

Together AZ



Inspiring Success On The Road To Recovery

JUNE 2013

PLUS:

- *Grief Can Transform Us*
- *Sorting out the Myths on Sober Living Homes*
- *The Recovery Chef*

Staying the Course to Recovery

By Richard T. Clarke, Ph.D., Magellan of Arizona CEO



Over the last six years, Magellan has charted a successful course of system transformation. Together with you — the people we serve — and with our provider partners, we have followed this course with unwavering resolve to improve lives!

The results for our members have been extraordinary. Two of the most impactful programs over the last two years included the launch and implementation of four Integrated Health Homes to integrate behavioral health and physical health care and the implementation of our internationally recognized suicide deterrence initiative which has achieved a 52% reduction in suicide.

Feeding our resolve and commitment is a simple, yet powerful core set of principles that have guided our goals since Day One in September 2007. By following these principles, we have remained true to those we're here to serve, which has helped us transform and improve the behavioral health care system in central Arizona. Those principles, shared many times before, include:

- **Voice and participation**—Giving service recipients a voice in their treatment and participation in their recovery.
- **Family involvement**—Being inclusive of and listening to families, who are a critical component in recovery.
- **Outcomes**—Focusing on recovery and resiliency as the cornerstones of reaching critical and personal goals.
- **Community integration**—Supporting integration back into the community where recipients live, work and play.
- **Race and equity**—Ensuring race or ethnicity are not barriers to accessing services; delivering service in a culturally sensitive and appropriate manner.
- **Provider problem solving and collaboration**—Working together to solve problems; listening to those closest to the issues and solutions.

MAGELLAN continued page 2



A Powerful Approach to Healing

By Marlo J. Archer, Ph.D.

I was in a family feud over money and needed some advice. I invited my dad to have a talk with me about it on a picnic table near Lake Michigan at the Summerfest grounds, under the Hoan Bridge on a bright, sunny day in Milwaukee, Wisconsin. He told me I didn't need to worry about what my aunt and uncle thought, and he knew I'd make the right decision. We spoke of other things as well. We laughed and cried as I caught him up on everything that had happened in my life since he had died. Oh yeah, did I forget to mention that my dad is gone?

In fact, it was his estate and another estate that got us all into feud to begin with. However, through the power of psychodrama, I did, in fact, have a conversation with him and get all the advice I needed to move forward with my dilemma. Oddly enough, he was played by an Australian woman I had never met before, and she was perfect for the part.

What am I talking about?

The power of psychodrama. It is an excellent form of therapy that simply has an unfortunate name. It was created and named by a psychiatrist from Vienna long before people thought about the marketing implications of choosing a name for a technique.

To move away from the name, "Psychodrama," which can conjure up images of teen-aged girls with runny mascara raccoon eyes, some people also refer to it as "Experiential Therapy" or "Action Methods." Psychodrama involves actions that look a lot like what people might call "role-playing," but it is far more complex and therapeutic than the dippy sorts of role plays some employers try to get us to do when they have consultants come in to do the sexual harassment or cultural sensitivity trainings.

Why would you want to try it?

Psychodrama offers the opportunity to experience things that are not possible in real

life, but they would have been really helpful to experience. How about that cop that pulled you over for speeding and you were nothing but polite and he was a total jerk? Don't you have a few things you'd still like to say to him? Or, the guy that broke your heart in high-school — wouldn't it be interesting to invite him to your home with your husband and show him the happy family that you have now, no thanks to him? Psychodrama can grant you these opportunities — and so much more.

How about the time your grandmother was sick and you flew home to see her, only to arrive an hour after she had already passed? Are there things you wish you could have said to her while she was still here? What about your 3rd grade teacher, you don't even remember her name, but you came to school without a lunch, she gave you half her sandwich and now you realize she was one of the very few people who even noticed you when you were that age. Wouldn't it be great to tell her how much she meant to you? Psychodrama gives you those chances as well.

Psychodrama and Trauma

Psychodrama can also help resolve complex trauma and injuries sustained as a child.

Maybe you had a drunken step-father and a passive mother and you endured decades of abuse at his hands while she did nothing. I bet you're still a little messed up about that. Psychodrama can help you sort that out as well. You can go back to your childhood home as an adult, armed with angels, a dragon, three friends, a dog, a bear, the police, Jerry Springer, or whatever else you might need to face your demons and send them packing. You can do today what you could not do then and even though it seems like just creating it would seem fake, it really isn't when you are doing the work. It feels real and the release of emotions you've been carrying for years helps heal the deep wounds.

How does it work?

Whenever we have an urge to do something (that's called an act hunger), that urge, that energy, stays in our body until it is released in a healthy way. So, if mom whacked you with a wooden spoon when you were five and told you to quit crying or she'd give you something to cry about — you probably stuffed away a lot of tears that still need to be cried. Psychodrama helps you release those tears in a safe and respectful setting so they can be released and stop giving you migraines or high blood pressure.

When our boss at work humiliates us in front of our team, we want to cry or break something. If we do either, we'll be fired. We clench our jaws, purse our lips, and agree to whatever is being asked of us. Then we either we hold the tension in our body or we discharge it later inappropriately on our children when we get home. Psychodrama allows us to safely discharge stored tensions by allowing us to complete actions we had a strong urge to do, but were prevented at the time.

So far it sounds like a bunch of crying and yelling. Sign me up, right?

Well, there can be some crying and yelling, but what takes up most of the time in a psychodrama group is connecting. People connecting to each other, people connecting to themselves, people connecting their past to their present, to their future, connecting emotions to behaviors, connecting values to actions.

The wounds we experience starting the moment we're born, are primarily perpetrated by human beings and each injury serves to break connections. We feel less connected to the stressed-out mother who didn't have time for us because she had two other children. We feel less connected to our father who sleeps all day on his day off. We feel less connected

PSYCHODRAMA continued page 9



publisher's note

Was that you, Bill?

By BARBARA NICHOLSON-BROWN

As many of you know, a little over three years ago I lost the love of my life, Bill to cancer. While he was seriously ill for over four years, we both denied the fact his life was coming to an end. It was too painful to acknowledge the reality and gravity of the situation we faced; and since he always seemed to bounce back by some miracle — why wouldn't he this time?

My grieving process has been “a deep, dark, yet spiritual journey.” (A very wise man told me grief is on *kairos*, not *chronos* time.) What has haunted me though, was not having the chance to say good-bye to him in the way I needed.

At the InnerPath Retreat I wrote about last month, part of the program included psychodrama exercises. When the therapist asked who wanted to try it first, I waved my arms and jumped up. I had never done this kind of work before but something, (*Was that you, Bill?*) pushed me out of my chair. I looked about the room thinking, “What the hell am I doing?” Yet I knew I couldn't be in a safer place, and was eager to heal.

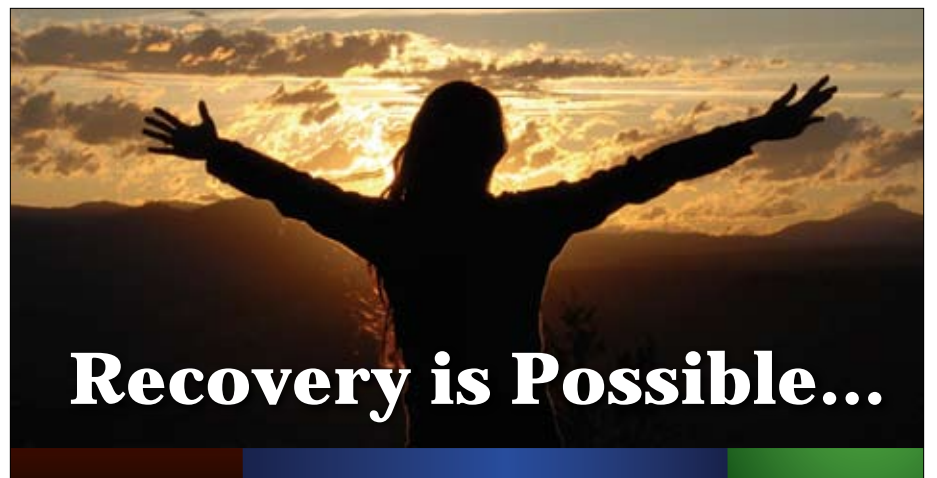
Through my psychodrama experience I was able to release emotions I did not know existed. Sure, I let out anger and feelings of being abandoned; and I cried from so deep within my core I thought I'd burst. Gradually, a release of darkened energy and sensations of relief and comfort emerged from deep inside. I was able to tell Bill all the things I needed to; from my love and gratitude for our time together, to all the scary parts of my life without him. We laughed, joked, shed lots of tears and hugged tight. I saw his twinkling eyes.

I don't know how long the exercise lasted. I was in the moment— completely present. And, when I asked why he had to leave without me being there, he gently said, “Dying was something I had to do alone. Just know I'm always with you.” For the first time since he is gone, it made sense.

I will never forget that Tuesday afternoon in Tucson. Thank you, thank you... Dr. Kathy Norgard, Rokelle Lerner, the group of amazing women who were my support beams, and the special lady who played the role of Bill.

A very special thanks to Dr. Marlo Archer who accepted the task of writing about Psychodrama for this issue.

This note is dedicated to all who help us heal on our road to recovery.



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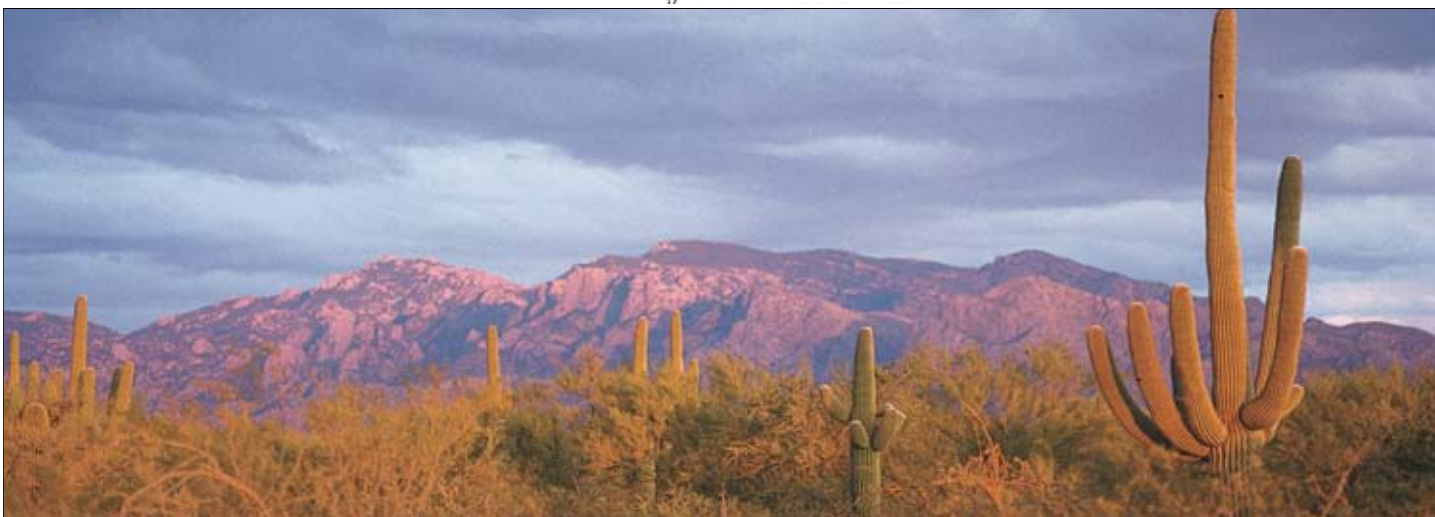
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MAGELLAN from page 1

While the Arizona Department of Health Services announced another vendor to be the RBHA starting October 1, 2013, we have filed a protest to the Procurement Office, which was denied, and intend to pursue all avenues to appeal that decision and to remain your partner going forward. In the meantime, we are the current RHBA and will remain steadfast in our approach to the system of care, quality performance, community engagement, provider collaboration, and recovery. Our commitment to you is firm—those of you that rely on the system of care, whether receiving services or providing services, can count on us.

During our continued tenure this summer, we are ready to embark on the next part of the journey, setting goals that will continue to advance the system of care and enhance the longevity and quality of life for members challenged with mental illness. While the procurement process is running its course, we will not lose ground in our transformation efforts. We will continue to advance the system in important ways that keep everyone moving forward and upwards in their recovery journeys.

Integration of behavioral health and physical health has been an evolving and growing part of the system of care for more than a year now under our management and in collaboration with our provider partners. Going forward, our vision and execution would include the following new or enhanced elements to further improve outcomes for the community and those we serve.

- **A public health perspective** – Under our new model of care, we will embrace a public health approach that identifies and analyzes community “hot spot issues,” selects specific interventions, defines measures of success, and builds community capacity. It will focus on key elements that have significant impact on health outcomes and early mortality.
- **Technology** – We will increasingly rely

MAGELLAN continued page 3

- on technology that today enables information sharing among physical health and behavioral health care providers. In addition, we will step up the use of technology that enables integrated service planning in support of our members' whole health.
- Peer supports for health and wellness – Career opportunities for peer specialists in our system of care will continue to grow as we expand further into the arena of physical health and wellness.
 - Self-directed recovery – As with behavioral health care, the entire service experience for integrated mental and physical health care will focus on self-directed recovery, assisting each person to identify strengths and needs in terms of skills, resources and supports.
 - Family involvement – While we have always sought to involve the member's family of choice in their recovery, family participation and support will be even more important. We will provide educational opportunities for the families of members so they can become supports for their loved ones.

These are just some of the many changes we look forward to implementing. Magellan and our partners are committed to helping our members chart their own course. This is not over yet—and we ask for your continued support in the months ahead as we focus on our members each day as they continue their incredible progress on the journey to health, hope and recovery.

NEWS

Study Links PTSD and Brain Receptors Activated by Marijuana

A new study finds a connection between post-traumatic stress disorder (PTSD) and the number of cannabinoid receptors in the brain. These receptors, called CB1, are activated when a person uses marijuana.

Researchers at New York University Langone Medical Center used brain imaging techniques to find the connection, Fox News reports. They say their findings could lead the way to new treatments for PTSD.

"There's not a single pharmacological treatment out there that has been developed specifically for PTSD," lead author Dr. Alexander Neumeister said in a news release. "That's a problem. There's a consensus among clinicians that existing pharmaceutical treatments such as an antidepressant simply do not work."

The researchers decided to study CB1 receptors because many PTSD patients use marijuana in an attempt to relieve their symptoms, Dr. Neumeister said. Many say marijuana works better for them than legal medications.

The study included 60 participants who had a PET scan. Some had PTSD, some had a history of trauma but not PTSD, and some had neither. All participants were injected with a radioactive tracer, which traveled to

CB1 receptors in the brain, and illuminated them for the scan.

The researchers found people with PTSD had higher levels of CB1 receptors in the parts of the brain associated with fear and anxiety, compared with participants without PTSD. They also had lower levels of a brain chemical that binds to CB1. When a person has lower levels of this chemical, anandamide, the brain compensates by increasing the number of CB1 receptors.

Dr. Neumeister said a new PTSD treatment based on their research should not destroy CB1 receptors, because this could lead to depression. Instead, he is working on a treatment that would restore a normal balance of the endocannabinoids in the brains of people with PTSD. Endocannabinoids are substances that activate cannabinoid receptors. He said this compound does not cause health problems seen in people who are chronic marijuana users. He hopes to start clinical trials of the medication soon.



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- June 3-7
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- September 9-13
- October 7-11
- November 4-8
- December 2-6

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Addiction to Drugs, Alcohol, Tobacco Most Common Mental Health Problem in Teens

Addiction to drugs, alcohol and tobacco are the most common mental health problems in teenagers, a new government report concludes. Attention deficit hyperactivity disorder (ADHD) is the most commonly diagnosed problem overall in youth ages 3 to 17, NBC News reports.

The findings, from a report by the Centers for Disease Control and Prevention (CDC), found almost 7 percent of children under 18 are diagnosed with ADHD, while 3.5 percent have behavioral problems and 1.1 percent have autism.

An estimated one million teenagers abuse drugs or alcohol, and more than 695,000 are addicted to tobacco, the CDC found. The agency found during 2010-2011, a total of 4.2 percent of teens were dependent on or

abused alcohol in the past year. An estimated 4.7 percent of teens had an illicit drug use disorder in the past year.

Use of illicit drugs during the past month varied by age. Among teens ages 12 to 13, 1.3 percent used marijuana, compared with 6.7 percent of 14- to 15-year-olds and 15.1 percent of 16- to 17-year-olds.

"This first report of its kind documents that millions of children are living with depression, substance use disorders, ADHD and other mental health conditions," said CDC Director Dr. Tom Frieden. "No parent, grandparent, teacher or friend wants to see a child struggle with these issues. We are working to both increase our understanding of these disorders and help scale up programs and strategies to prevent mental illness so that our children grow to lead productive, healthy lives."

NEWS continued page 14

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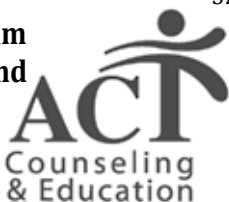


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Flirting with Fate

By Bobbe McGinley

Most gamblers lose. So why do people bet their hard-earned money? One of the reasons for gambling is that it's human nature to feel excited when taking risks and the positive feeling gained from gambling is no different. "Will my numbers come up?" "Will my team win?"

The sense of anticipation creates a natural high, an adrenalin rush, a feeling that many of us seek when looking for fun and entertainment. A feeling that some people believe they cannot live without.

Excitement may underlie the disorder to gamble, with winning representing a fantastic triumph. A desire for success may be driven by a strong need to impress others. Another similar possible reason for gambling is related to control; the concept of omnipotent provocation, or flirting with fate. This behavior may involve engaging in high-risk activities and placing extraordinary high wagers. Strong sensations may be desired that compensate for feelings of emptiness and depression.

Competitiveness

Growing up feeling unappreciated or neglected may prompt a need to excel, with gambling being the one activity a person believes they are good at.

Rebelliousness

Some individuals gamble to break conventional norms, and an aggressive tendency may underlie this type of gambling. Winning may be associated with fantasies of getting back at others; by purchasing expensive cars or clothes and flaunting them. Some individuals have a strong desire to win independence; they believe a big win will allow them to quit working, get a divorce, or gain independence.

Social acceptance

It can be easy to be impressed by the perks in tangible (free hotel rooms or meals) or intangible forms (staff remembering their names, or sitting next to a famous person at a blackjack table). The self-medication hypothesis is another potential reason: For individuals who are lonely and depressed, gambling may relieve isolation and depression.

According to psychoanalytic theory, once a person better understands the reasons for gambling, defenses can be confronted.

Denial

Denial has been described as a disavowal of external reality, that selected perceptions are rejected to avoid the pain associated with them. It is a psychological defense mechanism in which confrontation with a personal problem or with reality is avoided by denying the existence of the problem or reality.

Inherent in denial may be the use of fantasy. While gambling, some people's fantasies may relate to a sense of vulnerability or specialness. In regard to addictions, denial can be extended to mean the common failure to admit a problem with a behavior. Because

denial can be considered a defense against pain, psychodynamic therapy may focus on teaching the patient to accept feelings of guilt, shame, and ambivalence about gambling within the context of therapy.

Chasing

The act of continued betting in hopes of winning lost money is considered a crucial aspect of pathological gambling. It has been suggested that chasing is related to narcissistic entitlement rather than the financial reasons many gamblers verbalize. Some believe winning is owed to them. Competitive gamblers in particular may feel winning may make up for the early deprivation and unfairness they have experienced in life. Others, however, may keep chasing because of feelings of guilt and shame. These types of gamblers may be trying desperately to hide their gambling, the extent of financial losses, and embarrassment associated with their gambling problem. They may gamble to conceal what they consider to be their own intolerable weaknesses. If family members of these gamblers do find out about the gambling and are supportive of treatment, they can experience relief.

Making an active change in one's lifestyle can be one step toward overcoming gambling problems. Often however, gamblers insist they can stop on their own and do not need the advice of others, including GA members, their family, or a therapist. For example, some gamblers may feel that they can continue watching sports on television, buying gas at the station where they have purchased lottery tickets, or maintaining control over their finances. Therapy suggests that exploring gambler reactions to and rejections of various ideas, including the underlying resistance to options, may help the gambler in treatment.

If gambling has become a problem, it's essential that you or your loved one receive professional addiction treatment, but self-exclusion is another major step to recovery. Most casinos offer self-exclusion lists to patrons who have lost control over gambling and can simply tell the casino you would like to be banned from the facility, and the facility records names to follow suit. Banned gamblers are sometimes able to sneak back in, of course, but they won't be paid if they hit a large jackpot — large payouts require paperwork that reveals these patrons shouldn't be there. And without the possibility of a big score, many compulsive gamblers find it easier to stay away from the casino.



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.



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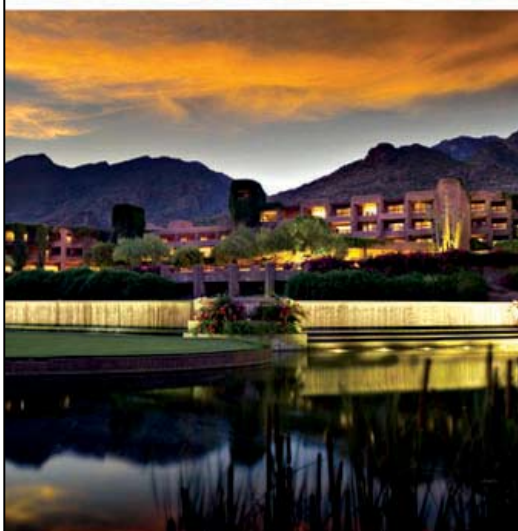


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Drug Courts' Positive Effects on Families and Society

By Treatment Research Institute,
David Festinger, PhD and Karen Leggett-Dugosh, PhD.



Jails and prisons in America are overflowing with people who suffer from substance use disorders. In fact, more than three quarters of inmates have either been arrested for a drug — or alcohol-related crime, have been intoxicated at the time of arrest, have a history of regular drug or alcohol use, or have previously received drug or alcohol treatment.

Despite what most people think, the association between drugs and criminal behavior is not solely due to people committing crimes to further their drug habit. Drug use is actually a factor in many crimes that have nothing to do with obtaining money for drugs. In fact, drug use is implicated in 50 percent of violent crimes, 50 percent of instances of domestic violence and 80 percent of child abuse and neglect cases. Historically, policies addressing substance abuse and crime have shifted back and forth between either using treatment or using criminal sanctions. But research indicates that a more balanced approach that incorporates both treatment and criminal justice supervision is more effective.

This is where drug courts come in. Drug courts are specialized courts offering people arrested for drug-related crimes an opportunity to obtain community-based treatment coupled with close judicial supervision as a way of avoiding sentencing and potential incarceration. By successfully completing this voluntary program, individuals have the potential to avoid criminal penalties and even have the arrest erased from their permanent record. Drug courts represent a criminal justice approach that takes into account the need to ensure public safety through close supervision, and public health through the

delivery of community-based treatment. They are among the most effective ways to address the problem of substance abuse and crime.

Drug courts improve people's lives in a variety of ways. They have been shown to increase rates of employment, help people obtain stable living arrangements, improve mental and physical health, and enhance interpersonal relationships. The improvements to the individual, their community and society are almost too numerous to mention.

Perhaps one of the most important and far-reaching effects of a drug court, which is often overlooked, is the positive impact it has on families who have been negatively affected by their loved one's addiction. These families often face poverty, strained or broken relationships and separation from spouses or parents. The positive healing and restorative effects of drug courts on the family are dramatic.

One need only talk to a drug court alumnus, go to a drug court graduation or attend an annual National Association of Drug Court Professionals conference to witness these effects. As a result of drug courts, mothers and fathers can regain custody of their children, provide for their families and become productive members of their community. The personal evolution that many drug court participants undergo is nothing short of astounding.

David S. Festinger, PhD, is Director of Treatment Research Institute's Section on Law & Ethics. Karen Leggett Dugosh, PhD, is a Research Scientist for Treatment Research Institute's Section on Law & Ethics.

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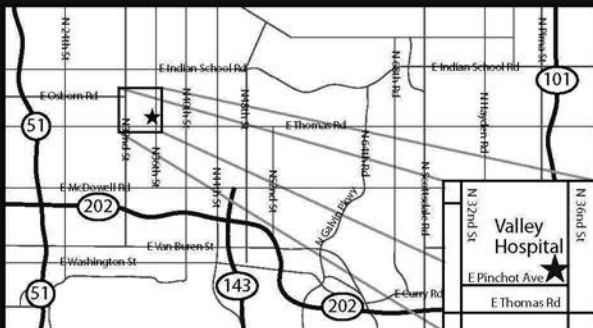
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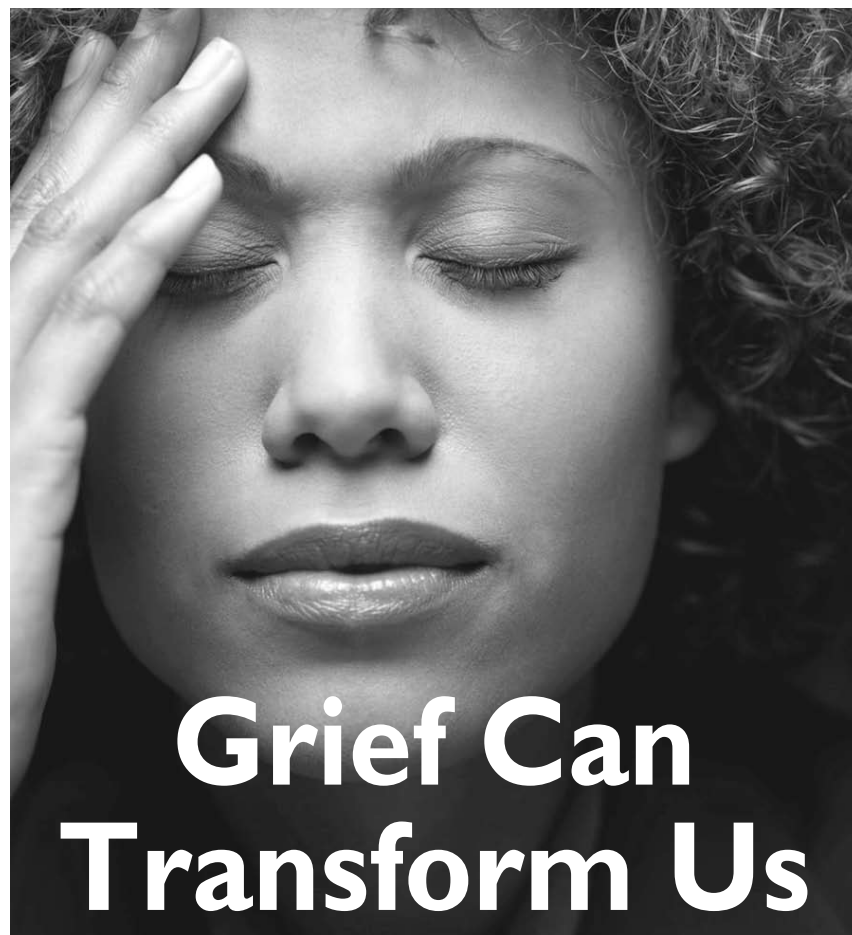
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Grief Can Transform Us

By Dan Stone, MSW, LCSW, LISAC, CT

In a recent *New Yorker* magazine (March 11, 2013) written by Alec Wilkinson, the noted jazz pianist, Jason Moran, described his experience with the death of his mother. I found this part of the article interesting and relevant to many of us who have lost loved ones.

"Moran grew his beard in 2005, when his mother died of cancer. He says it is a veil he wears in mourning. When she died, he lost interest in his appearance. 'I didn't know what to do anymore,' he said. 'I felt like, the music doesn't care what the musician looks like, and now I had pain.' He spent the last night she was conscious at her bedside. 'I was very ambivalent about watching the process,' he went on. 'Spending that last night with her evoked almost a kind of terror. I don't recommend it. It's too much to watch. With someone you love, you keep that part at the end with you almost as much as you keep how you grew up and remember them. I have to make my mind remember her as healthy, or I can't move.'"

The article continues with Moran discussing how his mother would take notes when she attended his piano lessons, encouraging him to work on his tone and fingering. He later wrote a composition titled "Cradle Song" to memorialize her.

I appreciate Moran's remarks about remembering the time before the death. Early in the mourning process, it's easy to focus on the tragedy of the final months, weeks, days and moments. Many of us have recurring images that are painful and in some situations, traumatic. When my mother was dying she lived one week after having a stroke. My sister and I were at her bedside daily. During the last moments of her life, I was able to speak to her in a tender manner, encouraging her to let go and be at peace. She was not conscious; however, I was comforted at being there to support her.

Over a period of time, I was able to see her for the total person that she was. I have often remembered some of the special times we had together. Sometimes, I remember some unpleasant events, but I am able to recall her in a way that encompasses her humanity and totality.

When my father died I did not have the blessing of being at his side. I have often regretted that but that was a long time ago. My life and my understanding of grief have changed significantly since then. I can identify with Moran's composition that is dedicated to his mother. With the guidance of a wise friend I found a way to honor my Dad. I was encouraged to think of a positive quality of his and replicate it in my own life.

After some thought, I remembered on many occasions when he would leave our home, my mother would ask him where he was going. He usually replied saying he was

paying a condolence call to one of his friends, neighbors and fellow congregants to provide support. I decided to support those in my world who were suffering with loss. Eventually after becoming a therapist, I was drawn to grief counseling and therapy. Since 1997, I have developed a focus on bereavement that includes complicated and traumatic grief. I often think of my father and I believe that if he could possibly know, he would approve.

Today, in my work with the bereaved, I respect the diversity of grieving styles be they religious, cultural or personally developed. I believe that the telling of the story of our losses and our relationship with the deceased is important and I find it interesting how our meaning of the grieving experience changes over time. With many of my clients, I have observed the process of what has been called post traumatic growth which can be apparent in the way people discover a new purpose and often a more spiritual approach to their existence.

Several years ago, I read about a study that was done with eight mothers of children who died as a result of birth defects. These children died from about six months of life to about 37 years old. They were in a bereavement group. About two years from the commencement of the group they were administered questionnaires that would assess where they were in the grieving process. Seven of the eight women reported that they had no regrets. They felt that they wouldn't want to give up the experience of having the child in their lives. They reported that they were no longer "sweating the small stuff". In fact, the experience had infused their lives with new meaning. These women had grown spiritually and were interested in being of service to others.

I find this analogous to the experience of recovery. Many of us who have been addicted to substances have suffered various consequences and losses. In working a program of recovery, we find that life takes on new meaning and that we become people who are able to be of service to others. Like the seven mothers, we experience a change in our world view as we change our perception of the meaning of life.



MSW, LCSW, LISAC, CT is a grief and counselor who specializes in grief. Dan has been a counselor at Valley Hospital since 1995. He has worked with adolescent females providing assessments, relapse prevention and dual and group grief sessions for family members. He has also been a primary counselor on the adult unit. Dan has had a private practice in Tucson since 1999.

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Just One Person

By DR. DINA EVAN

Ernest Holmes once said, "Find me one person who can get his own littleness out of the way and he shall reveal to me the immeasurable magnitude of the Universe in which I live."

This is the challenge of our lives today, to step aside out of our own littleness and step into the greatness of who truly are. However, this can seem a bigger challenge than it is due to the fact that much of the time we are dealing with a physical issue as much as an emotional one.

How?

There are millions of neurons in our brains. Each time we repeat an action or a thought, the energy of that thought or action is sent from one neuron to the next both chemically and electromagnetically. Each repetitively thought or action literally creates a track in our brain that changes the typography. This is why scientists today, can examine the brain of deceased people and tell whether they have had addictions, abuse, stress or chemical exposures. They can tell if a person's chemistry was out of balance and even whether they felt excessive long-lasting sadness and depression. Our brains tell a story of fight, flight, freeze or succumb, they tell the story of our lives.

Depending upon the amount of energy in a belief or action, these tracks can be so deep that it can feel nearly impossible to change old habits and patterns, not unlike like an old truck going down a dirt road with deep grooves in it from all the trips back and forth. However, we must jump the track, so how do we do it?

First we need a great deal of compassion for ourselves and the awareness that even if you have a flash of enlightenment and a new understanding of an old issue that is self-defeating or unloving, you may still experience a resistance to changing it. Until you have practiced the new belief or action and it has at least fifty-one percent of the energy the old action or belief has, it won't feel easy. We have to be committed to building up the energy until it grabs hold. Just as when you are dieting, the first few days feel awful, but then after several days when you get on the scale and are able to see the weight you have lost, you gain more momentum to continue.

Secondly, you will want to practice being in the moment to become aware of your self-defeating beliefs about change. For instance, you might feel, if I speak up, people will think I am stupid. It's important to examine those fears and determine whether they are true,



if they come from your past and if they are valid today. If they are from the past, there is no need to drag them into your life today. Instead make a conscious effort to recognize the fear, give it a voice, thank it for trying to keep you from being embarrassed or looking stupid and let it know that it no longer needs to protect you. As one of my favorite teachers, Ram Dass says, "Invite your fear in for tea." The minute you begin to explore it, you instantly become bigger than it is. It loses its control on you.

Once you have diminished the fear, you will feel more able to go forward. If you are still in doubt just put a toe into the water and test doing something different in a small way until you can build on the energy. Don't find fault with yourself or shame yourself for having these feelings. Everyone has them about something, whether they admit it or not.

Finally, make a decision to live from your path and purpose, not your pathology and pain. What you came here to do is be your best self. When you do that, and I know there are times when you have, don't you feel empowered and stronger? When we are caught in the smallness of our lives and act little, we feel ashamed, diminished and powerless. We begin to believe that is all we are and that is a lie. What we came here to do is share our special gifts and energy and that may be what scares us the most. Trust me, you'll have many people to play with. They may not be the people you play with now who are into remaining little, but the Universe will bring people to you that support your greatness. I promise.



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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— Ayn Rand

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EVENTS CALENDAR

June 5 — St. Luke's Clinical Breakfast series: StoryPlay® Therapy: Gems of Change for Accessing and Utilizing Inner Resources for Healing Childhood Trauma by Dr. Joyce Mills, PhD. 8:00 AM – 9:00 AM. Behavioral Health Center Auditorium, 1800 E. Van Buren. 1 CEU. Breakfast, networking. FREE. 602-251-8799.

June 5 — 7:30 – 10:00 a.m. Tucson Area Professionals' Networking Breakfast. Sponsored by Sierra Tucson and Prescott House. New Location: Westward Look Resort, 245 E. Ina Road, Tucson. Pre-registration at www.SierraTucson.com. At door: \$25 per person (cash or check only). 2.0 CE Credits available. For info, visit www.SierraTucson.com or contact Mike Lyles at 800-624-5858, Ext. 2132, or MLyles@SierraTucson.com.

June 7 — "12 Core Principles in Treatment and Recovery from Eating Disorders and Related Illness." Chaparral Suites, 5001 North Scottsdale Road, Scottsdale. By Michael E. Berrett, Ph.D. Center for Change. Breakfast & Registration: 7:30 AM - 8:00 AM. Presentation: 8:00 AM - 10:00 AM. Dr. Berrett is a Psychologist, CEO, and Co-founder of Center for Change, which since 1996, has specialized in intensive treatment programs for eating disorders and co-existing mental, emotional, and addictive illness. CEU's provided by Sierra Tucson. To register email phoenix@iaedp-az.org

June 10-14 and July 22-26 – 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.cot-woodtucson.com or call Jana at 520 743 2141 or email at jmartin@cottonwoodtucson.com for information and registration.

tonwoodtucson.com or call Jana at 520 743 2141 or email at jmartin@cottonwoodtucson.com for information and registration.

June 17-21 and July 29-Aug 2 – 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 or call Jana at 520 743 2141 or email at jmartin@cottonwoodtucson.com for information and registration.

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

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PSYCHODRAMA from page 1

to kids that bully us. We feel less connected to our own spirit when someone told us to choose a more reasonable career than the one for which we believe we were truly born. We can even feel less connected to the Divine when we get injured by humans.

The good news is that since we are primarily wounded in relationships with people, we can be healed by relationships and interactions with other people. Psychodrama gives us a chance to connect to people safely in ways we really need in order to heal from old insults and injuries. When we go back through difficult scenes from our lives and replay them the way we wished they would have been, we have different experiences and we take those experiences forward into our day-to-day life.

Try this simple exercise

Think of someone who did something nice for you, but for whatever reason, you never got to tell them, "Thank you." Place an empty chair across from you and imagine them in the chair. Really envision them. Think about how they look, how old they are, what they'd be wearing, how they smell, how they sit. Then, look at them directly and speak out loud to them. It's important to speak out loud, not just say the words in your head. Say the words of gratitude you never had to chance to say. Speak for as long as is needed. When you have finished, move into the empty chair and become that person.

Sit as that person, imagine you are them. They may be a different gender or age than you are. Really get into what it feels like to be that age or gender, or height or weight. Put yourself fully into their shoes. Imagine what their life has been like. Then, as that person, hear those words of gratitude from yourself and make a spontaneous response, as the other person. You can't get it wrong. Just say whatever comes to mind. Let the words flow. When you have finished, take your own chair again and hear the response. You might be surprised at how profound a very simple use of one psychodramatic technique can be. With the skill of a trained psychodrama director and a group of others, very elaborate scenes can be enacted that feel absolutely real.



"Psychodrama lets people experience thoughts physically like trying to get something unwanted out of your life, like an addiction or a critical voice or relationship that is no longer satisfying."

A psychodrama session consists of three parts, a warm-up, the action, and then sharing. The purpose of the warm-up is to help everyone present feel safe and comfortable with each other, with the leader, and with the sorts of things that might happen.

Light ice-breaker types of activities help people get used to moving around, speaking up, and tapping into their creativity and spontaneity. As the group members warm up to each other and to their issues, some topics usually emerge that get the groups' attention. As the group moves from more frivolous topics to more serious ones, it generally becomes clear that there are a couple of people who would really benefit from having the focus of the group. One of those people is chosen to be what is called the protagonist, and it is their story that is put into action with the help of the group, under the guidance of the director. People in the group play roles in the protagonist's story and feed back to the protagonist the dialog they've been trained to say.

The protagonist gets to have a full-bodied

experience of the scene and get fully in touch with suppressed emotions and can get a chance to see the scene from a different perspective than when they were originally in it. They can change aspects and see what it would have been like if it had gone a different way and when they put new endings into action, they get a real felt sense of it that stays in the body and actually works to re-wire neural pathways in the brain.

There is absolutely no way to explain on paper, the power of this method. To fully understand, you must experience it. It's like trying to write an article about tres leches cake or a first kiss. You can put as many words on the page as you want, you'll never be able to fully capture the experience. People sometimes refer to psychodrama as "doing psychological surgery" and I have seen a single psychodrama session provide insights that might have taken a year or more in individual talk therapy.

It can be difficult to convince people to join a group in which psychodrama methods are used, but if you look at the extreme

savings of time and money, I can't imagine why more people don't want to use this fast, effective method. Probably because it can be pretty intense and that can be scary. It is the director's job to keep the activities safe. If you trust your director, things should turn out fine, and anything that doesn't seem like it's turning out fine can be adjusted and fixed, using these very methods.

People sometimes refer to psychodrama as "doing psychological surgery" and I've seen a single psychodrama session provide insights that might have taken a year or more in individual talk therapy.

There are several resources in Arizona to experience Psychodrama. Dr. Marlo Archer, Deb Wingo Gion, and Grayce Gusmano founded Arizona Psychodrama Institute (API), a psychodrama therapy and training collaborative without walls that can be reached at 602-456-1889. www.AzPsychodrama.com has more information about psychodrama. API Adjunct Faculty member Adena Bank Lees can be reached at 520-404-8466. We can provide half-day or full-day workshops anywhere in Arizona where an interested group of participants will gather.



Dr. Marlo Archer is the founder of Down to Earth Enterprises. Psychodrama Services for Children, Teens, and Their Families, Married and Parenting Couples, and Individual Adults. Visit www.drmarlo.com.

We'll All Get There

By ALAN COHEN

I live on a country road that gets so skinny at some points that only one car can pass. When two cars meet, one of them must back up or pull to the side of the road to make way for the other. While the process is inconvenient, it calls for cooperation and saying hi to neighbors. It's refreshing.

The other day I was on my way to an important meeting I did not want to be late for. At one of the thin junctures I encountered my neighbor Dean approaching in his truck. The moment came when we had to decide which vehicle would yield. While normally I wouldn't have minded backing up, that day I wished I didn't have to. Dean seemed to read my mind and he congenially backed his truck up quite a way to let me pass. When I passed him I rolled down my window to say thanks. "No problem," he smiled. "*We'll all get where we need to get when we need to get there.*"

Now there's an affirmation worthy of posting on a wall. Many of us spend a great deal of our life rushing to get places. In the process we do clumsy things, get embroiled in impatience and irritation, and sometimes cause accidents. In our haste to get somewhere, we miss being somewhere, and never seem to get anywhere.

The Greek bible, the first translation from the original Aramaic, contains two different words for "time." One is *chronos*, which is similar to the way we think of time, dividing the progression of life into seconds, minutes, hours, days, and so on. The other word, *kairos*, is harder to translate because in our culture we don't have one word for it. The closest translation would be, "when the time is right," or "in the fullness of the season," or "in God's timing." *Kairos* recognizes that there is a right timing for everything, and when that timing comes, things happen naturally. *Kairos* does not depend on time. It depends on timing.

Those of us who tend to live by *chronos* could use a good dose of *kairos*. We would relax more and everything would get done. My friend Harriet was on her way to see her psychotherapist when she got stuck behind a slow driver in a no passing zone. At that rate Harriet would be late for her appointment, and she became more and more frustrated.



She tried and tried to find a way to pass the slowpoke, but couldn't. Finally an opening came and she sped past her nemesis. When she turned to look at the slow driver, she saw that it was her therapist. No matter how slowly the slow driver drove, Harriet would have been right on time.

Gandhi said, "There must be more to life than increasing its speed." We are addicted to fastness. Yet is the world a better place because we move faster every day? At a certain point speed does not enhance the quality of life, but distracts us from it. People who live in "primitive" cultures know how to just sit. They hang with their families, look at the stars, laugh over their version of a beer, and capture the magic of moments that elude more advanced nations. Ultimately whoever is closer to peace is more advanced.

"To everything there is a season," Ecclesiastes tells us. Powerful as we believe we are, we cannot make things happen outside their appointed time. If you pick a fruit before it is ripe, it is hard and tasteless. If you wait until after it is ripe, it is spoiled. Pick it at the ripe moment, and it is tasty and nutritious. So it is with events in our life.

Marriage, stepping into a job, changing residence, spiritual maturity, and all important moves have a timing.

Stay in the flow and the right things happen precisely when they are supposed to. Let everything come when it wants to come, and go when it wants to go, and you will be a master of the Tao.

Patience does not mean regretfully putting off something you want to happen now. It means discovering the beauty, wonder, and richness of what is happening now so you don't need to wait for something better to happen. A spiritually mature person is neither patient nor impatient. When you live in the here and now, there is no waiting.

When you don't need to get there, you can be here. Here contains everything you are trying to get there for. It's a paradox. The more you need, the less you have. The more you have, the less you need. The more time you need, the less you have. Decide you have enough time, and you will not need any.

We'll all get where we need to get when we need to get there. This nugget of country wisdom goes a long way. Even with the short delay on my country road, I got to my appointment at exactly the right moment. Real appointments are made in heaven, and heaven always keeps them.



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

Survey Finds People in Recovery Experience Striking Improvements Over Time

By Celia Vimont

The first nationwide survey of people in recovery from addiction to alcohol and drugs finds their lives steadily improve in areas from employment to family life to community involvement. The online survey, released by the advocacy group Faces & Voices of Recovery, attempts to measure and quantify the effects of recovery over time.

"We found recovery has tangible benefits, including decreases in costly emergency room visits and in engagement in the criminal justice system," says Pat Taylor, Executive Director of Faces & Voices. "Investing in recovery makes sense and benefits everyone. It's time to end discriminatory barriers and ensure access to a full range of health care

and other services for people in and seeking recovery."

The survey found that compared with when they were actively addicted, people in recovery experienced a 10-fold decrease in involvement with the criminal justice system and use of emergency departments, and a 50 percent increase in participation in family activities and in paying taxes.

People in recovery report they are much more likely to vote, obtain health insurance, hold a steady job, further their education or start their own business. They are much less likely to be involved in domestic violence or have untreated emotional or mental health problems, compared with when they were actively addicted.

"Many of the approximately 23 million Americans with a drug or alcohol addiction and their families are hopeless about their chances for recovery—this survey documents the fact that people get better," says Alexandre Laudet, PhD. She is Director of the Center for the Study of Addictions and Recovery at the National Development and Research Institutes, Inc., and developed, conducted and analyzed the survey. "It's a light at the end of the tunnel, and provides hope for a better life."

The survey also found addiction takes a heavy toll on both individuals and the country as a whole, Taylor notes. Half of respondents said they had been fired or suspended once or more during their active addiction. Half said they had been arrested at least once, and one-third had been incarcerated at least once.

Participants were asked to answer questions about when they had been in active addiction, and since they entered recovery. The researchers then were able to examine experiences at different phases of recovery: less than three years, three to 10 years, and 10 years or more. The survey found as recovery progresses, people's lives improved in every area. For example, they increasingly take care of their health, eat better, exercise more and go to the dentist. Rates of employment, participation in family activities, returning to school or training and paying taxes all gradually increase as a person spends more time in recovery. These improvements continue over time as recovery is maintained.

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stlukesbehavioralhealth.com



EVENTS from page 8

Thursdays, 6:30 - 7:45pm, 2121 S. Rural Road, Tempe, Our Lady of Mount Carmel Church.Contact Donna **602-697-9550** or Maggie **480-567-8002**

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, 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**

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

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**

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**.

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

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**.

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

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.

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 **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

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**.

EVENTS continued page 13



Now what?

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Aurora Behavioral Health	623-344-4400
AZ Office of Problem Gambling	800-NEXTSTEP
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Community Bridges	877-931-9142
Cottonwood de Tucson	800-877-4520
Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
Crystal Meth Anonymous	602-235-0955
Emotions Anonymous	480-969-6813
EVARC	480-962-7711
Gamblers Anonymous	602-266-9784
Greater Phx. Teen Challenge	602-271-4084
Grief Recovery	800-334-7606
Heroin Anonymous	602-870-3665
Magellan Crisis Hotline	800-631-1314
Marijuana Anonymous	800-766-6779
The Meadows	800-632-3697
Narcotics Anonymous	480-897-4636
National Domestic Violence	800-799-SAFE
NCADD	602-264-6214
Nicotine Anonymous	877-TRY-NICA
Office Problem Gambling	800-639-8783
Overeaters Anonymous	602-234-1195
Parents Anonymous	602-248-0428
Psychological Counseling Services (PCS)	480-947-5739
The Promises	866-390-2340
Rape Hotline (CASA)	602-241-9010
Remuda Ranch	800-445-1900
Runaway Hotline	800-231-6946
Sexaholics Anonymous	602-439-3000
Sex/Love Addicts Anonymous	602-337-7117
Sex Addicts Anonymous	602-735-1681
SANON	480-545-0520
Sober Living of AZ	602-478-3210
Suicide Hotline	800-254-HELP
St. Lukes Behavioral	602-251-8535
Step Two Recovery Center	480-988-3376
Teen Dating Violence	800-992-2600
TERROS	602-685-6000
Valley Hosptial	602-952-3939
Workaholics Anonymous	510-273-9253

TUCSON	
Alcoholics Anonymous	520-624-4183
Al-Anon	520-323-2229
Anger Management Intervention	520-887-7079
Co-Anon Family Groups	520-513-5028
Cocaine Anonymous	520-326-2211
Cottonwood de Tucson	800-877-4520
Crisis Intervention	520-323-9373
Information Referral Helpline	800-352-3792
Half-Way Home	520-881-0066
Narcotics Anonymous	520-881-8381
Nictone Anonymous	520-299-7057
Overeaters Anonymous	520-733-0880
Sex/Love Addicts Anonymous	520-792-6450
Sex Addicts Anonymous	520-745-0775
Sierra Tucson	800-842-4487
The S.O.B.E.R Project	520-404-6237
Suicide Prevention	520-323-9372
Tucson Men’s Teen Challenge	520-792-1790
Turn Your Life Around	520-887-2643
Workaholics Anonymous	520-403-3559

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Sober Living: Replacing Myths with Truth

By Ava Beck

If you hear the phrase “sober living” and immediately find yourself with a negative image, you’re not alone. Unfortunately, most people who are unfamiliar with sober living have a tendency to let external influences color their judgment. For instance, it’s not uncommon for neighbors within an area where sober houses are being built to express concern about what it means for the safety of their community. This fear usually stems from nothing more than a lack of solid information.

If nearby residents understood sober living homes randomly and regularly drug test, there wouldn’t be this confusion. In fact, residents living near sober houses run a far lessened risk of being impacted by “junkies” than if they were in an average community, thanks to the drug testing and principles enforced. So there’s one myth debunked. Let’s take a look at three of the more common misconceptions, and the real truth behind them.

Myth 1: No freedom

False. The entire idea behind sober living is to give those in recovery a safe environment and the tools they need in order to live free from the chains of addiction. Really, it’s all about freedom. Many individuals in sober houses are fresh out of an inpatient treatment center, where they have been in a safe and controlled environment for a period of time. A certain amount of structure is necessary in order to transition from this regulated setting into integration with society and their loved ones. Sober houses are therefore structured, but entirely voluntary and place an emphasis on residents’ time being their own.

Sober living communities do have guidelines to abide by, and requirements that must be met — but the choice to remain there is the individuals. Policies can vary from one sober house to another, but here are a few general ones that ensure sobriety while not sacrificing freedom:

- Must be employed or employable, and/or attending school
- Mind altering substances are banned and residents are randomly tested in order to enforce this
- Mandatory house meetings
- Actively working the 12 steps of recovery with an active sponsor
- Live-in house manager
- Curfews

Tom Fay, program director at Carla Vista Sober Living, says the concept is similar to going to college. “There are parameters in place to lead to long-term sobriety, but we insist on having fun,” says Fay. “Residents are given autonomy, and also invited to experience social activities, like our annual flag football tournament and celebrations of their peers’ milestones. We see residents find

significantly more freedom in their lives the further away they get from the shackles of addiction, and the closer they get to achieving their dreams.”

Myth 2: A sober house is a halfway house

This myth is again embraced by the misinformed public, but surprisingly also by people who would be prime candidates to enter into sober living homes themselves. While a halfway house can be much more rigid in terms of structure, and occupied by individuals who have been recently released from jail and/or battle ongoing mental illness, sober living houses usually differ drastically. Highly intelligent people who have received detox time and education by an inpatient treatment center and have committed to their full recovery typically occupy sober houses instead. These individuals often have families and careers, and wholeheartedly want to change. While living in sober houses, they have the opportunity to continue with outpatient or continuing care programs that enhance the benefits of sober living. The people, dynamics, and framework of these two housing models can be, and typically are, worlds apart.

Accompanying this is the misconception that, like some halfway houses, sober houses rarely produce sobriety and are a thinly veiled magnet for junkies who want to get high. This is a glaring inaccuracy. Sober houses have proven to be highly effective, as confirmed by countless alumni success stories. Friendships formed while living within these communities are a significant piece of a strong foundation for future sobriety once residents transition from sober living.

Getting high is not tolerated in this environment. If a resident is found to have drug or alcohol in his or her system when randomly tested, that individual can no longer remain at the house. Since sober living is a choice each person makes for him or herself, the expectations are that much higher. Success through sober living is the rule, not the exception.

Myth 3: Sober houses are old and dirty

Sometimes, myths arise because there may be some basis in truth. The commonly accepted belief that sober houses are dirty and old likely came about because some of are. However, the upside to this is that the majority of these places are clean and well equipped. Carla Vista Sober Living, for instance, provides its residents with immaculate houses that are chock full of amenities. Gonzalo Ardavin, owner of Carla Vista Sober Living, aims to give his residents all the touches of a normal home in safe, middle class areas, while also delivering proximity to areas that will support recovery.



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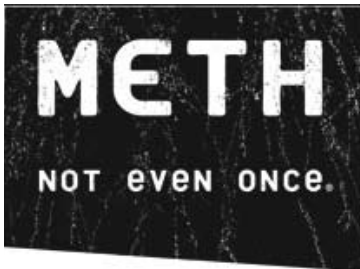


“All of our homes are stocked with anything you would find in a typical home for comfort and convenience,” says Ardavin. “We strive to give our residents all the essentials — and more — while also building our communities near 12-step meetings, meeting halls, employment opportunities, and public transportation. Every element inside and outside of our sober houses was designed thoughtfully with our residents’ full recovery in mind.”

Hopefully a few particular myths have been put to rest and replaced with truth. And what does the truth reveal? A few things.

Sober living doesn’t hamper freedom — it fosters it. Sober living houses are not halfway houses — they’re a voluntary community full of hardworking people. And sober living houses are certainly not dirty and old — they’re more often than not high-quality homes in middle-class areas. In other words, sober living houses are everything a person in recovery needs in order to blaze a path to permanent sobriety, and the starting point for a lifetime of success.

Carla Vista Sober Living is dedicated to providing an unsurpassed living environment that offers structure, support and a new way of life through long-term sobriety. For more information visit www.carlavista.com or call 480-612-0296, and toll free 888-591-4555.



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Recovery Chef

Eating with Awareness

By Lisa MacDonald, MPH, RD, Director of Nutrition Services at Cottonwood Tucson and Executive Chef, Richard Serna

Mindful eating is not yet another diet. It is about experiencing food fully. Eating is one of the most sensual activities in which we engage. It involves that way food looks, sounds, smells, tastes and feels. Very often we multitask (watch television, work, drive, text, e-mail) while we eat. This can create lack of awareness and lack of satisfaction. There are many external influences on our eating behaviors such as the clock, availability and nutrition information. Are we eating just because the clock indicates it's time to eat? Are we eating food just because it's there? Are we cleaning our plate because children are starving somewhere? Are we eating certain foods because we are supposed to? These external influences keep us from listening to our own bodies. Follow these four mindful eating steps to help reconnect with your body and create a healthy relationship with food.

First Step: Assess hunger and fullness.

Hunger & Fullness scale

0	1	2	3	4	5	6	7	8	9	10
Extremely Hungry	Very Hungry	Hungry	Physically Hungry	Comfortable			No longer Hungry	Full	Very Full	Extremely Full

The goal is to be between 3 and 7.

Second Step: Assess which foods will satisfy you (physical, emotions, and senses).

Third Step: Eat with awareness

Simple Strategies to Eat with more Awareness:

- Place utensils down between bites of food. This practice creates space to be aware of the all of the senses that are involved in eating.
- Go without talking for the first few minutes of eating. It is easier to practice mindful eating if you eat in silence than if you converse with others. However, even in a group you can eat mindfully if you concentrate on doing so.
- You may want to close your eyes as well.
- Notice how food looks, sounds, smells, tastes, feels.
- Which foods are most satisfying to you?
- Ask yourself why are you eating this? Does my body need this?
- Can you identify the point at which you have eaten just enough (not too much, but not too little either)?

Fourth Step: Reassess hunger and fullness throughout the meal.

The benefits of eating mindfully are many. We are likely to be more satisfied with what we eat and usually with less quantity. It takes about 20 minutes for the hormones to be released to let us know we are full. If we are super hungry and in a hurry, imagine how much we could eat in 20 minutes. Slowing our eating aids digestion as we tend to be more relaxed (stress and digestion do not go well together), we chew more thoroughly and ingest less air.

Try out the mindful eating strategies with this delicious and refreshing recipe for Chicken Lettuce Wraps presented by Chef Richard Serna. Since the wraps are meant to be eaten with your hands, it adds a whole other element to the experience.



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.



Chicken Lettuce Wraps

Presented by Cottonwood Tucson

2 each	4oz chicken breasts (small diced)
2 Tbsp	yellow onion (small diced)
2 Tbsp	celery (small diced)
2 Tbsp	zucchini (small diced)
2 Tbsp	mushroom (small diced)
2 tsp	fresh garlic (minced)
2 tsp	fresh ginger (minced)
2 tsp	soy sauce
6 tsp	hoisin
6 tsp	rice wine vinegar
1 tsp	black bean sauce
1 tsp	sesame oil
6 each	Butter lettuce leaves, cleaned and dried



Instructions:

In a small bowl, whisk the soy sauce, hoisin, rice wine vinegar, black bean sauce, and sesame oil together. Set aside.

Heat a small saucepan over a high heat. Add one tablespoon of oil and add diced chicken. Sauté chicken, stirring continuously to prevent burning, until chicken is almost cooked. Add vegetables and sauté for another two minutes. Deglaze pan with the sauce, coating all the meat and vegetables well. Sauté for one minute; remove from heat.

To assemble: Add roughly three tablespoons of the chicken mixture to each lettuce leaf. Should make 6 total, 3 per serving. 2 servings

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

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 number one 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.

EVENTS from page 11

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/ 602-234-1195.

SLAA—Sex and Love Addict Anonymous 602-337-7117. www.slaa-arizona.org

FOOD ADDICTS Anonymous—12 step group. 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.

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unprepared to treat addiction and rate the quality of their education so low represents a tremendous disparity between the burden of disease and the success of our current model of training.”

Wakeman noted several previous studies have indicated a deficiency in addiction education for medical residents. Some programs offer no training in this area, she said. Massachusetts General Hospital says it has increased residents’ training in addiction medicine as a result of the findings.

The survey, based on responses from 101 residents, is published in the journal Substance Abuse. One-quarter said they felt unprepared to diagnose addiction, and 62 percent said they felt unprepared to treat it. Only 13 percent felt very prepared to diagnose addiction, and no residents felt very prepared to treat addiction.

Participants were asked six questions to evaluate their knowledge about diagnosing and treating substance abuse. None answered all the questions correctly. Only 6 percent correctly answered all three questions about medication treatment options for addiction.

More Kids Diagnosed With Mental Health Disabilities

Significantly more U.S. children have a neurodevelopmental or mental health disability than did a decade ago, according to new research.

Disabilities that impair a child’s day-to-day living have risen 16 percent, with the greatest increase seen in richer families, according to the study. Conditions such as autism or attention-deficit/hyperactivity disorder appear to lie behind the increase, experts said.

But the surveys of parents in 2001-’02 and 2009-’10 also revealed some good news: The rate of disability due to physical conditions went down, according to the study, which is scheduled for presentation Sunday at the Pediatric Academic Societies’ annual meeting in Washington D.C. Data and conclusions presented at meetings are typically considered preliminary until published in a peer-reviewed medical journal.

“This may mean there are differences in people getting early access to care,” said study lead author Dr. Amy Houtrow, vice chairwoman of pediatric rehabilitation medicine at Children’s Hospital of Pittsburgh. For example, medications for children with juvenile idiopathic arthritis, a potentially debilitating inflammatory arthritis, have improved significantly in recent years, she said.

“For some conditions, it may be that medical care has improved so much that children may have a diagnosis but not a disability,” she said, adding that this particular example is from what she has seen in her practice, not from the study data.

For the study, Houtrow and colleagues reviewed data from two National Health Interview Surveys conducted by the U.S. Centers for Disease Control and Prevention (CDC). They included more than 102,000 parents of children from infancy through 17 years of age.

Parents were asked if their children had any limitations in play or activity, received special education services, needed help with personal care, had difficulty walking without supports, had trouble with memory or had any other limitation.percent increase in the number of children with disabilities.

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Glenstone Village	520-647-9640
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Magellan of Arizona	800-564-5465
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NCADD	602-264-6214
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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
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NEWS from page 3

Many U.S.Adults Have Smoke-Free Rules at Home

Eighty-one percent of American adults have smoke-free rules in their homes, and 74 percent ban smoking in their cars, according to a new report by the Centers for Disease Control and Prevention (CDC).

HealthDay reports smokers are less likely than non-smokers to ban smoking at home or in the car. The CDC found 89 percent of non-smokers have a smoking ban at home, compared with 48 percent of smokers. Among non-smokers, 85 percent do not allow smoking in the car, compared with 27 percent of smokers. The findings are published in Preventing Chronic Disease.

“We have made tremendous progress in the last 15 years protecting people in public spaces from secondhand smoke,” Dr. Tim McAfee, director of the CDC’s Office on Smoking and Health, said in a news release. “The good news is that people are applying the same protection in their homes and vehicles.”

The CDC found the highest prevalence of smoke-free rules in many states with comprehensive smoke-free laws and long-running tobacco control programs.

Dr. McAfee noted that almost 11 million non-smokers are exposed to secondhand smoke at home, and 17 million non-smokers are exposed in vehicles.

“While almost half of all U.S. residents are protected by 100 percent smoke-free policies in worksites, restaurants and bars, overall there are still an estimated 88 million non-smoking Americans over the age of 3 who are exposed to secondhand smoke,” said study lead author Brian King. “It’s important to educate people on the dangers of secondhand smoke exposure and how smoke-free homes and vehicles can reduce that exposure.”

More Americans Engage in Heavy Drinking

A new report from the Centers for Disease Control and Prevention (CDC) finds an

increase in the percentage of adults who had five or more drinks in one day at least once in the past year. The prevalence of adult smoking remained unchanged in most age groups, but declined among young adults.

The CDC found about 60 percent of American adults drink, HealthDay reports. The percentage of adults who had five or more drinks in one day in the previous year increased from 20.5 percent in 2005-2007, to 23.6 percent in 2008-2010.

About 20 percent of adults smoke. Among young adults ages 18 to 24, the percentage who smoke declined from 23.5 percent in 2005-2007, to 21.2 percent in 2008-2010. Less than one-half of smokers tried quitting in the past year, the report found. The findings come from a survey of 77,000 people.

“Smoking has remained very stubborn at one in five adults. It’s just a terrible addiction,” said report author Charlotte Schoenborn of the CDC’s National Center for Health Statistics. “The one small little glimmer of hope I saw was in the 18- to 24-year-olds, where we saw some improvement.”

Many Medical Residents Give Poor Marks to Addiction Training: Survey

More than half of internal medicine residents at Massachusetts General Hospital in Boston say they were not adequately trained in addiction and other substance use disorders, according to a new survey.

The survey, conducted last year, found residents rated their training in these areas as fair or poor, Health Canal reports. Many said they were not prepared to diagnose or treat addiction or substance use disorders.

“Our residents estimated that one in four hospital inpatients has a substance use disorder, which matches what other studies have found and represents a disease prevalence similar to that of diabetes,” lead author Sarah Wakeman, MD said in a news release. “Finding that the majority of residents feel

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Underage Drinking at Home Leads to Real Consequences for Parents and Teens

By Josie Feliz

While many parents may think that allowing their teens and their teens' friends to drink at home under adult supervision keeps kids safe and leads to healthier attitudes about drinking, the truth is there are serious negative consequences for both parents and teens.

The Partnership at Drugfree.org and The Treatment Research Institute (TRI) announced the launch of a new, interactive web resource for parents and caregivers to help inform them about one of those negative consequences: parents' legal liabilities if they serve alcohol to teens.

Recognizing the value, particularly at prom and graduation season, of giving parents and caregivers free access to this important information, "Underage Drinking In The Home," provides a state-by-state outline of the legal liabilities for adults who serve alcohol to minors. This new resource was created as part of the Parents Translational Research Center, a collaboration between The Treatment Research Institute and The Partnership at Drugfree.org, and the first ever National Institutes of Health-funded initiative focused on developing research-based resources for parents around issues of adolescent substance use/abuse.

Unfortunately, many parents subscribe to common myths and misperceptions related to underage drinking:

- **MYTH:** Some parents think that providing alcohol to teens at home decreases the risk for continued drinking as teens get older, and subsequent drinking problems later in life.
- **TRUTH:** The opposite is true — parents should be aware that supplying alcohol to minors actually increases, rather than decreases the risk for continued drinking in the teenage years and leads to subsequent problem drinking later in life.
- **MYTH:** Young people from European cultures whose parents give them alcohol at an early age learn to drink more responsibly than their American counterparts.
- **TRUTH:** A greater percentage of European youth report drinking regularly (in the past 30 days) versus American youth, and for a majority of European countries, a greater percentage of young people report having been intoxicated before the age of 13 than is the case in the U.S. The World Health Organization cites global

longitudinal studies that found the earlier young people start drinking, the more likely they are to experience alcohol-related injury and alcohol dependence later in life.

- **MYTH:** Some parents believe that being 'too strict' about adolescent drinking during high school will cause teens to drink more when they first leave the home and do not have as much parental oversight.
- **TRUTH:** New research from The Partnership Attitude Tracking Study (PATS) reveals that teens who perceive their parents to be more permissive about alcohol use are MORE likely to abuse alcohol and to use other drugs.
- **MYTH:** Parents who serve alcohol to teenagers at home are under no legal jeopardy.
- **TRUTH:** A majority of states have civil and or criminal penalties for adults who serve alcohol to underage kids at home.

New Web Resource Helps Educate Parents on State-By-State Liabilities of Providing Alcohol to Teens

The new resource, which can be found at socialhost.drugfree.org features an interactive map of the United States and explains each state's "social hosting" laws in detail, while outlining the civil and criminal penalties for adults who serve alcohol to minors. For the purposes of this tool, social hosting was interpreted as broadly as possible: defined as "when an individual over the legal age (18 or 21) serves, furnishes or permits the possession or consumption of alcohol to a person underage (generally 20 years or younger) on property for which s/he has responsibility." [5]

The launch of the resource comes amid prom and graduation season, already underway across the country, and a time when many parents will face the decision of whether or not to allow underage teens to drink alcohol in their homes.

Underage drinking continues to be a pervasive problem among American youth. According to the latest Monitoring The Future study of 8th, 10th and 12th graders:

- **Nearly half of teens (44 percent) have consumed alcohol within the past year, while more than one in four teens (26 percent) reports having been drunk in the past year.**
- **More than a quarter of teens (26 percent)**



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said they had consumed alcohol within the past month, while more than one in seven (15 percent) reported being drunk in the past month.

- **One in seven teens (14 percent) said they have had five or more drinks in a row within the past 2 weeks.**
- **More than three-quarters of 10th graders (78 percent) say it is fairly or very easy to get alcohol if they want some and more than half of 8th graders (58 percent) say the same.**

Leaders in the Treatment of Substance Abuse and Addiction, Parents and Coaches Weigh in on Underage Drinking:

"Adolescence is a time of growth and great potential but it is also a time of risk-taking and experimentation with drugs and alcohol, which can quickly get out of hand. At no other time in human development is the risk for developing a substance use disorder so high. As parents help their children navigate the often tricky waters of this developmental period, especially regarding substance use and its potentially devastating consequences, being armed with accurate information is their best line of defense. Our goal through this collaboration, and the development of this tool and others like it, is to provide critical, research-based information to parents about the realities, liabilities and potential consequences of adolescent substance use." — Kathleen Meyers, PhD, Senior Scientist at the Treatment Research Institute.

"Childhood drinking is foremost a health issue. Many well-intentioned parents think that supplying alcohol for their child to drink at home may teach them how to 'drink responsibly' and might prevent them from drinking elsewhere. But the truth is that early consumption of alcohol in any context increases the likelihood of harmful effects in the long run. What's more, studies have shown that when parents supply alcohol to their kids, it actually increases the risk for continued consumption during childhood and lifetime problem drinking. Drinking in the home does not prevent children from drinking outside the home or with their friends." — Steve Pasierb, President and CEO of The Partnership at Drugfree.org.

"As someone, but especially as a mom, in recovery from alcohol abuse, I know firsthand that drinking at an early age can have some pretty serious consequences. There really is no safe way for teenagers and underage kids to drink alcohol. Parents — even well-intentioned parents — who allow kids to do so in their homes are under the false sense of security that it's less dangerous. But there's more harm than good in their actions." — Melissa Gilbert, actress, bestselling author and spokesperson for The Partnership at Drugfree.org.

"MADD knows from previous research that parents are the number one influence on their children's decisions about alcohol, so it's imperative that we as parents have frequent conversations with our kids about the dangers of underage drinking. Parents need to clearly define their expectations about not drinking alcohol before age 21, and then be consistent by never providing alcohol to someone who is underage." — Jan Withers, National President of Mothers Against Drunk Driving (MADD). MADD is a nonprofit that works to protect families from drunk driving and underage drinking.

"Underage drinking continues to be a pervasive problem among American youth."

"As a parent and coach, I have personally seen the effects of underage drinking and how it has impacted players in their performance — often as a result of families turning a blind eye or allowing players to consume alcohol at an early age. The effort to counsel young athletes on the physical and mental impacts of alcohol is challenging when they go home to face non-supportive parents. All athletes, including teen athletes face personal challenges, but our goal is to captivate them through sports, hopefully enough, to help them better understand and avert their various detractions." — Ed Spencer, Teen Recreation Director for mid-size community in New Jersey, member of the board of Education, AAU basketball coach and father.

If you or someone you know is struggling with drug or alcohol abuse, please call the Parents Toll-Free Helpline at 1-855-DRUG-FREE. To learn more visit drugfree.org.

About The Partnership at Drugfree.org

Ninety percent of addictions start in the teenage years. The Partnership at Drugfree.org is dedicated to solving the problem of teen substance abuse. Together with experts in science, parenting and communications, the nonprofit translates research on teen behavior, addiction and treatment into useful and effective resources for both individuals and communities. Working toward a vision where all young people will be able to live their lives free of drug and alcohol abuse, The Partnership at Drugfree.org works with parents and other influencers to help them prevent and get help for drug and alcohol abuse by teens and young adults. The organization depends on donations from individuals, corporations, foundations and the public sector and is thankful to SAG-AFTRA and the advertising and media industries for their ongoing generosity. If you or someone you know is struggling with drug or alcohol abuse, please call **The Parents Toll-Free Helpline at 1-855-DRUGFREE.**

About The Treatment Research Institute

Treatment Research Institute (TRI) is an independent, nonprofit organization dedicated to engineering scientific findings into practical solutions for substance abuse problems. Since being established in 1992, TRI has been at the forefront of the substance abuse field with the belief that in order for research to be truly impactful, it must effectively be translated into improved programs, practices and policies. Through work with families, schools, the criminal justice and healthcare systems and the community, TRI strives to change the way addiction is perceived and managed. Support from individuals, foundations and the public sector make it possible for TRI to extend scientific advances into the communities that are most affected by substance use problems. TRI gratefully acknowledges the National Institute of Drug Abuse for its funding of the Parents Translational Research Center.

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