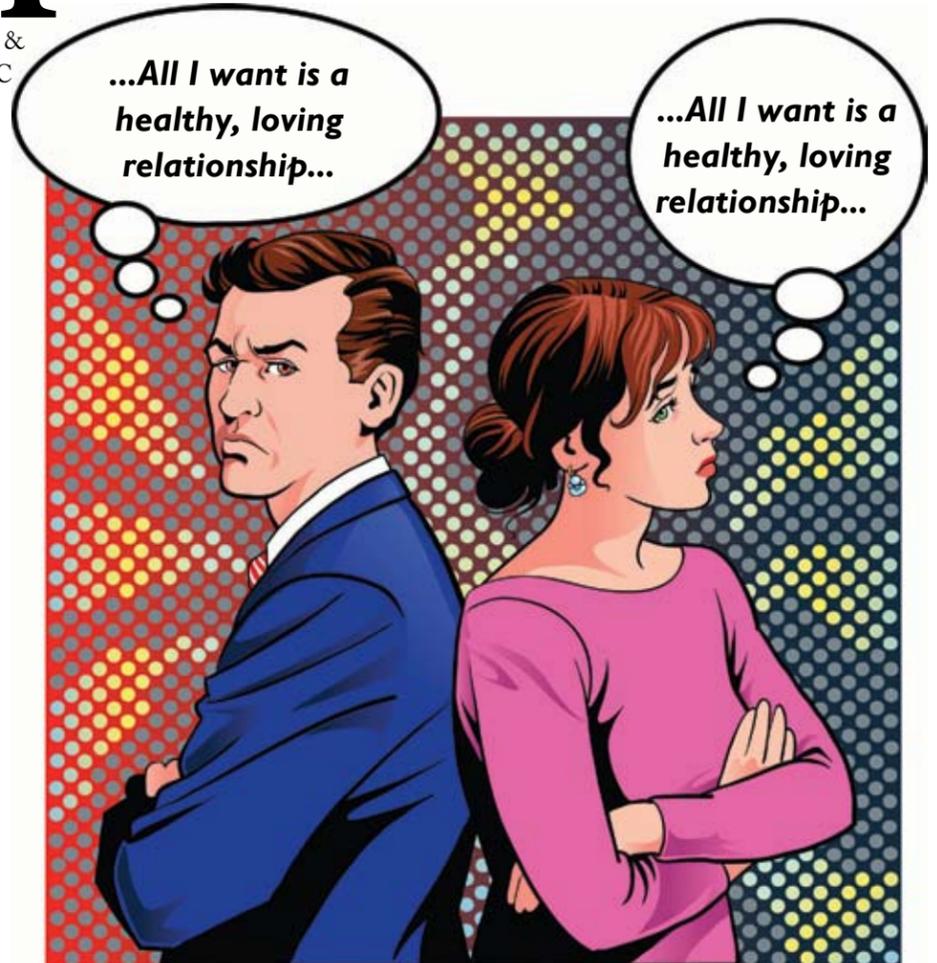
And understandably, human beings are relational by nature. We relate to each other, ourselves, a Higher Power, the earth, our pet friends, our cars or any other thing we have connected with. The fact is, we are relational.

Some of us have been blessed with love in our lives and some of us have not. Instead we have experienced rejection, hurt or abandonment. But the desire to love and be loved never leaves. It may be buried deep inside where no one can touch it, but it is still there....the desire for loving relationships.

One of the greatest detriments to loving relationships is codependence. Codependence is the "dysfunction" in dysfunctional relationships. It is the "fantasy" in romance. It is the "enmeshment" in oneness and it is the "avoidance" in independence.

.....  
"Codependence is learned patterns of unhealthy and dysfunctional thoughts, beliefs, and behaviors which adversely affect an individual's relationship with themselves and others. It is cyclic and progressively results in mild to chronically severe consequences. Codependence is primarily learned in childhood through experiences of abuse, abandonment, neglect or enmeshment and/or a significant traumatic event. Codependent thoughts and beliefs generally manifest in moderate to extreme passive and/or aggressive behaviors, which may include avoidant, enmeshing and/or controlling behaviors. Codependence often develops into and is masked by addictions and other compulsive behaviors and is generally seen as the underlying cause of addiction and relapse. Codependence is treatable and generally results in an individual's progressively healthy and loving relationship with themselves and others." Ken Richardson and Mary Richardson

.....  
In codependent relationships we take from others to fill ourselves up — or avoid because we are afraid. In recovering relationships we practice loving boundaries, giving without fear, needs or expectations of outcomes and



lovingly allowing ourselves to receive what is given, always as enough.

In our years of working with alcoholics and addicts and their families and friends, we have come to understand 8 primary steps that help these relationships move from codependent dynamics into progressively loving and healthy relationships.

### 8 Steps to a Healthy Relationship

**1. Know your history and keep it separate from the relationship — Move from Fantasy to Reality.**

Each of us brings an incredibly unique history of experiences and perceptions from our entire past to a relationship. As such, there is a risk of pasting our past on our present relationship and not seeing our present relationship for what it truly may be. Learning to bridge those two histories and create a relationship reality which includes a common ground for communications, intimacy, closeness, loving behaviors, problem solving, loving confrontation and mature conflict resolution, while maintaining boundaries, empowerment and our true sense of self, is what codependence recovery is about. In this we progressively move from fantasies, whether negative or positive, about the relationship into healthy, loving and mature relationship reality.

**2. Be conscious and mindful of your thoughts**

We are, each, fully responsible for our thinking. Being mindful and conscious of our thoughts and "changing our minds" from fear based thoughts to loving respectful thoughts about ourselves and others, especially those we

love, is a major step toward greater respect, compassion and intimacy in our relationships.

To do so, we have to be mindful of, responsible for and intervene on our thoughts if we see them as blaming, helpless, judgmental, critical, and fearful, etc. and are creating assumptions, expectations, projections or suppositions. If we find them to be, then it is our responsibility to create thinking that is respectful, empowered, loving and compassionate, based in equality and lovingly allowing for one another's differences.

Our thoughts create our feelings. If we don't like the way we are feeling about ourselves and our relationships, we need to change our thoughts. The choice is ours.

**3. Know and be honest with and accountable for your feelings**

For many this may mean discovering, developing and practicing emotional awareness and empowered responses. It means recognizing and being accountable for our own individual unique emotional reactions (*whether over reacting, under reacting or avoiding altogether*) and learning healthy, empowered, emotional responses instead of reaction or withdrawal.

It helps to look at emotional intensity with a scale of 0 to 10. When our emotional reactions are a 5 or more on the 10 point scale or when we are at a 2 or less in our emotional response, all real and effective communication stops and our emotions and defenses are now controlling the communication. Effective communication can take place when we moni-

*Love or Co-Dependence? cont. page 9*



## *publisher's note*

# Flash Before Your Eyes

By BARBARA NICHOLSON-BROWN

**B**efore I was in recovery I don't think I ever heard of the word codependent. On my sober journey I asked what it meant. The only answer I recall is — "someone else's life flashes before your eyes." At first I didn't get it — and honestly it has taken me years to comprehend the meaning.

Through my personal work on this topic, I am coming to learn we can be codependent in many ways in all of our relationships — not just the romantic ones. From friendships to families — probably all human interactions have a tendency to become codependent depending on the health and boundaries of those involved.

Believe me, I'm no expert on the topic, but I am coming to recognize patterns instilled in me from childhood had everything to do with my emotional development. Since I didn't come from the healthiest family — my emotional growth was stunted — and that's why the time has come for me to work out some more of the kinks now.

If I put someone else's needs or wants before mine, have expectations of them without speaking up on what I need, base my self-esteem on what someone else thinks of me, or put my life on hold to do whatever it takes to make another person's life easier, I am probably codependent. These are just a few examples.

If I am interdependent in my relationships, then we are mutually dependent on the other.

Today, I prefer an even playing field; I find joy in giving, yet am still learning how to receive. Life is smoother when truth and honesty are the foundation in my relationships.

If I am watching someone else's life flash before my eyes then I am missing the magical moments in my own.

A very special thank you to Mary and Ken Richardson for offering their insights and knowledge on the topic of codependency for this issue.



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### TV Liquor Ads May Promote Drinking in Young Teens, Study Suggests



Young teens appear to be susceptible to the persuasive messages in television alcohol ads, a new study suggests. The ads influence some young teens to drink more and experience drinking-related problems later in adolescence, the researchers found.

The study found beer and liquor ads can promote drinking as early as seventh grade, *HealthDay* reports. The more exposure to ads the teens had, and the more they enjoyed watching them, the more alcohol they drank by 10th grade. Early drinking is associated with alcohol-related problems such as fighting or academic decline by 10th grade, the researchers note.

"This study provides evidence that exposure to alcohol advertising in seventh grade and liking those alcohol advertisements on television is associated with higher levels of drinking in the eighth and ninth grades," lead researcher Jerry Grenard of Claremont Graduate University in California told *HealthDay*. "Parents and schools should teach children about the design of persuasive messages in the media to help them avoid undue influence by the media on their behaviors."

The study included almost 4,000 seventh graders, who were asked about their alcohol use, and exposure to liquor advertising. The researchers followed the students through 10th grade.

The findings appear in the journal *Pediatrics*.

## The Meadows acquires Remuda Ranch

The Meadows is pleased to announce the acquisition of Remuda Ranch. Remuda Ranch is an Arizona inpatient and residential center for women, adolescents and children who are suffering from eating disorders and related issues.

Established in 1990, Remuda Ranch offers a full continuum of care at its Wickenburg and Chandler locations. The Remuda Acute Care Program, located in Wickenburg, overlooking the mountains of the Sonoran High Desert, provides a high intensity inpatient program for all age groups. Remuda Ranch offers an equine program in addition to a challenge course with both high and low ropes and zip lines. The Remuda Life Residential Program, located in Chandler, provides transitional care between eating disorder inpatient treatment and home.

According to the National Institute of Mental Health, eating disorders have the highest mortality rate of any psychiatric disorder. In particular, anorexia nervosa has a higher mortality rate than any other cause of death among females between the ages of 15 and 24. Additionally, the chances are great that individuals who have suffered traumatic events will develop an eating disorder as a means of controlling or coping with their circumstances.

"The Meadows is pleased that Remuda Ranch will join our organization and provide us the opportunity to expand our services to the ever-growing need for patients who suffer from an eating disorder," said Jim Dredge, CEO for The Meadows. "Remuda Ranch has been a leader in this industry with its world-class medical and clinical teams and its excellent clinical outcomes."

According to Dredge, The Meadows plans to incorporate its trauma treatment best practices to help patients with eating disorders in their recovery process. Dredge adds that Clinical Professionals frequently provide feedback that the trauma work pioneered by The Meadows and its Senior Fellows provides meaningful recovery and sustained healing to patients. **For more information visit [www.themeadows.com](http://www.themeadows.com) and [www.remudaranch.com](http://www.remudaranch.com)**

## Access to Health Care Services for Addiction will improve dramatically: Faces & Voices of Recovery

By Celia Vimont

Once the Affordable Care Act (ACA) is fully implemented in 2014, access to effective health care services for addiction will improve dramatically, according to Faces & Voices of Recovery. In an issue brief, the advocacy group describes how the new legislation will make it possible for many in or seeking recovery to be included in the health care system for the first time.



## The Most Trusted Name in Trauma and Addiction Treatment



**T**he Meadows has earned a national reputation for our clinical focus on healing from trauma, codependency and process addictions. In our 36-year history, we have helped more than 20,000 individuals in our inpatient center and 25,000 workshop attendees support their hopes for a sober and fulfilling lifestyle.

In addition to our inpatient treatment, The Meadows' workshops offer an individual many benefits. Our workshops are an incredible catalyst for change and can be a cost-effective alternative when long-term treatment is not an option. The five-day, concentrated format allows individuals to jumpstart their personal recovery by gaining insight into dysfunctional patterns and practicing new relationship skills within a safe environment. Our on-campus workshops include:

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- April 1-5
- June 3-7
- March 4-8
- May 6-10
- July 8-12

### COUPLES

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- March 11-15
- May 13-17
- July 15-19

### LOVE ADDICTION/LOVE AVOIDANCE

Explores the interactive cycle between relationship dependence and avoidance.

- February 18-22
- April 15-19
- June 17-21
- March 18-22
- May 20-24
- July 22-26

### FAMILY WORKSHOP

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- July 1-5

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Those who will benefit from the new law include people who were previously enrolled in Medicaid, and then were disenrolled; those who are coming out of the criminal justice system; and people who have not been able to afford insurance.

Under the ACA, a single enrollment application will determine if you are eligible for either Medicaid or the state insurance exchange, based on your reported annual income. People who do not qualify for Medicaid will be able to buy affordable health insurance through state health insurance exchanges. These are marketplaces that will be available to people who are not covered through their employer's health plan, and those who work for small employers who provide employees with multiple health plan options.

## Substance abuse may have long-term negative effect on sexual performance

A new study suggests substance abuse impairs sexual performance in men, even after they stop using drugs or alcohol. Earlier studies suggested men spontaneously recover their normal sexual performance several weeks after they end substance abuse, MedicalXpress reports.

The study included 905 men, 549 of whom had been diagnosed with addiction to alcohol, cocaine, heroin, marijuana, or a combination of substances. The men who were diagnosed with addiction had an average of one year of abstinence. The researchers found the men who had been addicted had a moderately to significantly impaired sexual performance, in the areas of sexual desire, satisfaction, arousal and orgasm, compared with men who had not been addicted.

The researchers wrote in the Journal of Sexual Medicine, "These results seem to contradict those that argue that drug use

only impairs sexual functioning temporarily. Moreover, they suggest that sexual functioning does not improve just by stopping drug use."

## U.S. Appeals Court Refuses to Overrule DEA on Marijuana

A U.S. Appeals Court this week refused to overrule the Drug Enforcement Administration's (DEA) classification of marijuana as a dangerous drug with no accepted medical uses, the Los Angeles Times reports.

The marijuana advocacy group Americans for Safe Access had sued the government, arguing the DEA had a duty to reexamine the medical evidence, and to reclassify marijuana as a drug with benefits for those suffering and in pain, the article notes.

The three judges on the court deferred to the judgment of federal health experts,

*NEWS continued page 5*

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### SMOKING THING from page 1

related causes and are, in fact, the leading overall cause of death among this population (over 50% of all deaths). This is not a new problem. It is as old as 12-step recovery itself. Case in point: Alcoholics Anonymous co-founder, Bill Wilson died of emphysema.

The problem affects virtually all sectors of the chemically dependent population. For example, many studies have shown that 56%-65% of adults with alcohol abuse or dependence diagnoses (both active and in sustained remission) are current smokers versus only 21% of the general population. The New York State Office of Alcoholism and Substance Abuse (OASAS) reports that 92% of persons admitted for substance abuse disorders in state licensed treatment programs are nicotine dependent. Comparatively, only 20% of New York's general population are smokers. Further, the problem is not confined to those still active in their addiction or early in recovery. A 2012 study from the Wisconsin Nicotine Dependence Integration Project predicts that nearly 750,000 current members of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) will die from tobacco related causes and that nearly two thirds of that number (500,000) reside in the United States and Canada.

### Another old assumption....

Individuals with substance abuse problems simply do not want to quit smoking, is not supported by the data either. Multiple surveys of individuals in addictions treatment have shown that between 44% and 80% of those surveyed were interested in quitting their tobacco use.

None of the above studies documenting the positive impact of smoking cessation interventions on chemical dependency/substance abuse outcomes are particularly new. Neither are the studies highlighting the enormous health consequences that the recovery community faces as a result of above average cigarette/nicotine use. So why isn't the "smoke detector" going off?

Given the percentage of smokers among potential clientele (ranging from 56% up to an incredible 92%), it is easy to understand the clinical community's reluctance to embrace what is perhaps the ideal approach; smoke-free treatment centers. Although many of the most prominent treatment centers have taken steps toward this end (e.g., inclusion of smoking cessation components in psycho-education, banning on premises smoking for staff and visitors, optional smoking cessation interventions for clients, etc...) almost all have backed away from a mandatory no-smoking policy. While it would be easy to conclude these decisions are financially driven, this may not be the case. Many first generation studies on the effects of smoking cessation on drug and alcohol recovery were not based on randomly selected samples. In most early studies the participants self-selected into either the smoking cessation or the control group. Although the results of these studies generally showed that individuals seeking to

**"AA, NA and the other major 12-step groups clearly have a crisis on their hands; their members are dying from an addictive disease that they are not currently addressing."**

quit smoking were more successful in abstinence from their primary drug of choice, it is possible the obvious differences in the respective treatment groups accounted for the observed outcomes. These early studies were constrained by the ethical concern associated with assigning one set of participants to an unhealthy, potentially harmful condition, continued nicotine/cigarette use. The fact that methodological issues weakened the results of earlier studies may explain part of our current dilemma. However, now that we have largely resolved these concerns and numerous studies with greater empirical reliability have produced similar results, it would seem we are called to act.

AA, NA and the other major 12-step groups clearly have a crisis on their hands; their members are dying from an addictive disease that they are not currently addressing. Unfortunately, most of these groups are held back by the "singleness of purpose" clause that is central to most of their traditions; and as such are reluctant to address issues not central to illicit drug and/or alcohol addiction. In addition, information regarding the relationship between recovery from drugs and alcohol and smoking cessation is not yet well known outside academic and clinical research settings. One recent study indicated that over 33% of participants were advised by AA/NA sponsors and/or clinical therapists that they should not attempt to stop smoking.

Clearly, if we are to make a change, the lead has to come from the clinical community. We do not need to jump off the economic cliff of a total ban, but we must more responsibly present our current knowledge regarding the risks and realities associated with smoking and its cessation and proactively offer cessation interventions to our clients; and hope that it will then spread into the wider recovery community.

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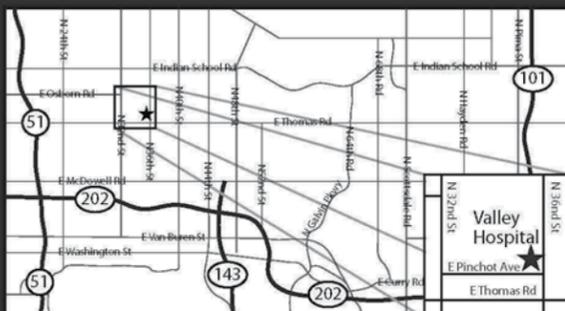


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### NEWS from page 3

who said they required more evidence before they could reclassify the drug. "To establish accepted medical use, the effectiveness of a drug must be established in well-controlled, well-designed, well-conducted and well-documented scientific studies [with] a large number of patients. To date, such studies have not been performed," according to a DEA document that was quoted in the court decision.

Judge Harry Edwards wrote the judges did not dispute that "marijuana could have some medical benefits," but added they were not willing to overrule the DEA because they had not seen large "well-controlled studies" that proved the medical benefits of marijuana.

"To deny that sufficient evidence is lacking on the medical efficacy of marijuana is to ignore a mountain of well-documented studies that conclude otherwise," Joe Elford, Chief Counsel with Americans for Safe Access, said in a news release. "The Court has unfortunately agreed with the Obama

Administration's unreasonably raised bar on what qualifies as an 'adequate and well-controlled' study, thereby continuing their game of 'Gotcha.'"

The group has said it will appeal to the Supreme Court.

### Rx for Understanding: Free Online Tool to Teach Students

By Nora L. Howley

Medicine—whether over-the-counter or prescription—is an important part of a modern health care system. Who would want a world without penicillin or acetaminophen? But medicine is only effective when it is used properly, and for young people moving to adulthood, learning how to use medicine properly is a critical life skill.

Research shows that one in four teenagers report that they have taken a prescription drug not prescribed to them by a doctor at least once in their lives. Middle school is often when students start to make the wrong choice.

NEWS continued page 13

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## Time to "Make An Impact" on Rx Epidemic

By KAREN KELLY

Every month approximately 1,200 calls are received from individuals in southern and eastern Kentucky seeking help with an addiction issue. Multiply this by the hundreds of regions across America and it's easy to understand why the Centers for Disease Control and Prevention consider prescription drug abuse a public health "epidemic."

One accidental overdose death every 19 minutes; more than the number of deaths from car crashes. That's a sobering statistic.

Families and communities are being torn apart, and our children are not immune to addiction's deadly consequences.

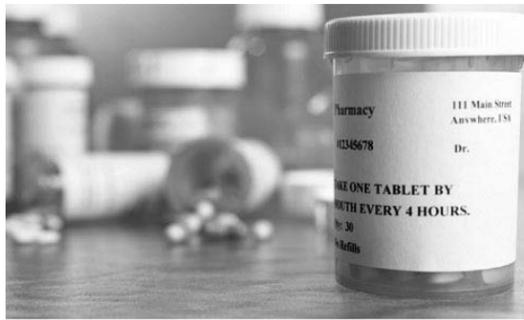
In 2009, an estimated 28,068 visits to the emergency department misuse or abuse of drugs by children aged 12-14, according to a report by the Drug Abuse Warning Network. Half of these visits involved prescription and over-the-counter medications.

As the tide of prescription drug abuse rolled across the country, communities found themselves unprepared for the impending flood of problems and now struggle to react against the tsunami of addiction.

Recognizing that no single organization or agency could fend off this storm, UNITE launched the inaugural National Rx Drug Abuse Summit in 2012. Impacted parties came together for a holistic examination of what is being done to help solve the prescription drug problem, what could be done or done better, and to forge lasting partnerships and strategic alliances.

"Operation UNITE's inaugural National Summit on Rx Drug Abuse was one of the most professional and well organized conferences I have ever been to," stated Carla Saunders, NNP-BC, advance practice coordinator with Pediatrix Medical Group at East Tennessee Children's Hospital. "Power packed with excellent keynote speakers, the Summit brought hope to our team that has treated more than 400 prescription drug-exposed newborns suffering from withdrawal in the past two years."

"We learned so much about the prob-



lem of prescription substance abuse and what can, and is, being done to combat the problem," Saunders said. "We had incredible opportunities to 'unite' with others and see that there is hope. In hope there is strength, and in strength there is the power to make a difference."

Last year's conference sparked many on-going collaborations among stakeholders in

*RX continued page 13*

## The Illusion of CONTROL

By BOBBE MCGINLEY, MA, MBA, CADAC, LISAC, NCGC II

The majority of gamblers who tell their story to a group, truly believe that they accumulate experience and learn from their errors when gambling. In truth, this feeling of personal efficacy is a considerable handicap and any gambler who believes their actions influence their chances of winning are victims. They maintain the illusion they will beat the industry by defying the negative winning expectancy and recuperating their financial losses. Those gamblers have illusions of control or mirages of the mind which reinforce their motivation to continue playing.

### Winning the Jackpot: An Enigma

In pursuing this objective, they integrate elements of logic, superstition, observation, or calculation. Compulsive gamblers quickly develop personal strategies, adopt ritualized behavior, imagine risks, or create systems in order to increase their chances of winning. Gamblers who believe in the use of strategies only maintain, in fact, illusory thoughts since there is nothing that will allow them to overcome the obstacle of independence of turns. Since strategy or mastery of a game has no relationship with chance, these kinds of activities reflect an "illusion of control." Memorizing Blackjack cards, studying statistics concerning the Roulette marble, or choosing anniversary dates for lottery are examples of behaviors whose purpose is to foresee the unpredictable.

As gambling activities are not games of skill, no mental or physical skills are necessary when it comes to betting. However, the majority of gamblers are convinced it is possible for them to acquire some form of mastery in order to solve the enigma posed by these games. Each gambler develops personal strategies and those who can win are thought of as masters. Games of chance are falsely transformed into games of skill and gamblers are more deceived about the nature of the gambling activity. It is obvious chance occasionally favors gamblers; but, regardless of the strategies used, the wins they pocket are based on nothing but chance.

Gaming sessions are rich in coincidences reinforcing the idea of mastery in gamblers' minds. Pure coincidences between behaviors and prizes won — eventually convince them certain chance events are not chance. The more they play, the more they adopt the false sense of belief their behavior has a real impact on the winning pots. It is a double edged sword: reward with a sense of personal pride winning and profound shame when losing. Curiously, repeated disappointments do not manage to destroy their illusions of mastery. In fact, they accentuate them.

Financially, when it comes time to bet, gamblers only need the financial capacity to risk capital and lose it over time. However, the cognitive universe of the gambler is much more complex than the apparently banal game lets on. In fact, there most certainly exists as many illusions of control as there are individuals who gamble.

Rarely do gamblers object to the idea of illusion of control and many even understand it easily. But, when they leave a therapist's office or the therapy room, and they remember the experiences of past games, dissonance (lack of harmony) resonates through them. Happily, the therapist will have strategically warned them that this dissonance might happen and it is merely a sign of change.

Along the same lines, all gamblers' objections are important, in that they allow for the discovery of other illusory thoughts. As long as gamblers speak of the game strategies and mastery, they are demonstrating they do not understand the implications of independence of turns. For this reason, it is important to frequently review this principle.

In order to free themselves from their destructive passion for gambling, gamblers must not only combat their own illusions,

but also those suggested to them. Since the gambling market is extremely profitable, the industry benefits by taking advantage of gamblers' illusions. Studies reveal the more gamblers actively participate in a gambling game, the more they fall prey to illusions of control. The majority of games found on the market are conceived and fabricated in such a way that gamblers confuse them with games of skill. It is not surprising that current games of chance offer an abundance of choices.

Illusions of control, which appear to be a natural reflex for gamblers, are generally reinforced by a game's appearance. These illusions of mastery over the game are taken advantage of and exploited in certain non-scientific books that address methods of winning at gambling games. These books only spread false ideas by encouraging gamblers to count on their skills. Even if illusions of control sometimes appear to be of a knowledgeable character, they are often based on ludicrous suggestions or magical perceptions. Superstitions count among these disconcerting ideas that give gamblers the impression that they are increasing their power over the game.



Here are a few examples I have heard from clients:

- "The 21st is a lucky day since it's composed of the number 7 three times."
- "I often win right after having eaten a sandwich. True, it sounds bizarre, but it works."
- "When I don't try to win, I win. My desire to win makes me lose. I must learn to play for pleasure."
- "I gamble with my deceased father's watch. It guides me."

Is it possible that gamblers confound real life with games of chance? Is it possible they wrongly believe their intuition could be used to their advantage in games whose long-term results are determined beforehand? In this way, gamblers are induced to understand they are committing an error and are not stupid to have superstitious thoughts. Thus, they find themselves free to maintain this belief in other realms of their life and their thought structure is saved. After all, who are we to pretend there are no situations in which intuitive thoughts pay dividends?



Bobbe McGinley MA, MBA, CADAC, LISAC, NCGC II, is a nationally known speaker, author, presenter and trainer, consulting many different industries about Problem Gambling. She currently serves as their Gambling Program Consultant. Call 602-569-4328 or visit [www.actcounseling.com](http://www.actcounseling.com).

### DID YOU KNOW?

Compulsive gamblers may suffer from mental disorders such as depression and anxiety. Gambling addicts may also abuse drugs or alcohol or attempt suicide.

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# WHAT LOVE IS...AND IS NOT

By DR. DINA EVAN

**D**eborah Anapol, Ph.D. says, "Love is force of nature. No matter how much we want to, we cannot demand, command or disappear love"

It's true, you can't make someone love you and you can't really stop them either. I do believe however you can create love. Love is the most powerful force in the Universe and therefore it is also the most fearful.

Ownership, which many confuse as being love, prevents freedom — however love encourages it. If love could speak it would say... "I am so grateful for you, please just be fully who you are and let me hold a sacred space in which you can unfold."

Standing in that space feels like a gift to both people. So clearly love is not ownership, manipulation, compromising one's self, violence, contempt or fear. *Nor is love just lust.*

People also mistake love as something that should only be given to a partner, husband or wife. Actually, love is something that should be given freely to everyone, including ones self. When it is given freely, it leaves little room for depression, loneliness or desperation. These cannot co-exist with love.

I ask participants at my seminars to raise their hands if they have ever been in love. Only those people who have partners raise their hands. Then, I ask, who here has had a best friend, a child, a mom, a brother, a sister a mentor or a special teacher? Who here has eaten chocolate or peppermint ice cream with hot fudge sauce? Who has had fresh baked bread or hot buttered popcorn? Who here has run in the rain, been blown open or inspired by a truth or been moved to tears by genuine caring? I believe if you have ever experienced any of these, you have been in love. Love is not limited to **anyone or anything**. That means, of course that we can fall in love everyday. In fact, you fall in love every time you are able to see the Divine, Spirit, God or whatever you want to call it, in anything or anyone.

When see your friend's spirit, or you see spirit in your child's smile, or your mom's love...you have just met love. You see love is a choice. You can make love happen just by seeing the beauty in everything. Author, Erich Fromm says we make it happen in four steps by caring and demonstrating active concern for each others growth and life; by taking responsibility for or actions and reac-

tions to each other and our expressed and unexpressed needs; respecting each other's unique individuality and supporting and cherishing that, and finally by what he calls knowledge, in other words caring enough to really take the time to invest the energy in getting to know each other at a deeper level. Most of us say, "How are you," not really caring or "Let's have coffee," then we go home and within 20 minutes we have disconnected completely. Some of that is because we are overwhelmed in our own lives, but acting in this way, disconnects us from the very thing that would fill us up...deep connections. True love is connected, attached and committed, no matter what the form.

Obviously, not all the forms of love will come from just one person, so it's important to connect with many people and create lots of opportunities to both give and receive love. If you are afraid to receive love, find a good therapist. They will remind you if you have been hurt in the past or have lost love and are now refusing to be open to it again...that's a bit like saying "I once had either the best or the worst sushi in the world, so I am never eating food again." Whether you eat sushi or not, you get the point. I am sure whatever your experience, you no doubt learned a great deal, so now go and put that experience to good use and find someone to love.

Here's the deal. Find the people in your life who see your soul — not just how sexy you are. Find the people who care about your character not just who you know, where you have been or what you own. Find the people who stay when you disagree and hear you even when what you are saying is different than what they know to be true. Find the people who can say, "You're right, I'm sorry." Find the people who want to grow with you, grow old with you and who will lie under the stars and listen in the silence to your heart-beat. Find the ones who will hold your hand and stay even when they are as scared as you are. Then love them and yourself like crazy. *Happy heart day from all of us.*



*Dr. Evan is a life/soul coach in Arizona working with individuals, couples and corporations. For more information 602-997-1200, email drdbe@attglobal.net or visit www.DrDinaEvan.com.*

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# EVENTS CALENDAR

**FEB. 6 — ST. LUKE'S CLINICAL BREAKFAST SERIES: Ethics in Family Work: The Dual Relationship.** Presented by **Lori Waldberg, LCSW.** 8:00 AM–9:00 AM—Behavioral Health Center Auditorium, 1800 E. Van Buren. 1 CEU. Breakfast, networking. FREE. 602-251-8799.

**FEB. 13 — 8:00 – 10:00 a.m.** Tucson Area Professionals' CEC Breakfast. Sponsored by Sierra Tucson and Prescott House. **"Building Connections: Using Sociometry to Expand Support Systems."** Speakers: Adena Bank Lees, LCSW, LISAC, BCETS, Certified Imago Relationship Therapist; and Dr. Marlo Archer, CP, PAT. Arizona Inn, 2200 E. Elm Street, Tucson. Pre-registration at [www.SierraTucson.com](http://www.SierraTucson.com) by 2/6/13: \$15 per person (no refunds after this date). At door: \$25 per person (cash or check only). 2 CE credits available. Contact Mike Lyles at 800-624-5858, Ext. 2132, or [MLyles@SierraTucson.com](mailto:MLyles@SierraTucson.com).

**FEB 25-MARCH 1 – TUCSON – COTTONWOOD TUCSON – InnerPath Beginnings & Beyond Retreat.** This five-day intensive retreat is tailored to meet the needs of those individuals who want to make healthy changes in their lives. Facilitated by **Rokelle Lerner.** Visit [www.cottonwoodtucson.com](http://www.cottonwoodtucson.com) or call Jana at 520-743-2141 or email at [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com) for information.

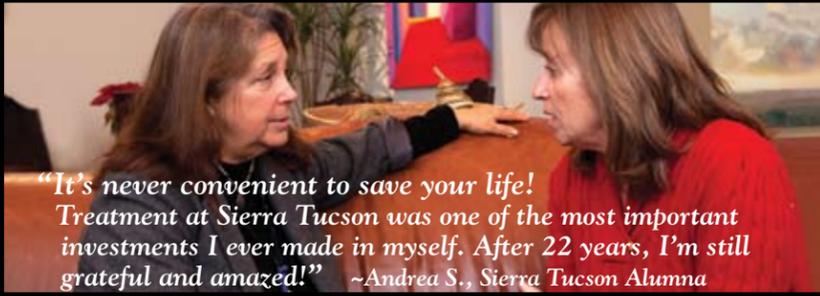
**MARCH 8 — SIERRA TUCSON'S "SYNERGY" Luncheon,** 11:30 a.m.–1:00 p.m. Sponsored by Sierra Tucson. Gathering will incorporate thoughtful open discussion on clinical topics, networking, sharing of resources including treatment resources, case studies, journal articles on designated

topics, and more. Inner-Work Counseling, 3231 S. Country Club Way, #111, Tempe. Pre-registration at [www.SierraTucson.com](http://www.SierraTucson.com) by 3/1/13: \$10 (no refunds after this date). Seating limited; first come, first served for clinicians only, please. Contact Lisa Jane Vargas at 480-722-0893 or [LVargas@SierraTucson.com](mailto:LVargas@SierraTucson.com).

**MARCH 13 — 8 – 10 a.m.** Phoenix Area Professionals' CEC Breakfast, Sponsored by **Sierra Tucson and Prescott House.** The Pointe Hilton Squaw Peak Resort, 7677 N. 16th Street (& Morten Ave.) Pre-registration at [www.SierraTucson.com](http://www.SierraTucson.com) by 3/6/13: \$15 per person (no refunds after this date). At door: \$25 per person (cash or check only). 2 CE Credits available. Contact Lisa Jane Vargas at 480-722-0893 or [LVargas@SierraTucson.com](mailto:LVargas@SierraTucson.com).

**Merritt Center Returning Combat Veterans Retreat Program.** Free 4 weekend program for combat Vets. Program starting January, 2013 for men and February, 2013 for women. With the assistance of Vet mentors, and healing practitioners, returning vets will begin to release the experiences of war, and to create the dream of a new life. Contact: Betty Merritt, [betty@merrittcenter.org](mailto:betty@merrittcenter.org). 1-800-414-9880 [www.merrittcenter.org](http://www.merrittcenter.org)

**APR 15-19 – TUCSON – COTTONWOOD TUCSON – InnerPath Women's Retreat.** This five-day retreat has been designed especially to meet the needs of women who are re-evaluating their relationships, their priorities, and their sense of self. Facilitated by **Rokelle Lerner.** Visit [www.cottonwoodtucson.com](http://www.cottonwoodtucson.com) or call Jana at 520-743-2141 or email at [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com) for information and registration.



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**Gamblers Anonymous Meetings** — at ACT Counseling & Education. 11:00 am to 12:30 pm. Call 602-569-4328 for details. 5010 E. Shea Blvd. D202, Phoenix. Near Tatum on Shea Blvd.

**Emotional Healing Journaling Workshop,** effective strategies to manage unwanted habits and compulsive behaviors. Thursdays 7-8:30pm. Facilitated by Elisabeth Davies, *Continued page 13*



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### Love or Co-Dependence from page 1

tor our emotions and keep them in a 3 to 4 range. This is called responding emotionally as opposed to either reacting or withdrawing emotionally.

Emotional reactions in relationships are generally indicators of a back log of unresolved emotions, whether the back log is from the past in the relationship or the greater past that we came into the relationship with, or both. Our goal is to move from reaction or withdrawal to effective emotional responses.

#### **4. Establish and maintain healthy boundaries**

Boundaries are our personal definition of what is okay for us to experience and what is not, whether that is individually or in relationship. It is important for each individual to define their physical, emotional, sexual, intellectual and spiritual boundaries and to communicate them lovingly and clearly to each other.

Boundaries are different than walls or defenses. Walls and defenses are generally fear based, creating impenetrable blocks to communication and intimacy. Boundaries define what is acceptable or unacceptable within the individual or within the relationship.

When we are identifying our healthy boundaries, they allow room for us to change, evolve and grow individually and within the relationship. They are not written in stone. We may change some of our boundaries as we grow and change throughout our life. We can honor our personal boundaries while honoring another's boundaries without it harming the relationship. Boundaries are based in a love for ourselves, which enhance our self empowerment and self esteem when communicated in a loving, empowered and compassionate manner.

#### **5. Identify and Express your negotiable and non-negotiable desires.**

We all have desires. In the past, they have been described as needs and wants. In recent years we have come to understand that need is an illusion and drains us of our power. We

***"Boundaries are different than walls or defenses. Walls and defenses are generally fear based, creating impenetrable blocks to communication and intimacy. Boundaries define what is acceptable or unacceptable within the individual or within the relationship."***

simply have desires. To know and identify our desires, it helps to determine them emotionally, physically, sexually, intellectually and spiritually and to classify them into two categories: negotiable and non-negotiable.

When we negotiate our emotional, physical, sexual, intellectual and spiritual desires with our partner, we are teaching them how we want to be loved in all those areas. When we don't negotiate our desires with our partner, they have to guess at what we want and they have a 50/50 chance at guessing rightly or failing. These are very poor odds.

Ultimately, we are responsible to fulfill our hearts desires. We achieve this by being simple and clear about them, negotiating with the other person how we want them to be fulfilled and by not attaching expectations to the outcome. If for some reason they did not follow through on what they agreed to do or not do, then we lovingly confront this issue.

As love is both words and actions, when we talk about our desires with our partner, we are loving ourselves. When we negotiate our desires with our partner, we are teaching them how we want to be loved. And, when our partner agrees to fulfill the desire and then does so, they are expressing their love not only in words, but more importantly, in actions.

#### **6. Practice empowered loving communication.**

Communication is the only way we will let others know who we are, how we feel, what we desire and what we think. Empowered Loving Communication is about communi-

cating with love, compassion, honesty, clarity and assertiveness and is without any shame, blame, judgment or criticism of ourselves or others. We share with "I" statements and not "you" statements about how we feel and think and what our desires are.

Many times we may be fearful of sharing our truth out of the fear that we will not be heard, that we will be judged, or that the other person will react negatively to us. This is where the development of boundaries both emotionally and intellectually comes into play. It is important to share and listen with boundaries so **we do not take on the reactions or realities of others** and to share and listen without expectation.

Learning to communicate with love and empowerment is a skill that takes time and practice to become proficient at. We have to be willing to let go of any fearful needs and expectations of outcomes and instead be willing to share our truth clearly without these needs. Empowered Loving Communication allows us to communicate in a manner that is both loving and respectful of ourselves as well as to the other person. It gives us a greater sense of confidence, self love and self esteem while allowing others to know us.

#### **7. Strive to maintain greater levels of intimacy and spirituality**

Relationships feel better and better as we each develop a common ground for the relationship which allows us a sense of safety for each of us to be and express who we are; express even greater respect for one another

and practice the tools and skills of their unique relationship recovery. The difficult areas become farther and farther apart. And as they arise, they are much easier and quicker to move through and learn from.

Like each of us, relationships are always evolving. They never "arrive". This is part of our individual human/spiritual nature and that of relationships as well. It is important to remember that as each person feels better within the relationship, complacency can creep into one or more areas of the relationship emotionally, physically, sexually, spiritually and/or intellectually. To guard against complacency, it is important to create daily and weekly practices of communication and intimacy in the relationship which will allow for the continued evolution and growth.

### Love or Co-Dependence cont. page 11



*Ken and Mary Richardson are International lecturers, counselors and facilitators who, combined, bring over sixty five years of experience to the helping professions.*

*They are educators, consultants and counselors with individuals, groups, organizations and institutions and have extensive experience in treating alcoholism, drug addiction and codependence, relationship recovery, men's/women's issues, spirituality, and other obsessive/compulsive dependent behaviors.*

# A Tale of Two Fathers

By ALAN COHEN

My coaching client Gregg told me that he was trying to figure out his identity as a husband and father. "I grew up with two fathers," Gregg explained. "One was my biological father, and the other the man my mother married after she divorced my father for cheating on her."

"My first father was a real player, a high-roller," Gregg went on. "He loved to make money and spend it. He was generous with me and everyone. When I saw him after the divorce, he always had a new car and a different girlfriend. He seemed to be having fun, but I never saw him have a real relationship."

"My second father was the exact opposite: He was ultra-conservative, serious, and stingy, but stable. He was a solid guy, but didn't seem to be enjoying life."

"Now that I have my own wife and family," Gregg confessed, "I struggle between these two images. I'm not sure which man I want to be more like."

I told Gregg, "You are very blessed to have these two fathers to learn from. You had a soul contract to learn from both of them. Each had traits you liked, and traits you disliked. You don't have to be like one or the other. You can choose your first father's playfulness and generosity without cheating on your wife, and you can choose your second father's stability without being stingy."

With that suggestion Gregg experienced a huge "aha! He discovered that he can "take the best and leave the rest."

My mentor Hilda Charlton taught, "Everyone teaches you something. Some teach you what to do, and others teach you what not to do." It is rare that we meet someone who models all of what we want or all of what we don't want. We human beings are gloriously complex and embody a wide spectrum of traits for better and worse. It would be naïve and simplistic to want to be all of what someone is or all of what they are not. A mature person discerns traits within a person, and appreciates what is valuable and what is not.

During one class Hilda guided the students on a unique exercise. "I want each of you to stand and tell what ethnic group you have descended from. Then say, 'I choose to take the positive trait of \_\_\_\_\_ from my heritage, and I choose not to take the negative trait of \_\_\_\_\_ from my heritage.'"

*"Everyone teaches you something. Some teach you what to do, and others teach you what not to do." It is rare that we meet someone who models all of what we want or all of what we don't want. We human beings are gloriously complex and embody a wide spectrum of traits for better and worse."*

Because the class took place in New York, students from many different cultures spoke. Chinese, Jewish, Italian, Irish, African-American, and many others identified the best and worst traits of their culture, and took a stand for what was helpful and what was not. That class was a real eye-opener for me. Although it took place many years ago, I remember it clearly to this day.

To identify any person or event as all good or all bad is a form of nearsighted vision. (Stephen Wright said, "A conclusion is where you got tired of thinking.")

There is a little bit of good in things that seem very bad, and there is a little bit of bad in things that seem very good. Your experience depends on what you choose to focus on. The ancient yin-yang symbol depicts a little white spot in the black sector and a little black spot in the white sector. When we recognize life as multidimensional we can use mature discernment to make healthy decisions.

Dr. Barry Vissell and his wife Joyce Vissell (sharedheart.org) are gifted teachers of relationship. In a recent magazine article, they offered this quiz:

"It's time to elect a new world leader, and only your vote counts. Here are the facts about the three leading candidates. Who would you choose?"

"Candidate A associates with crooked politicians and has two mistresses. He also chain smokes and drinks 8 to 10 martinis a day. Candidate B was kicked out of office twice, sleeps until noon, used opium in college, and drinks a quart of whiskey every evening."

Candidate C is a vegetarian, doesn't smoke, drinks an occasional beer, and never cheated on his wife. Which of these candidates would be your choice?

"Candidate A is Franklin D. Roosevelt. Candidate B is Winston Churchill. Candidate C is Adolph Hitler."

"Obviously, some important details were left out of the candidates' resumes, but this example shows how important it is to look deeper before you judge."

All good people do some bad things and all bad people do some good things. Each of us must learn from the example that others show us, especially from the fruits of their actions.

In a sense, we all have two fathers. We have role models of people who inspire us to follow their model, and others who inspire us head in the opposite direction. Let us be grateful to them all, for they all serve.



Alan Cohen is the author of many popular inspirational books, including the newly-released *Enough Already: The Power of Radical Contentment*. Join Alan beginning March 1 for his acclaimed Life Coach Training Program. For more information about this program, Alan's other books, free daily inspirational quotes, and his weekly radio show, visit [www.alancohen.com](http://www.alancohen.com), email [info@alancohen.com](mailto:info@alancohen.com), or phone (800) 568-3079 or (808) 572-0001.

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## Many Parents Not Concerned About Children's Misuse of Narcotic Pain Medicines

A survey of parents finds just one-third are very concerned about the misuse of prescribed narcotic pain medicine by children and teens in their community, according to *HealthDay*. Only one-fifth are very concerned about the misuse of these drugs in their own families. The national survey of more than 1,300 parents with children ages 15 to 17 was conducted by the University of Michigan Mott Children's Hospital. According to the findings, 38% of black parents, 26% of Hispanic parents, and 13% of white parents are very concerned about the misuse of narcotic painkillers in their own families. Misuse of these medicines has been shown to be three times higher among white teens than black or Hispanic teens, according to the researchers.

They found 41% of parents favor a policy that would require a doctor's visit to obtain

refills on these medications. About half said they do not support a requirement that unused pain medicines be returned to a doctor or pharmacy.

"Recent estimates are that one in four high school seniors have ever used a narcotic pain medicine. However, parents may downplay the risks of narcotic pain medicine because they are prescribed by a doctor," Sarah Clark, Associate Director of the Child Health Evaluation and Research Unit at the University of Michigan, said in a news release. "However, people who misuse narcotic pain medicine are often using drugs prescribed to themselves, a friend or a relative. That 'safe' prescription may serve as a readily accessible supply of potentially lethal drugs for children or teens."

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■ Child/Adolescent Inpatient	■ Adolescent Outpatient

**OTHER SERVICES**

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- Momentum – outpatient treatment for long-term mental illness

Intake representatives are available 24 hours a day to schedule appointments for assessment. St. Luke's Behavioral Health Center does not have an Emergency Department and does not offer emergency services.

Call 602-251-8535 or 800-821-4193 to schedule an appointment for a free assessment.  
[stlukesbehavioralhealth.com](http://stlukesbehavioralhealth.com)

**EVENTS** from page 8

MC. \$20 per workshop. Includes a copy of Good Things Emotional Healing Journal: Addiction. 9401 W. Thunderbird Road. Suite 186. Peoria (602) 478-6332 [www.GoodThingsEmotionalHealing.com](http://www.GoodThingsEmotionalHealing.com)

East Mesa PAL-Group **Support Group for Parents in East Mesa.** Broadway Christian Church, 7335 E. Broadway Rd. (Just East of Power Rd.) Mesa, AZ 85208 (Park on West Side Toward the Front and Go to West Lobby Classroom) Thursday 7:00 – 8:30pm. FREE. Contact: Tim Skaggs: (480) 981-0802 e-mail: [tskaggs@bccmesa.com](mailto:tskaggs@bccmesa.com)

**Franciscan Renewal Center Support Groups: Divorce, Separation and Significant Relationship Endings.** Deals with the pain of divorce, separation, and relationship endings in a positive, healing way. Mondays, 6:30 - 8:00 p.m. *Facilitators: Judith McHale, MA, LPC and Tom Mitchell, Ph.D, LPC.* **GRIEF Support.** For individuals grieving the loss of a loved one. Tuesdays, 5:30 - 7:00 p.m. *Facilitator: Sylvia Hernandez, LICSW and Judith McHale, MA, LPC.* **DEPRESSION Support.** Every other Tuesday, 6:30 - 8:00 p.m. *Facilitator: Mike Finecey, MA, LPC, LISAC.* **GESTALT THERAPY Support.** Group will help attendees acquire the tools to make self-regulating adjustments that enhance their lives. Wednesdays, 6:30 - 8:00 p.m. *Facilitators: Deborah Weir, MC, LPC and Barry Evans, MC, LPC.* Franciscan Renewal Center, 5802 E. Lincoln Drive, Scottsdale. 480-948-7460. [www.thecasa.org](http://www.thecasa.org)

**Incest Survivors Anonymous** ISA meeting in Phoenix—North Scottsdale Fellowship Club, Saturdays, 1:30-2:30pm. Contact: Gloria at 602-819-0401. Gloria, 602-819-0401.

**Every Week – Tucson – Cottonwood Tucson – InnerPath Developing Healthy Families Workshop.** This five-day workshop is for families impacted by addictions, psychiatric disorders, anger and rage, and trauma. Facilitated by Cottonwood staff. Visit [www.cottonwoodtucson.com](http://www.cottonwoodtucson.com) or call Jana at 520-743 2141 or email at [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com) for information and registration.

**COTTONWOOD TUCSON.** Ongoing Alumni Meeting: the first Wednesday of each month 6:00-7:30 p.m. on the **Cottonwood campus in Tucson.** 4110 W. Sweetwater Drive. Come early at 5:00 p.m. for dinner. Contact Jana Martin 520-743-2141 or email [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com)

**OCD Support. Banner Scottsdale,** Room 539. Group held 2nd and 4th Thursday of each month 7:00 p.m. to 9:00 p.m. 480-941-7500. 7575 E. Earll Drive, Scottsdale,

**ACOA (Adult Children of Alcoholics)** Thursdays, 7:00 p.m., North Scottsdale United Methodist Church, 11735 N. Scottsdale Rd., Scottsdale. Contact: John V. 602-403-7799.

**EVENTS** continued page 13

**Love or Co-Dependence ?** from page 9

**Codependence has been seen as a conflict in gods.**

Our true sense of worth, self, well being and happiness come directly from our relationship with our Higher Power. When we expect another person to give us our sense of worth, self, well being and happiness we have given that power over to them. The priority in relationships is first with our Higher Power, secondly with ourselves and lastly with others. Just as our human relationships take time, attention and energy, so does our relationship with our Higher Power. Lovingly growing and evolving this relationship on a daily basis and sharing it with others will help us in our ability to progressively love and create intimacy with ourselves and others.

**8. Seek support to grow your relationship through outside support systems**

It is helpful to develop a relationship support system of people committed to you both and your relationship successfully evolving. These may include 12 Step Programs, Relationship Sponsors and Counseling, if necessary. Discretion in choosing your relationship support system is critical. It is helpful to avoid those who may find it difficult to not choose sides and instead to seek out those who are committed to supporting the best interests of you both and the health, growth and evolution of the relationship.

Reaching out beyond the relationship helps to keep the relationship open and to bring fresh perspectives, new insights and greater energy to grow your loving and empowerment in the relationship.

In our counseling practice and intensive workshops, we teach couples a variety of tools and skills in all 8 areas above which are adapted to each person's unique human way of being in relationships. Developing healthy, loving and intimate relationships is a process that develops over time. It is not an event. It first requires us to develop a loving relationship with our self and with a Higher Power. We can't give what we do not have.

Creating a healthy loving relationship can be an enjoyable exciting journey of discovery, change and evolution. With desire, commitment and practice, the rewards of relationship recovery, those of progressive change, love and intimacy, are absolutely indescribable.

Ken and Mary Richardson have maintained a private practice since 1987 and conducted workshops and retreats throughout the United States and the United Kingdom and provide services in the areas of counseling, consulting, education, workshops, seminars, treatment design and development. Ken and Mary have developed and facilitated the "Relationship Recovery Workshop", the "Advanced Relationship Recovery Workshop", "The Relationship Recovery Retreat", "The Body, Mind, and Spirit" Workshop, Weekend Intensive Workshops and "Your Healing Journey Workshop" an innovative intensive individually designed workshop. Currently they are in private practice in Scottsdale. For more information contact Ken and Mary Richardson at 602-230-8994 or visit [www.rccaaz.com](http://www.rccaaz.com)



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AZ NicA	480-990-3860	Rape Hotline (CASA)	602-241-9010
Alcoholics Anonymous	602-264-1341	Remuda Ranch	800-445-1900
Al-Anon	602-249-1257	Runaway Hotline	800-231-6946
ACA	602-241-6760	Sexaholics Anonymous	602-439-3000
Aurora Behavioral Health	623-344-4400	Sex/Love Addicts Anonymous	602-337-7117
AZ Office of Problem Gambling	800-NEXTSTEP	Sex Addicts Anonymous	602-735-1681
AWEE	602-258-0864	SANON	480-545-0520
Banner HELP LINE	602-254-4357	Sober Living of AZ	602-478-3210
Bipolar Wellness Network	602-274-0068	Suicide Hotline	800-254-HELP
Calvary Addiction Recovery	866-76-SOBER	St. Lukes Behavioral	602-251-8535
Cocaine Anonymous	602-279-3838	Step Two Recovery Center	480-988-3376
Co-Anon	602-697-9550	Teen Dating Violence	800-992-2600
CoDA	602-277-7991	TERROS	602-685-6000
COSA	480-232-5437	Valley Hospital	602-952-3939
Commun. Info & Referral	1-877-211-8661	Workaholics Anonymous	510-273-9253
Community Bridges	877-931-9142		
Cottonwood de Tucson	800-877-4520	TUCSON	
Crisis Response Network	602-222-9444	Alcoholics Anonymous	520-624-4183
The Crossroads	602-279-2585	Al-Anon	520-323-2229
Crystal Meth Anonymous	602-235-0955	Anger Management Intervention	520-887-7079
Emotions Anonymous	480-969-6813	Co-Anon Family Groups	520-513-5028
EVARC	480-962-7711	Cocaine Anonymous	520-326-2211
Gamblers Anonymous	602-266-9784	Cottonwood de Tucson	800-877-4520
Greater Phx. Teen Challenge	602-271-4084	Crisis Intervention	520-323-9373
Grief Recovery	800-334-7606	Information Referral Helpline	800-352-3792
Heroin Anonymous	602-870-3665	Half-Way Home	520-881-0066
Magellan Crisis Hotline	800-631-1314	Narcotics Anonymous	520-881-8381
Marijuana Anonymous	800-766-6779	Nictone Anonymous	520-299-7057
The Meadows	800-632-3697	Overeaters Anonymous	520-733-0880
Narcotics Anonymous	480-897-4636	Sex/Love Addicts Anonymous	520-792-6450
National Domestic Violence	800-799-SAFE	Sex Addicts Anonymous	520-745-0775
NCADD	602-264-6214	Sierra Tucson	800-842-4487
Nicotine Anonymous	877-TRY-NICA	The S.O.B.E.R Project	520-404-6237
Office Problem Gambling	800-639-8783	Suicide Prevention	520-323-9372
Overeaters Anonymous	602-234-1195	Tucson Men's Teen Challenge	520-792-1790
Parents Anonymous	602-248-0428	Turn Your Life Around	520-887-2643
Psychological Counseling Services (PCS)	480-947-5739	Workaholics Anonymous	520-403-3559

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# Recovery Chef

## Nutrition in Recovery; Fish for Breakfast? Protein and Omega 3 Fatty Acids-Brilliant!

By **LISA MACDONALD**, MPH, RD, Director of Nutrition Services at Cottonwood Tucson and Executive Chef, **RICHARD SERNA**

In working with many clients and patients, I continue to be astonished by how much our breakfast choices impact the rest of the day. Energy, concentration, moods, as well as caffeine and sugar cravings, all can be influenced by what we eat or don't eat at breakfast. It is well documented that skipping breakfast can lead to over eating later in the day. Breakfasts, and all meals for that matter, are complete only if there is inclusion of carbohydrate, protein and fat. This combination of nutrients leads to long lasting energy and stable blood sugar.

### Morning Carbs

It is not difficult to get carbohydrate foods at breakfast. Inclusion of protein and fat may take more of a conscious effort. Normally, one does not have to worry about getting enough fat in the diet because fat usually comes with protein. However, some breakfast options include ample protein, but no fat, such as some dairy products and egg whites. Historically conversations about fat have been around limiting fat. Now there is much more attention being placed on quality of fat in the diet.

### Essential Fatty Acids

There are two types of fatty acids our bodies cannot produce; therefore we must get them from our diet and they are referred to as essential. Essential fatty acids are part of cell membranes and allow for proper functioning of the immune system. The first essential fatty acid is an omega 6 fatty acid called Linoleic Acid (LA). This fatty acid is readily available in the American Diet in foods such as vegetable oils, salad dressing, mayonnaise, whole grains and vegetables. The second essential fatty acid is Alpha Linolenic Acid (ALA), an omega 3 fatty acid. This one is found in canola oil, walnuts and walnut oil, soybeans and soybean oil, but is not as readily consumed as LA. ALA is converted into 2 omega 3 fatty acids called Docosahexaenoic Acid (DHA) and Eicosapentaenoic Acid (EPA). These omega 3s reduce all-cause mortality and cardiovascular disease. They are important in brain development and function. Because the conversion of ALA

into DHA and EPA is so slow, it is better to consume foods already rich in DHA and EPA such as fatty fish including salmon, mackerel, sardines, halibut, bluefish, trout and tuna. The proper balance of omega 6 fatty acid and omega 3 fatty acids in the diet seems to lower blood pressure, prevent blood clot formation and decrease inflammation in the body. As mentioned above, Americans take in plenty of omega 6 fatty acids, but not enough omega 3s. The American Heart Association recommends all adults eat fatty fish at least 2 times per week to reduce heart disease risk.

This breakfast salmon cake presented by Chef Richard Serna is a brilliant breakfast component. Not only does it provide protein, but is also a good source of healthy fat. I can't think of a better way to include fatty fish and to contribute to a balanced breakfast than to enjoy this salmon cake.

*Lisa MacDonald, MPH, RD is the director of Nutrition Services at Cottonwood Tucson. Lisa is a Registered Dietitian with expertise in nutrition education, weight management and eating disorders. She has worked in a managed care organization, a public health agency and in the health and wellness/spa setting. Lisa is committed to scientific integrity and the "non-diet" approach to weight management.*

*Chef Richard Serna serves as executive chef at Cottonwood Tucson. Cottonwood is a dual diagnosis rehabilitation facility that wanted to foster a holistic approach to recovery. As any chef knows, health begins with what you eat. Richard has completely revitalized the culinary program at Cottonwood in only two years. He became sous chef for Chef Cary Neff at Miraval Life in Balance Spa, which was voted the #1 spa in the world while he was there. Next he was the sous chef at Enchantment Resort in Sedona. He ran the sushi bar at AJ's Fine Foods, attended the culinary program at Pima Community College, and did his internship at the Anaheim Hilton.*

## Salmon Cake

(Makes 12, 1oz scoop portions) Presented by Cottonwood Tucson

16oz	fresh salmon (rough chop and Cusinart until ground)
1¼ tbsp	egg whites
1¼ tbsp	green onion (chiffonade)
1¼ tbsp	red onion (small dice)
¼ cup	red potato (fine small dice, par cook)
¼ cup	fresh Granny Smith apple (peeled, small dice, hold in water)
1 tsp	fresh minced garlic
¼ tbsp	parsley
1¼ tbsp	flour
pinch	salt/pepper mix

**Instructions:** Combine the red potato, apple, red onion, garlic, green onion and ground salmon in a bowl. Mix well. Slowly add egg whites to the mixture. Once incorporated, add the flour, parsley and salt. Mix well. Use a 1oz scoop to portion out the hash. Heat a tablespoon of olive oil in a sauté pan and sear the hash to a golden brown on each side, (make sure to flatten hash into discs), and finish in the oven at 350 degrees for 8 minutes or until completely cooked through.

\*All Nutritional Facts estimated by ESHA Research SQL Food Processor Programs





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- **Healthy Connections for Moms-to-Be-Case Management and service referrals for pregnant women with addictions**

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## THE STREETS AREN'T THE ONLY PLACE KIDS FIND DRUGS.

RX from page 6

this on-going battle. Feedback from the more than 700 participants has been used to shape discussion at the second Summit, to be held April 2-4, 2013, at the Omni Orlando Resort at ChampionsGate in Florida. Breakout and general session programs will focus on ways participants can "Make An Impact" in the fight against prescription drug abuse.

With youth experimenting with drugs at an earlier and earlier age, it is incumbent on all stakeholders to identify and collaborate on successful educational strategies that will help change behaviors.

**"Prescription drug abuse is growing out-of-control, draining limited resources and devastating families."**

No single entity or initiative can solve our nation's problems alone. In addition to grassroots educational efforts, law enforcement strategies and providing appropriate treatment/recovery programs for addicts, we must look at long-term cures – and that involves effective legislation at local, state and federal levels. The Summit brought recognition to work of the Congressional Caucus on Prescription Drug Abuse and collaboration continues on strong Prescription Drug Monitoring Programs.

"This may be the biggest challenge of our society, and the only way this destructive trend can be reversed is if everyone – I mean, everyone – gets involved," stated U.S. Rep. Nick Rahall (WV-3rd), a keynote speaker at the first Summit. "Our nation's future – our children's and grandchildren's future – hangs in the balance."

We cannot let this problem go unchecked. Prescription drug abuse is growing out-of-control, draining limited resources and devastating families.

Please join this important national conversation on April 2-4, 2013, and Make An Impact! Our future is at stake. For more information visit <http://nationalrxdrugabussummit.org/>

NEWS continued page 13

Recognizing the scope of the problem, the NEA Health Information Network (NEA HIN) set out to determine what we could do to help teachers and families help students. After looking at what was available, NEA HIN created Rx for Understanding which includes 10 cross-curricular lessons for middle school students. Aligned with the National Health Education Standards and Common Core State Standards, the lessons aim to equip students with the understanding and decision-making skills they need to recognize and avoid the dangers of misusing and abusing prescription drugs.

By focusing on the three basic concepts of proper use: misuse and abuse, the lessons help to build knowledge and skills that young people need. These involve not only learning the facts about drugs, but include activities that build skills such as information gathering, advocacy for good health choices and making responsible health decisions.

Rx for Understanding was developed and pilot-tested with input from educators around the country. Users report that the lessons are "easy-to-use" and "accessible." Because lessons are aligned to various content areas, they can be included in various parts of the middle school curriculum.

Nora L. Howley  
Manager of Programs  
NEA Health Information Network

EVENTS from page 8

**ACA meeting.** Tucson. Every Wednesday 5:30-7:00 p.m. *Streams In the Desert Church* 5360 E. Pima Street. West of Craycroft. Classroom A (Follow the signs). Contact Michael 520-419-6723. Plus 7 more meetings in Tucson call for details.

**Overeaters Anonymous** is a 12 Step program that deals with addictions to food and food behaviors. OA has 18 meetings scheduled throughout the week. For more information call 520-733-0880 or check our web site [www.oasouthernaz.org](http://www.oasouthernaz.org)

**Families Anonymous**—12-step program for family members of addicted individuals. Two locations: Phoenix/Scottsdale. 800-736-9805.

**Pills Anonymous**—Tues: 7:00 p.m., Glendale Community Church of Joy, 21000 N. 75th Ave. Tuesday: 7:00 p.m., Mesa- Open Discussion. St. Matthew United Methodist Church, 2540 W. Baseline Road Room B. 14, Mesa. Jim 480-813-3406, Meggan 480-241-0897. Wed: 5:30 p.m. North Scottsdale Fellowship Club, Room 3, 10427 N. Scottsdale Road, Thurs.: 7:00 p.m., Phoenix, Desert Christian Church Rm. D-2, 1445 W. Northern. Janice 602-909-8937.

**CELEBRATE RECOVERY—Chandler Christian Church.** Weekly Friday meetings 7 p.m. Room B-200. For men and women dealing with chemical or sexual addictions, co-dependency and other **Hurts, Hang-ups and Habits.** 1825 S. Alma School Rd. Chandler. 480-963-3997. Pastor Larry Daily, email: [larrydaily@chandlercc.org](mailto:larrydaily@chandlercc.org).

**GA Meetings** —ACT Counseling & Education in Phoenix and Glendale. **Tuesday, Spanish** (men preferred) 7:00 -9:00 pm. 4480 W. Peoria Ave., Ste. 203, Glendale. **Thursday, Spanish** 7:00 - 9:00 pm 4480 W. Peoria Ave., Ste. 203, Glendale. **Sunday, Spanish** 6:00 - 8:00 pm 4480 W. Peoria Ave. Ste. 203, Glendale. **Sunday, English** 6:30 - 8:00 pm 5010 E Shea Blvd., Ste. D-202, Phoenix. Contact Sue F. 602-349-0372

**Sex Addicts Anonymous** [www.saa-phoenix.org](http://www.saa-phoenix.org) 602-735-1681 or 520-745-0775.

**Tempe Valley Hope Alumni Support Groups,** Thursdays 6-7:00 p.m., 2115 E. Southern Ave. Phoenix. Tuesdays 8-9:00 p.m. , 3233 W. Peoria Ave. Ste. 203, Open to anyone in recovery.

**Special Needs AA Meetings.** Contact Cynthia SN/AC Coordinator 480-946-1384, email Mike at [mphaes@mac.com](mailto:mphaes@mac.com)

**North Phoenix Visions of Hope Center**—Recovery center for 18 or older enrolled in Magellan. 15044 N. Cave Creek Road #2. Phoenix. 602-404-1555.

**Survivors of Incest Anonymous.** 12-step recovery group for survivors. Tucson Survivors Meeting, Sundays 6:00 to 7:15pm. St. Francis in the Foothills, 4625 E. River Road (west of Swan). Carlos 520-881-3400

**OVEREATERS Anonymous**—Teen Meeting, Saturdays 4:00 p.m. 1219 E. Glendale Ave. #23 Phoenix. [www.oaphoenix.org/](http://www.oaphoenix.org/) 602-234-1195.

SLAA—Sex and Love Addict Anonymous



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 <b>THE MICHAEL SAVAGE SHOW</b> 5-7pm	 <b>THE LARS LARSON SHOW</b> 10pm-1am

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Call (602) 277-1100 or go to the website: [www.1100kfnx.com](http://www.1100kfnx.com)

602-337-7117. [www.slaa-arizona.org](http://www.slaa-arizona.org)

**FOOD ADDICTS Anonymous**—12 step group. [www.Foodaddictsanonymous.org](http://www.Foodaddictsanonymous.org)

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

**DEBTORS Anonymous**—Mon., 7-8:00 p.m., St. Phillip's Church, 4440 N. Campbell Ave., Palo Verde Room. Thurs. 6-7:00 p.m., University Medical Center, 1501 N. Campbell. 520-570-7990, [www.arizonada.org](http://www.arizonada.org).

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WWW.RXSAFETYMATTERS.ORG

## Facts & Figures

Prescription drug abuse IS STILL DRUG ABUSE... It is dangerous and can be deadly.

- 2,500 teens begin abusing prescription drugs each day.
- Many kids believe medications are safer to abuse than illegal drugs – but abusing prescription drugs can lead to addiction, overdose and even death.
- Next to marijuana, the most common drugs teens are using to get high are prescription medications.
- 70% of people 12 and older who abuse prescription drugs say they get them from a friend or relative.
- The most commonly abused prescription drugs are pain medications, sleeping pills, anti-anxiety medications and stimulants (used to treat attention deficit/hyperactivity disorders).
- 1 in every 5 teens in America has taken a prescription pain medication that was not prescribed for them.
- 60% of teens who have abused prescription painkillers did so before the age of 15.
- 12-17 year olds abuse prescription drugs more than ecstasy, heroin, crack/cocaine and methamphetamines combined.

Partnership for a Drug Free America/ONDCP, "Teens and Prescription Drugs", Feb., 2007. Office of National Drug Control Policy, Prescription for Danger, January 2008. Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health (NSDUH), 2008.



### DID YOU KNOW?

Kids who bully at school are more likely to bully at home and engage in other types of violent and destructive behavior, including drinking, using drugs and getting into fights.



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## LIFE 101

By COACH CARY BAYER www.carybayer.com

### The Government in Washington and the Government of Nature

Having seen Steven Spielberg's *Lincoln*, I'm reminded of the ideal our 16th President invoked in his immortal Gettysburg address when he said that, "government of the people, by the people, for the people, shall not perish from the Earth." It's a tribute to the wonderful experiment called democracy — America's great gift to the world that inspired revolutions that toppled European kings within half a century of its birth.

Thomas Jefferson, who wrote the Declaration of Independence that set our 13 colonies free, said, "The government is best which governs least." Boy, we sure could use a Founding Father like that in the power corridors of Washington now!

As I write this column, Americans watch as the clock ticks, and our elected officials play chicken with each other, threatening to drive our economy perilously off a fiscal cliff. We're seeing far too much of the machinations of our government, indicating a dysfunction that hasn't stopped with the President's re-election.

Jefferson's quote reminds me of something I learned from Maharishi Mahesh Yogi, the great guru who taught me how to teach meditation to others. He said that governments should model themselves on the government of Nature, adding that the Universe is governed by Laws of Nature that are so well conceived and so well executed, that human beings don't even know there is a government operating.

The sun rises each dawn and sets each dusk, the moon governs the oceans' tides, gravity is at work in our world. We see the effects of these laws of the Universe, but we don't see the government that's carrying out such laws. That, Maharishi said, is what makes the government of Nature supreme; it governs so effectively we don't even know we're being governed.

Contrast that with what's happening in Washington D.C., a festering district that would make the Father of our Country turn over in his grave to know that it was named for him. These days, the U.S.A. is more like the D.S.A. — the Divided States of America.

In the summer of 2012, a Gallup Poll found the approval rating of the 112th Congress had sunk to a pitiful 10 percent. This disapproval is greater than Americans' dislike for the IRS, President Nixon during the Watergate scandal, British Petroleum during its catastrophic oil spill in the Gulf of Mexico, telemarketers, lawyers, HMOs, and bankers.

Maharishi said people get the political representation they deserve, that these elected officials reflect our consciousness. There's Congressional gridlock, but are these stalemates, game-playing, and off-the-chart filibustering rates that different from the procrastination that stalls the personal development of the 300 million people they represent? The U.S. behaves like a "Procrasti-Nation:" in tens of millions of American households and in the House of Representatives that's supposed to serve all those households. President Obama echoed these sentiments about the recalcitrant Congress, when he said of their heel-dragging as they sputtered toward the fiscal cliff, saying: "One thing we can count on with respect to this Congress is that if there is even one second left before you have to do what you're supposed to do, they will use that last second."

Einstein was famous for saying, "We can not solve our problems with the same level of thinking that created them." Solutions lay in getting to the source of thinking itself—in other words, to expanding consciousness. The good news is that the meditation that Maharishi taught, (Transcendental Meditation), and the Higher Self Healing Meditation that I teach that was inspired by decades of teaching the former, can bring human awareness to the unbounded state of pure consciousness at the deepest level of the mind, a source from where all thought springs, at the transcendental level of the mind that's also the home of all of Nature's laws. As people meditate, they live more in tune with such laws, attracting politicians to represent that consciousness. As a result, the greater the chances will be that we send to Washington a new breed of public servant who lives in such harmony with Nature.

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Each year, the Monitoring the Future (MTF) survey measures drug, alcohol, and tobacco use and related attitudes among 8th, 10th, and 12th graders.

Following are facts and statistics about youth substance use from the 2012 MTF report.

#### Illicit Drug Use

Illicit drug use among teenagers has continued at high rates, largely due to the popularity of marijuana. Marijuana use by adolescents declined from the late 1990s until the mid-to-late 2000s, but has been on the increase since then. In 2012, 6.5 percent of 8th graders, 17.0 percent of 10th graders, and 22.9 percent of 12th graders used marijuana in the past month—an increase among 10th and 12th graders from 14.2 percent, and 18.8 percent in 2007. Daily use has also increased; 6.5 percent of 12th graders now use marijuana every day, compared to 5.1 percent in the 2007.

act in the brain similarly to THC, the main active ingredient in marijuana. These mixtures could be obtained legally until recently and are still wrongly perceived as a safe alternative to marijuana. Synthetic marijuana was added to the MTF survey in 2011. In that year, 11.4 percent of 12th graders—one in nine—reported using it in the past year. This year 4.4 percent of 8th graders, 8.8 percent of 10th graders, and 11.3 percent of 12th graders reported past-year use.

Nonmedical use of prescription and over-the-counter

medicines remains a significant part of the teen drug problem. In 2012, 14.8 percent of high-school seniors used a prescription drug nonmedically in the past year. Data for specific drugs show that the most commonly abused prescription drugs by teens are the stimulant Adderall and the pain reliever Vicodin (see figure).

Positive trends in the past several years include reduced use of inhalants and less use of cocaine. Inhalant use is at its lowest levels in the history of the survey. Past-year inhalant use by younger teens dropped significantly between 2007 and 2012, from 8.3 percent of 8th graders and 6.6 percent of 10th graders to 6.2 percent and 4.1 percent, respectively. Past-year use of cocaine by 12th graders dropped from 5.2 percent to 2.7 percent from 2007 to 2012. Other drugs, such as heroin, methamphetamine, and hallucinogens, are holding fairly steady. Ecstasy (MDMA) is seeing a significant drop among teens. Past-year use of ecstasy by

12th graders decreased from 5.3 percent in 2011 to 3.8 percent in 2012. Among 10th and 8th graders it dropped from 4.5 to 3.0 percent and from 1.7 to 1.1 percent, respectively.

#### Alcohol

Alcohol use among teens has dropped to historically low levels. In 2012, 3.6 percent of 8th graders, 14.5 percent of 10th graders, and 28.1 percent of 12th graders reported getting drunk in the past month, continuing a long-term, downward trend. Significant declines include 5-year drops in daily alcohol use by 8th, 10th and 12th graders (0.3 percent, 1.0 percent and 2.5 percent, respectively, in 2012). In 2012, 23.7 percent of high-school seniors reported binge drinking (defined as 5 or more drinks in a row in the past 2 weeks)—a drop of one-quarter since the late 1990s.

#### Tobacco

Fewer teens smoke cigarettes than smoke marijuana. Cigarette smoking by high-school students peaked in 1996–1997 and has declined continuously since then. In contrast, marijuana use has been rising in recent years. Now, while 17.1 percent of 12th graders were current (past-month) cigarette smokers—the lowest it has been in the history of the survey—22.9 percent were current marijuana smokers. Other forms of smoked tobacco are remain popular, however. The use of hookah water pipes and small cigars has raised public health concerns and has recently been added to the MTF survey. In 2012, 18.3 percent of 12th graders had smoked a hookah in the past year, and 19.9 percent had smoked a small cigar.

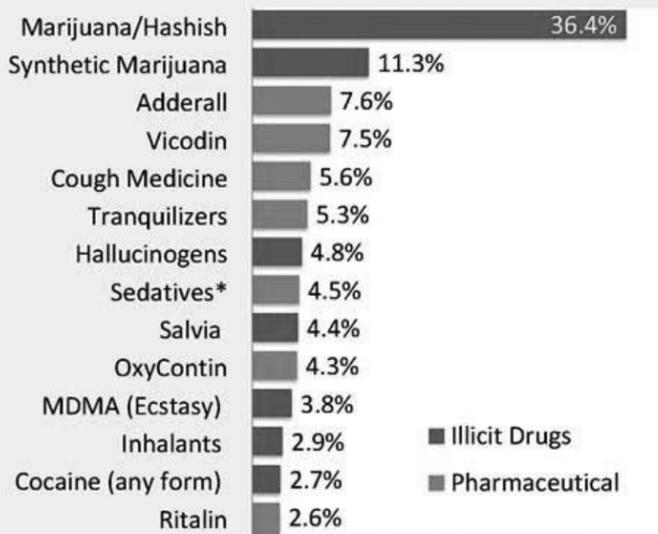
#### Learn More

Complete MTF survey results are available at [www.monitoringthefuture.org](http://www.monitoringthefuture.org). For more information on the survey and its findings, also visit [www.drugabuse.gov/related-topics/trends-statistics/monitoring-future](http://www.drugabuse.gov/related-topics/trends-statistics/monitoring-future).

Other sources of information on drug use trends among youth are available: The annual National Survey of Drug Use and Health, conducted by the Substance Abuse and Mental Health Services Administration, gathers detailed data on drug, alcohol, and tobacco use by all age groups. It is a comprehensive source of information on substance use and dependence among Americans aged 12 and older. Data and reports can be found at [www.oas.samhsa.gov/NSDUHLatest.htm](http://www.oas.samhsa.gov/NSDUHLatest.htm).

The Youth Risk Behavior Survey is a school-based survey conducted every other year by the Centers for Disease Control and Prevention. It gathers data on a wide variety of health-related risk behaviors, including drug abuse, from students in grades 9–12. [www.cdc.gov/nccdphp/dash/yrbs/index.htm](http://www.cdc.gov/nccdphp/dash/yrbs/index.htm).

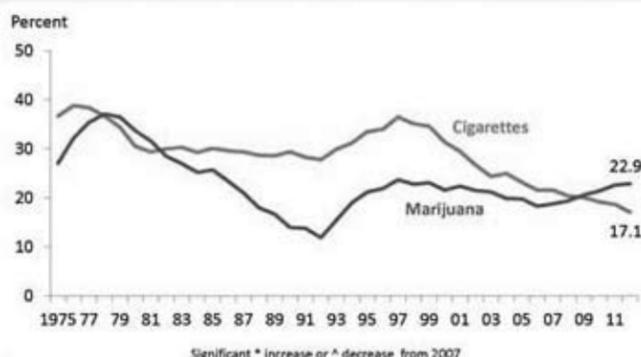
#### Past-Year Use of Illicit Drugs and Pharmaceuticals among 12th Graders



SOURCE: University of Michigan, 2012 Monitoring the Future Study

Rising marijuana use reflects changing perceptions and attitudes. Historically, as perception of risks goes down, use goes up (and vice versa - see figure). Young people are showing decreased perception that marijuana is dangerous. The growing perception of marijuana as a safe drug may reflect recent public discussions over medical marijuana and marijuana legalization.

#### Past Month Cigarette and Marijuana Use among 12th Graders, 1975 to 2012



Source: University of Michigan, 2012 Monitoring the Future Study

Synthetic marijuana is a new and major concern. Also known as Spice or K2, synthetic marijuana refers to herbal mixtures laced with synthetic cannabinoids, chemicals that

#### RECOVERY SERVICES

ACT Counseling	602-569-4328
Alcohol Recovery Solutions	480-496-9760
Amity Foundation	520-749-5980
AZ. Dept. of Health	602-364-2086
Office of Problem Gambling	800-NEXTSTEP
Aurora Behavioral Health System	623-344-4444
Banner Health Helpline	602-254-4357
Bill Ryan, Interventionist	602-738-0370
Celebrate Recovery with	
Chandler Christian Church	480-963-3997
Clean and Sober Living	602-540-0258
Community Bridges	480-831-7566
Community Bridges Access to Care Line	877-931-9142
Cottonwood de Tucson	800-877-4520
Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
Decision Point Center	928-778-4600
Dr. Dan Glick	480-614-5622
Dr. Dina Evan	602-997-1200
Dr. Janice Blair	602-460-5464
Dr. Marlo Archer	480-705-5007
English Mountain Recovery	877-459-8595
Franciscan Renewal Center	480-948-7460
Gifts Anon	480-483-6006
Glenstone Village	520-647-9640
Intervention ASAP	602-606-2995
Geffen Liberman, LISAC	480-388-1495
Magellan of Arizona	800-564-5465
MASK	480-502-5337
The Meadows	800-632-3697
NCADD	602-264-6214
Pathway Programs	480-921-4050
Phoenix Metro SAA	602-735-1681
Promises	866-390-2340
Psychological Counseling Services (PCS)	480-947-5739
Remuda Ranch	800-445-1900
River Source-12 Step Holistic	480-827-0322
Sage Counseling	480-649-3352
SLAA	602 337-7117
Sober Living AZ	602-478-3210
Sex Love Addicts Anonymous	520-792-6450
St. Luke's Behavioral	602-251-8535
Teen Challenge of AZ	800-346-7859
Turn Your Life Around	520-887-2643
TERROS	602-685-6000
Valley Hosptial	602-952-3939
LEGAL SERVICES	
Dwane Cates	480-905-3117
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