

# Together AZ



APRIL 2015

Inspiring Success on the Road to Recovery

## Alcohol Addiction ≠ Sugar Addiction?

By Dr. Ravi Chandiramani

If you're anything like me, you're sick and tired of the media and so called "experts" throwing around the term addiction so haphazardly these days. Of course, qualifying as an addiction requires meeting an established set of criteria that point to significant dysfunction, unmanageability and collateral damage and of course, continued use in spite of all of it. Of all the newest addictions floating out there today, I wanted to focus on one in particular, "sugar addiction." You may have heard this term recently, especially as cities like New York continue to wage war against fast food and the First Lady of the U.S. remains vigilant in her campaign against childhood obesity. I'm interested partially because it is rife with controversy but equally, because I believe sugar addiction to be feasible physiologically.

### Craving the Sweet Stuff

For years, we have known that a very strong correlation exists between alcohol-dependent individuals and a preference for foods with a high sucrose concentration. Research suggests there may be a biological connection between having a sweet tooth and an alcohol abuse problem. Individuals studied who reported drinking more alcohol on

occasion and having more alcohol-related problems also had problems with controlling how many sweets they ate. These study participants were more likely to report urges to eat sweets and craving sweet stuff, especially when they were nervous or depressed. They believed eating sweets made them feel better.

### Sound familiar?

Another study of more than 300 children found those with a heightened preference for sugary foods and beverages were more likely to have a family history of alcoholism. These children were also more likely to have a family history of depression, which as we are well aware, is yet another risk factor for alcohol abuse. The biological children of alcoholic fathers seem to be particularly vulnerable to have a strong sweet preference, which in some predisposed individuals, may manifest as an eating disorder.

The fact is — the neurobiological pathways governing reward for drugs of abuse and sugar (sucrose) involve similar neural receptors, neurotransmitters, and regions of the brain. Tasting something sweet leads to the activation of our brain's happy place triggering the same reward mechanism that we now know is hijacked by addiction.

The question that has yet to be answered definitively is, can sugar be a substance of abuse and lead to a natural form of addiction? The problem appears to lie in the generality of the term, "sugar addiction," given that natural and not so natural forms of sugar exist. People seem to be more comfortable with the notion of sugar addiction as a subtype of the larger, more accepted diagnosis of "food addiction."

If the research above doesn't convince you the two maladaptive processes are similar in etiology, consider the



vast volume of work spanning decades linking alcohol dependence and hypoglycemia. In fact, Bill W. himself experienced symptoms of hypoglycemia long after he had given up the booze.

In the 70s, endocrinologist John Tintera similarly found his alcoholic patients were significantly more likely to experience symptoms of hypoglycemia for years after they had stopped drinking. Since both of their times, many respected scientists and physicians have corroborated this finding noting that the vast majority of alcoholics are hypoglycemic, and this physiological problem is frequently misdiagnosed as a co-occurring psychological disorder. The consensus appears to be that until the underlying hypoglycemic physiologic disorder is corrected, symptoms will continue and the alcoholic is effectively at risk of relapse.

The prevalence of blood sugar dysregulation in alcohol-

ics isn't so far-fetched when you understand that the body responds to dietary refined sugars or alcohol sugars, both nutrient poor and calorie rich, and both rapidly converted to blood sugar, in a similar fashion. In response to a rapid rise in blood sugar from either of these sources, the pancreas, doing what it's supposed to do, releases insulin. The essential purpose of insulin is to direct blood glucose from the blood stream into the cells, where it can be utilized for energy production. If this process is too efficient or as is more commonly the case in the alcoholic hypoglycemic, hypersensitive, the adrenal glands kick in and release epinephrine which, in turn, causes an emergency release

ADDICTION continued page 8



## Behind the Curtain

By Sarah Jenkins, MC, LPC

When I was a child, the Wicked Witch of the West terrified me. Her green complexion, haunting expression, and persecutory finger pointed at Dorothy and her friends. I would cower behind a pillow as she slithered into the center of my television screen, her cackle echoing in my ears as a taunting reminder that I shouldn't watch *The Wizard of Oz*. The Wicked Witch of the West — she always got to me.

Until, one day, she just didn't. I grew up.

I could look at her image without terror. In fact, I could appreciate my younger self's fears, and know that they were appropriate at the time, but not anymore.

Funny enough, what did become somewhat disturbing about *The Wizard of Oz* actually changed when I became an adult. Not because it was frightening, or scary, but rather that the realness of it would become ever present in my work my work with trauma survivors. One of the most poignant moments is when Dorothy and her friends find themselves standing in front of the ever-powerful wizard, with his thunderous voice and intimidating presence.

That is, until Toto pulls back the curtain.

A cacophony of sounds, levers, and mechanical functions echo in their ears, as they witness a mere man standing there, bellowing "Pay no attention to that man behind the curtain!" through his mechanical contraption.

And so they are faced with the truth, what's real. For what stands before them, behind the curtain, is a mere

CURTAIN continued page 6

## Hidden Gem in the Desert

By Irene Mit

Nestled deep in the Foothills of Tucson, lies Taste Of Peace, a safe, sober living home for women over 18 years of age. Many of them come for help and healing from alcoholism, substance abuse, trauma, and self-harming behaviors.

Taste Of Peace offers panoramic, majestic views of nature's beauty and peace and is a beautiful, spacious home in secure surroundings, but most importantly, women can find safety, anonymity, with a focus on personalized recovery.

At a big brown rustic table every evening dinner is the social event of the day where positive thoughts are shared like the traditional family dinner used to be.

The house styled in a mixture of Southwestern and Modern offers amenities such as cardio equipment, large beds with pillow top mattresses, walk-in closets and private baths. The view thru the huge windows or from one of the

porches is breathtaking. Residents are taken on outings, have movie nights, meetings together and more.

In an interview with Leilonne Neylon, co-founder and director she said, "Taste Of Peace is more than a halfway house. It is about learning to live happily and successfully free from addiction, emotional attachments to trauma, and other unhealthy behaviors. Women are taught to love and respect themselves and others; to pursue their individual dreams and rid themselves of what is holding them back."

Taste Of Peace was not founded for profit. Rather, Taste Of Peace, is for the purpose of providing women a safe, sober home to live in while they work their individual recovery."

The decision to open is connected with Leilonne Neylon's life. She is recovering from alcoholism, trauma,

GEM continued page 3





Best-selling author; guest consultant on 20/20, Good Morning America and CBS Morning News; featured in The New York Times and People Magazine; and Esquire Magazine's "Top 100 Women in the U.S. who are Changing the Nation", Rokelle Lerner is the Clinical Director of InnerPath Retreats at Cottonwood Tucson.

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## PUBLISHER'S NOTE

By Barbara Nicholson-Brown

### Dedicated to Bill



It's hard to believe this month marks the 5th year since the passing of not only my husband, but the founder of this newspaper, Bill Brown.

While the last five years have been quite a ride without him by my side — my journey of recovery has deepened and dedication to this paper has never wavered.

Bill started this paper when he was a year and a half sober. His vision was to reach our community, providing resourceful information to help others realize life can be quite magnificent without the shackles of drugs or alcohol that drags many of us into the darkness.

Nothing was more important to him than helping someone. I wonder how many times he handed out his phone number or a big Book. Being of service was his mission. I know for a fact — he never said No when asked to be of assistance or service.

Am I making it sound like he walked on water?

Oh, he had his quirks and faults, like all of us — but there was always a beaming ray of hope emanating from his twinkling eyes and the combination of his kind and open heart, and openness to share his own story.

*Nothing came before his sobriety or his Higher Power.*

**Nothing.** Not his work, his son, me, or his golf game!

Every day for Bill started with meditation and prayer. I still have his stack of morning reading books by my bedside. Most pages are highlighted in yellow with

notes and scribbles I still can't decipher. The binding on his Big Book is tattered — and many of the pages are hanging on by barely a thread. Yet when I hold that book, there is always a sense of peace surrounding me.

Even though Bill is no longer physically with us, his spirit and love live on — there is nothing better for an addict or alcoholic in recovery than trudging this path together.

# April is Alcohol Awareness Month





GEM from page 1

and PTSD and has devoted her life to helping other women live the fulfilling life that she has found in recovery.

It has become more apparent to referring practitioners, as well as clients and families that women who come to Taste Of Peace sickly and downtrodden, experience remarkable improvement in a relatively short span of time. Neylon attributed the transformations to “hyperpersonalized care, attention and direction received throughout the stay. The individualized care helps women transition to independence with a strong recovery foundation and support network.” She also emphasized that Taste Of Peace only accepts women willing to do the work necessary to change their lives; those who are serious about life-long recovery.

For instance on a cold December evening, a woman named Maria walked through the front door of Taste of Peace. Her therapist recommended she move in to ensure safety and support while furthering her recovery. Maria had spent over 45 days in rehab, and arrived with a bag full of medications. She was scared, traumatized and confused.

Maria is an journalist recovering from depression, trauma, anxiety and PTSD. She is also living with bipolar and ADHD. Initially, she barely spoke except when spoken to, and when she did, she could scarcely be heard. She tried to isolate. Two months later her story is quite different. Maria is now full of laughter, is no longer reliant medications, no longer isolates, she participates.

Maria’s success is the result of the environment provided — the individual working formula for each resident’s recovery.

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### SURVIVORS I

Delves into less than nurturing family-of-origin issues that impact current-day life. Held weekly, with the exception of Thanksgiving, Christmas, and New Year’s.

### SURVIVORS II

Addresses unresolved trauma and self-defeating behaviors that are manifested in dysfunctional patterns. (Prerequisite: Survivors I)

- |                 |                |                 |
|-----------------|----------------|-----------------|
| • January 12-16 | • May 25-29    | • October 5-9   |
| • March 2-6     | • July 13-17   | • November 2-6  |
| • April 13-17   | • August 17-21 | • December 7-11 |

### FAMILY WORKSHOP

Intervenes on dysfunction within the family system and builds family strengths. Scheduled upon request.

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Serves to assist participants in furthering resolution surrounding loss of all kinds.

- |                      |                            |
|----------------------|----------------------------|
| • March 30 - April 3 | • September 28 - October 2 |
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### HEALING INTIMATE TREASON

Repairs the trauma experienced by partners of sex addicts.

- |                 |                     |                  |
|-----------------|---------------------|------------------|
| • January 12-16 | • June 1-5          | • October 12-16  |
| • March 9-13    | • July 6-10         | • December 14-18 |
| • April 6-10    | • Aug. 31 - Sept. 4 |                  |

### JOURNEY OF A WOMAN’S HEART: FINDING TRUE INTIMACY

Addresses sensitive sexual concerns experienced by women.

- |               |                    |                  |
|---------------|--------------------|------------------|
| • January 5-9 | • May 4-8          | • August 24-28   |
| • March 2-6   | • June 29 - July 3 | • November 16-20 |

### LOVE ADDICTION/LOVE AVOIDANCE

Explores the interactive cycle between relationship dependence and avoidance.

- |                    |                |                   |
|--------------------|----------------|-------------------|
| • January 19-23    | • May 25-29    | • September 21-25 |
| • February 23-27   | • June 22-26   | • October 26-30   |
| • March 23-27      | • July 27-31   | • November 16-20  |
| • April 27 - May 1 | • August 24-28 | • December 14-18  |

### MEN’S SEXUAL RECOVERY

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- |                  |                |                   |
|------------------|----------------|-------------------|
| • January 26-30  | • May 18-22    | • September 14-18 |
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| • March 16-20    | • July 20-24   | • November 9-13   |
| • April 20-24    | • August 10-14 | • December 7-11   |

### MIND & HEART: A MINDFUL PATH TO WHOLEHEARTED LIVING

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- |              |                  |
|--------------|------------------|
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- October 2-4
- December 4-6

### STRENGTHENING COUPLESHP: WORKING TOGETHER

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- |                 |              |                    |
|-----------------|--------------|--------------------|
| • January 5-9   | • May 11-15  | • September 7-11   |
| • February 9-13 | • June 8-12  | • October 12-16    |
| • March 9-13    | • July 13-17 | • November 2-6     |
| • April 13-17   | • August 3-7 | • Nov. 30 - Dec. 4 |

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Another resident Annie, said: “I would describe Taste Of Peace as a safe haven for women who are recovering from addiction and trauma. This is an environment for women to overcome their problems as well as learn new tools and coping skills; to transition out of their past and be able to see the beauty inside each and every one of them. While living here, the staff works with each individual’s needs to ensure we receive the care we need.” My stay has been a success. Before I arrived, I was broken. I have lived in difficult circumstances since childhood and the stress led me towards my addictions because I did not have the right coping skills I needed in order to handle physical and emotional abuse. I finally had the opportunity to wake up every morning feeling safe, as well as supported. Throughout the day I attend Intensive Outpatient treatment and 12 step meetings. Living here I feel whole again. I have the biggest support system now and I know I’m not alone anymore! Taste Of Peace has saved my life and I know for a fact that it will help save every woman who comes in with willingness.”

Taste Of Peace with all it offers is a true gem and definitely a place to consider solidifying one’s own sobriety, or as often is the case for a woman who has been lost and is now working to get back on track, when home is not the best place to accomplish this. Once having spent a fair amount of time at Taste Of Peace, women are ready to return home or establish their lives on solid footing.

For more information visit <http://toparizona.us>.

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# The One-Two Punch of Sexual and Financial Betrayal

by Debra L. Kaplan, MA, LPC, LISAC, CMAT,  
CSAT-S

**D**estructive experiences stemming from sexual and financial betrayal are never too far from example. In a recently published article in *The New York Times*, “*Divorce Funding Firms Help Spouses Expecting Big Payouts*,” the details of a wife’s financial ruin brought on by her spouse’s chronic infidelity, addiction to pornography and gambling are detailed. This confluence, yet again, of sexual and financial betrayal are explored. However, the demise of the marriage is made all the more egregious when the wife learns that the funds she thought were accessible to her in a divorce were in fact unavailable or nonexistent.

That’s where a growing and contentious field of divorce law comes in. The destruction of a committed marriage and life that was built on hope and promise is traumatizing enough. But when financial nest eggs are depleted, pilfered or misrepresented, a grieving, traumatized spouse may be rendered penniless if the coffers are opened and reveal empty assets. Further, the joint assets that were freely shared by both partners during their marriage may be rendered inaccessible pending separation or divorce if legal action is pending or imminent. The already betrayed partners may not have access to financial resources sorely needed to proceed with divorce or their life.

A wife walked away from her 6,000-square-foot custom-built house and marriage of 29-years. It was a few months earlier, she recalled, her husband, with whom she had built an engineering firm they had sold for several million dollars, revealed to her about his chronic infidelity, addiction to pornography and gambling.

Disclosures such as this, in the arena of sex addiction, are not unusual nor, sadly, uncommon. Also described in the article was the fact they were a religious couple with two children, and she had been helping her husband through his problems with the support of the church and friends. But other previously undisclosed issues surfaced that forced her to leave abruptly. Only then did she learn the truth about what had been previously unknown to her about their financial state of affairs. Susie was quoted



as saying, “I tried to get a loan against the house or our cabins. But we own the properties jointly, so how was I going to get his signature on a loan?”

Some spouses find, either immediately before or shortly after the dissolution of the marriage, that their spouses were engaging in illegal business activities. At times a forced (unexpected or unplanned) disclosure regarding sexual infidelity or sexual addiction becomes the launch point for marital or relational demise. Just as the spouse (in most cases the spouse is a woman but increasingly women are contributing to the rising occurrences of sexual betrayal and addiction in a committed relationship or marriage.) is becoming aware of sexual betrayal she also learns about financial exploitation or betrayal and is hit with a one-two emotional and financial punch in the gut.

Therapists who are trained to work with sexual addiction often hear that partners of those who are sexually compulsive or addicted may have had an inclination something wasn’t quite right with their spouse. The wife or betrayed partner may have had a “felt sense” that her husband was depressed or stressed; that he was more distracted than usual and prone to physical or emotional absence. But what most spouses don’t usually know or reveal is that they had

any inkling as to the eroding financial foundations that are due to stolen, squandered and spent funds by their sex addicted partner on sexual encounters with prostitutes, strip clubs, massage parlors or payments for financial support of an affair.

It bears stating that monies spent on affairs and addictions are not necessarily on flagrant par with embezzled or stolen funds that prompt the need for legal action and adjudication. However, in all cases, covertly using funds that are co-mingled in the relationship and meant for the purposes of building and supporting the family is wrong and needs to be addressed accordingly. Money and wealth is relative whether the squandered funds number in the hundreds, thousands, or millions. One family’s financial ruin is no less painful because the coffers were more or less filled. In fact, in cases where less financial resources must go

further, the financial destruction might be more egregious. Regardless of the level of deceit a price-tag can never be put on pain, grief and loss. The loss of dreams, visions and marriage are painful for all involved, though felt differently or to varying degrees by those affected.

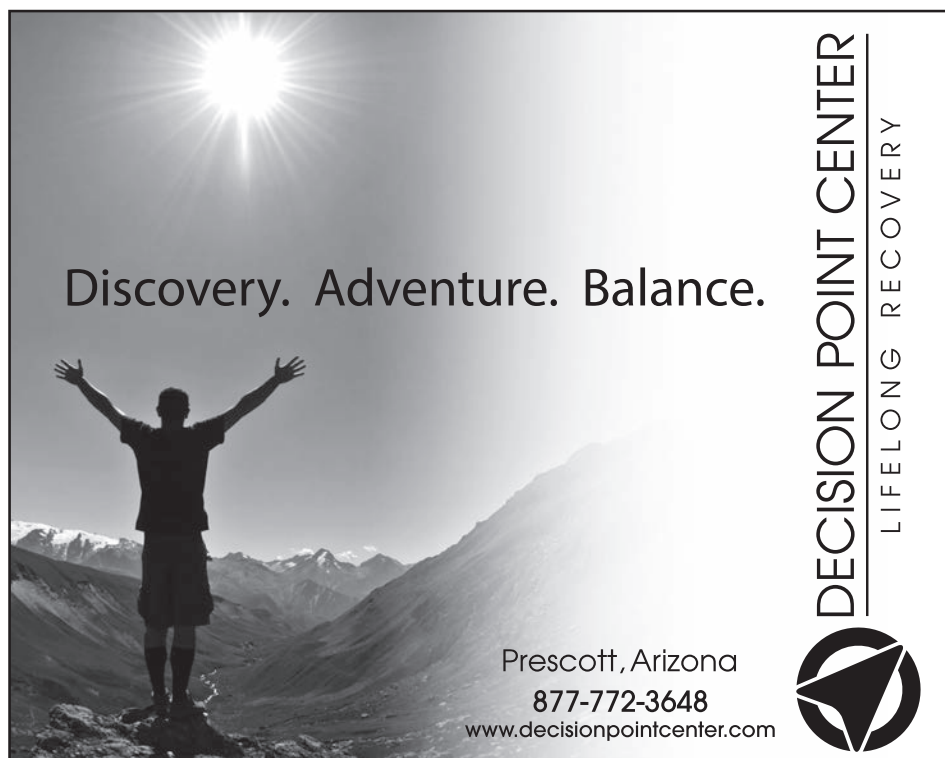
In the words of Stephen Levine, “Grief is the rope burns left behind when what we have held to most dearly is pulled out of reach, beyond our grasp.”



*Debra L. Kaplan, MA, LPC, LISAC, CMAT, CSAT-S, is a licensed therapist in Tucson, Arizona specializing in trauma, sex addiction and financial disorders. Debra works with adults and adolescents, individuals, groups and couples counseling and conducts intensive workshops*

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# Putting Alcohol Ignition Interlocks in New Cars Could Prevent Many Deaths

If all new cars had devices that prevent drunk drivers from starting the engine, an estimated 85 percent of alcohol-related deaths could be prevented in the United States, a new study concludes.

The devices, called alcohol ignition interlocks, could prevent more than 59,000 crash fatalities and more than 1.25 million non-fatal injuries, according to the University of Michigan researchers.

The findings appear in the American Journal of Public Health.

“Alcohol interlocks are used very effectively in all 50 states as a component of sentencing or as a condition for having a license reinstated after DUIs, but this only works for the drunk drivers caught by police and it doesn’t catch the people who choose to drive without a license to avoid having the interlock installed,” said lead author Dr. Patrick Carter.

He said most drunk drivers make about 80 trips under the influence of alcohol before they are stopped for a DUI. “If we decided that every new car should have an alcohol ignition interlock that’s seamless to use for the driver and doesn’t take any time or effort, we suddenly have a way to significantly reduce fatalities and injuries that doesn’t rely solely on police,” he told Reuters.

The study assumed it would take 15 years for older cars to be replaced with new vehicles that required interlock devices, which detect blood-alcohol levels. The devices prevent drivers above a certain threshold from starting the vehicle.

While all age groups would suffer fewer deaths and injuries if they used the interlock devices, the youngest drivers would benefit the most, the study found. Among drivers ages 21 to 29 years, 481,000 deaths and injuries could be prevented. Among drivers under 21, almost 195,000 deaths and injuries could be avoided.

“It is often difficult to penetrate these age groups with effective public health interventions and policies to prevent drinking and driving,” Carter said.

# Big Increase in Marijuana Potency Since 1980s, Colorado Lab Finds

Marijuana being grown today is much more potent than marijuana grown 20 or 30 years ago, according to a study by a Colorado-based lab.

“I would say the average potency of marijuana has probably increased by a factor of at least three. We’re looking at average potencies right now of around 20 percent THC,” said Charas Scientific lab founder Andy LaFrate, PhD. He presented his findings this week at the annual meeting of the American Chemical Society.

THC is the psychoactive compound in marijuana that produces the feeling of being high.

“As far as potency goes, it’s been surprising how strong a lot of the marijuana is,” said LaFrate. “We’ve seen potency values close to 30 percent THC, which is huge.”

Federal officials say THC levels in marijuana averaged 4 percent in the 1980s, CBS News reports.

Current THC levels found by Charas exceed those reported by federal officials. In 2012, the National Institute on Drug Abuse (NIDA) said marijuana confiscated by police agencies nationwide had THC levels that averaged about 15 percent.


NIDA notes that increases in potency may account for the rise in emergency department visits involving marijuana use. “For frequent users, it may mean a greater risk for addiction if they are exposing themselves to high doses on a regular basis. However, the full range of consequences associated with marijuana’s higher potency is not well understood,” NIDA notes on its website.

Many samples tested by Charas had little or no cannabidiol, a compound in marijuana many researchers believe has potential medical uses, the article notes.

The lab also found contaminants in many marijuana samples, such as fungus, bacteria or traces of heavy metals. Contamination testing is required in Washington state, but not in Colorado. Both states have legalized the recreational use of marijuana.

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For nearly three years, Benoit immersed himself inside the lives of eight addicts.

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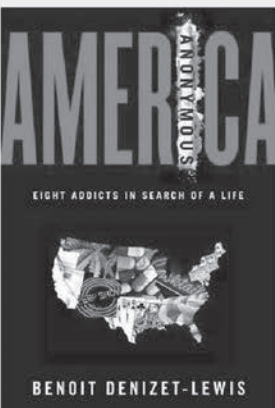

Benoit spoke about the book (and addiction) on numerous television and radio programs, including *The Today Show*, *Anderson Cooper 360*, and *NPR’s Here & Now*.


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discuss cases what they are “stuck” with. What I find is what they may label as “resistance” is instead the dissociation that stands between the client and what is really contributing to the client’s symptoms. So, in a parallel process, the therapist may not know that the dissociative pattern, the curtain, is in place. They just may not be hearing or seeing it.

You name it; whatever thought or action feels like it is a “block” is actually doing what it does because it ensured the client’s survival some time in the past. The curtain IS what keeps the adult self from exploring the traumatic material and its associated behaviors and feelings. Those experiences are and were too painful to look at, to know were real, to feel, to remember and be present with— just as it was back then when that dissociative pattern was established in the first place.

### The Curtain’s Language

The dissociative curtain is often revealed in the language chosen to describe the reaction to the traumatic material. I see it all of the time. Those seeking to heal from trauma may say or express behaviorally “I don’t want to talk about it” or “its no big deal,” or “I feel numb” or “I just feel stuck in \_\_\_\_\_ feeling all of the time,” “I can’t think about it,” or “I can’t let it go.”

The actual truth about the curtain is these dissociative patterns, cognitive errors and defense driven behaviors were created to survive what occurred in the past. It HAD to not feel real. It HAD to be something to not think about. It HAD to be no big deal. It HAD to be my fault.

Though the curtain is in place, it does not mean the traumatic material really isn’t there, it means it is coming out “sideways.” The challenge is in day-to-day life, the

pattern, the ever increasing fear of the traumatic material by the adult self even occur with highly effective trauma therapies like EMDR. For, without addressing these dissociative patterns and parts of the self that hold the traumatic material, first, and as part of EMDR preparation, the client can become continually “stuck” in a flooded state with traumatic material both in and between sessions. The bottom line is — the dissociative curtain will unconsciously do its job and feel even more needed. And the pattern continues. The client gets more frustrated with why the symptoms don’t change, and the therapist feels more stuck about “why the EMDR is budging it.” The dissociative curtain gets stronger because the adult’s self’s fears of the material may increase as oppose to decrease.

It is truly possible to heal from trauma, even with this dissociative curtain in place. It is also possible to do so through the power of EMDR therapy. Nevertheless, it also means a deep layer of trauma preparation work beforehand. And, whether you are doing EMDR, or any other kind of trauma therapy work either as a client, or as a therapist, it is imperative that these dissociative curtains be explored before trauma processing. As all EMDR therapists know, it is necessary the client be able to process fragmented and maladaptively stored traumatic material. We must do so at a tolerable level, whereby the dissociative curtain does not have to repeatedly appear because the adult self is becoming ever more fearful of the traumatic material.

If you are a therapist overwhelmed with challenging cases, baffled by why a client destabilizes, or even feel “stuck” not knowing why a client’s trauma “just won’t move,” help is out there. In addition to the availability of consultation from me, you are invited to join two events that I am sponsoring; a comprehensive workshop and a practicum offered by Kathleen Martin, LCSW, an EMDRIA Approved Consultant and Trainer. Kathy specializes in working with complex trauma and dissociation in her private practice in Rochester, NY. “*Mastering the Treatment of Complex Trauma: Transforming Theory into Practice*” is available for all licensed clinicians to attend and *The Power of EMDR: A Practicum for Personal and Professional Development is open to EMDR therapists*. For more information visit [dragonflyinternationaltherapy.com/training.html](http://dragonflyinternationaltherapy.com/training.html)



Sarah Jenkins, MC, LPC is an EMDRIA/HAP Approved EMDR Consultant, Certified EMDR therapist, and Equine

Assisted Therapist who specializes in treating complex trauma.

Sarah has conducted numerous workshops, presentations, and seminars for a variety of corporations and federally funded organizations. She provides consultation for therapists both nationally and internationally who seek to increase their confidence in working with complex trauma.

Sarah’s experience includes having served as a clinical supervisor for a grant funded EMDR trauma treatment program and as an adjunct faculty member for the University of Phoenix and Arizona State University. She is also the author of several thought provoking books on trauma recovery including “*When Horses Hear the Unspeakable: A Guide To Trauma Informed Equine Therapy*.” Information about Sarah’s practice can be found at [www.dragonflyinternationaltherapy.com](http://www.dragonflyinternationaltherapy.com).

mortal like themselves, a vulnerable soul who conceals himself behind his curtain of illusion.

I see this every day in my practice, working with complex trauma. The curtain I ask clients to pull back has a certain sound and feel to it. It has the energy of what might be mistakenly perceived as “avoidance” or “resistance.” But for me, these words are not supportive, for they do not avail themselves to what is actually happening. The seemingly impenetrable curtain my clients conceal themselves behind is an unconscious dissociative pattern, one that has truly materialized over many, many years.

And, unlike my fear of the Wicked Witch of the West that I eventually just grew up and out of as an adult, this dissociative curtain doesn’t grow up, it actually continues to do its job exactly as it was supposed to when it was first created. It doesn’t grow up, even though the adult has chronologically. The curtain still “handles” the traumatic material that stands behind it and the truth that may be too painful to bear looking at. The truth that it did happen, and was painful.

- “I don’t want to think about it.”
- “I don’t want to feel that.”
- “I don’t think that really impacted my life that much.”
- “I can’t stand it.”
- “It’s not that big of a deal, really.”

### Yes, You Do Work With Complex Trauma and Dissociation

Really, that is dissociation, and perhaps surprises you. Here’s why, the fact is most clients, and even therapists seek me out for consultation, tend to think of the word dissociation, and automatically assume it means either Dissociative Identity Disorder, once known as Multiple Personality Disorder. “I’m not like Sybil.” “I don’t

*“...Traumatic material doesn’t necessarily “know,” the present is not the past. Those sensations, feelings, painful experiences, cognitive errors, behaviors from back then continue as parts of the self that “show up” now as the long list of “symptoms” and bring folks to therapy in the first place.”*

have Multiple Personality Disorder.” Or, in the case of those I consult for, “Well, I don’t have any clients with DID.” Or, “I don’t work with dissociation.” “I don’t have clients who dissociate.” “I don’t work with complex trauma.”

### Therein lies the problem

Therapists, even experienced trauma therapists, may only think of dissociation along the more complex end of the continuum or in contrast, just don’t think of it at all. They might assume dissociation is not an issue, or it does not exist in their clients. Yes, dissociation can include feeling out of your body, watching yourself from the other side of the room. Yes, dissociation can even show up as Dissociative Identify Disorder, but that’s not all. Contrary to popular opinion, dissociation is there; it is just doing its job very well and not easily seen. To find it would mean to expose painful traumatic to the adult self who wants to get away from it.

The dissociative pattern, that curtain is the very thing that creates therapeutic impasses, is labeled as resistance, and creates a parallel process of frustration for the client and the therapist. “Well, this \_\_\_\_\_ we are working on, it won’t budge.” “We aren’t getting anywhere.” “We both feel stuck.”

Therapists meet me at various events, come to my consultation meetings, and

defense driven traumatic material “pushes through.” Essentially, traumatic material doesn’t necessarily “know,” that the present is not the past. That traumatic material, those sensations, feelings, painful experiences, cognitive errors, behaviors from back then continue as parts of the self that “show up” now as the long list of “symptoms” and bring folks to therapy in the first place. The “adult” keeps tries to keep it at bay, and the pattern of dissociation expands because the traumatic material feels too overwhelming.

Meanwhile, the adult self becomes more fearful of the traumatic material. In response, the dissociative patterns must grow and grow stronger and stronger because the traumatic material becomes “too much” for the adult self to handle without dissociation. Thus, over time, if not explored and gradually, consciously, and mindfully, the defense driven parts of the self associated with the traumatic material become more invasive, driving the long list of symptoms. The curtain prevails, as do the symptoms. And, around and around we go.

### EMDR Preparation

As an EMDR consultant, and an EMDR therapist for 14 + years, I can tell you this increased flooding and dissociative



# Out of My Mind

By Dr. Dina Evan

Most of us are going out of our minds, meaning we operate and guide our daily lives from that part of who we are.

There are a couple of problems with doing that. The first one is, it's a bit like looking at the world through a straw. It leaves us very limited in our perception because we are not seeing all that is available to us in order to make the best possible decisions. In addition, we are missing some very important tools available to us. Another problem is we have difficulty distinguishing between our mind, our soul and our spirit.

To help us understand a bit better, imagine a huge telephone cable with three large cables inside. The whole cable is one unit however, it contains three other cables with distinctly different jobs called mind, soul and spirit.

Our mind is that part of us that deals with business as usual in our day-to-day process. We learn, we work, we apply new awareness and we seek new information in order to run our lives efficiently. It holds our human fear and the human joy we experience.

The mind is also where the ego resides and its job is not only to push us toward achievements but also to protect us. So, it may often tell us things such as... "Don't try out for that job; you'll never get it." Or, it might say, "you better watch out, your wife is cheating, or you really looked like a klutz in that meeting. Next time keep your mouth shut."

When your ego says things like that to you, it is trying to protect you from the humiliation or pain you may have experienced as a child. Its worries are seldom true and are mostly from the past. So the best thing you can do is imagine those voices to be in the back seat of the car you are driving through life and just turn around and tell them to settle down **because you've got this!**

Your soul is that part of you that contains all of your life experiences from incarnation after incarnation. It has eons of experience and knowledge and when you are in touch with it you are wiser. Those feelings of déjà vu, or I have been here or done this before come from your soul experiences. It is the accumulation of all that you are and all you have learned.

Your Spirit is that part of you that is connected to the creative energy or Divine

Mind in the Universe. In much the same way a drop of water is part of the ocean, we are part of that energy and we have access to all that it is and knows when we are consciously connected to it. It is essentially light and truth. When we think of good and evil, what we are really experiencing is either an alignment with that source or being out of alignment. Evil is literally translated missing the mark or operating out of alignment with the creative processor Spirit. As we awaken to all of our potential, we are better able to embrace the power of bringing all these aspects of ourselves to the process of creating our lives and manifesting joy.

So let's play with this process a bit. Let's say you are awake, using all parts of your mind, soul and spirit, and suddenly you believe Mr. or Miss Right just walked through the door. You are instantly smitten! Mind says Va Va Voom! Get up and go for it!

Soul says... Wait a minute take your time. She's feeling awfully familiar. Are we repeating a pattern from the past?

And spirit says... Okay, You deserve a relationship and are ready for it. Let's get to know her and find out if she is someone who can support you in being your highest and best self without all those side trips into drama and chaos.

The point, of course, is that when you are using all the parts of who you are to make decisions, the chance that you will make successful, self-loving choices that are aligned with your purpose is greatly increased. Therefore, I invite you to go out of your mind. Have a sit down with your soul and spirit and make your decisions from a place that is balanced with all three.

*What you discover will be amazing...because you are.*



Dr. Evan is a life/soul coach in Arizona working with individuals, couples and corporations. She specializes in relationships, personal and professional empowerment, compassion and consciousness. For more information 602-997-1200, email [drdbe@attglobal.net](mailto:drdbe@attglobal.net) or visit [www.DrDinaEvan.com](http://www.DrDinaEvan.com).

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### *ADDICTION* from page 1

of stored sugar (glycogen) from the liver into the blood to counteract the effects of insulin. This release of epinephrine causes transient symptoms that many alcoholics can recall as well, namely jitteriness, hot flashes, sweating, tremor, etc. This counteractive mechanism works well to prevent hypoglycemia until the adrenal glands get burnt out from repetitive stress, in which case, they are no longer able to counteract the effects of insulin to prevent hypoglycemia.

### The Temporary High

In the classic scenario, the alcoholic responds to the unopposed hypoglycemia by bingeing on refined sugar, essentially self-medicating against the unpleasant symptoms associated with hypoglycemia, namely irritability, depression, aggressiveness, insomnia, fatigue, restlessness, confusion, desire to drink, nervousness, forgetfulness, inability to concentrate. The temporary sense of well-being afforded by the candy, soda, and other junk food items is just that...short lived and eventually, for some alcoholics, relapse on their medicine of choice is inevitable.

I frequently provide the lesson this way to patients and their loved ones alike— if you or your loved one was the first one in the bar stool at the beginning of happy hour and the last one off that stool when happy hour ended and that's the way it was for years, you have trained your brain to expect a bolus of rapidly absorbable sugar between 4 and 6 p.m.

Then you come to treatment and no one tells you that your brain is going to force you to seek out refined sugar between 4 and 6 p.m., so you do and the same pleasure pathway activated by booze stays activated by junk food, it never gets a chance to take a breather. You go home and find yourself buying junk food to stock your home and eat more junk food at work and everyone around you who's in the know says, "we'll at least they aren't drinking."

The problem is — for some of you, it won't stop there....the junk food will lead you back to booze. That's just the facts and that's why you have to go to nutrition class, and that's why you can't buy that crap or have your family bring it to you, and that's why we have a gluten-

free option at every meal and that's why I would be remiss if I didn't tell you my happy hour story.

Get it? Good. Welcome to The Sundance Center.

So how does the alcoholic hypoglycemic correct this underlying blood sugar dysregulation without bingeing on refined sugars or worse, relapsing on alcohol?

This is where naturopathic medicine and therapeutic nutrition prove their value in the comprehensive medical management of these patients. The primary categories of recommendation follow.

### Dietary Recommendations

It's all about the balance. One of the biggest causative factors in hypoglycemia is that refined sugars/simple carbohydrates tend to be consumed without an appropriate balance of fat and protein. As a result, the sugar is rapidly absorbed inducing the process described above. Adding fat and/or protein slows down the whole process by a factor of 2-4. That is to say, adding protein allows the stomach to delay emptying and therefore, absorbing sugar over several hours while the protein component of the meal is digested. Adding fat delays the process even further; spreading it out over

up to 4 hours versus the one hour or less it takes for a purely simple carbohydrate meal to be absorbed to become blood sugar. The slower the rate of dumping of sugar into the blood, the better insulin production can track the blood sugar level, resulting in a more stable blood sugar - lower peaks and shallower troughs.

In addition to the above, there is some evidence that hypoglycemia can be worsened by the presence of undiagnosed food sensitivities such as those to dairy (milk, cheese, and ice cream), wheat (gluten), soy, corn, preservatives, and chemical food additives.

Incorporating foods high in B-vitamins and iron, as well as those that are antioxidant - rich such as berries and other darkly-colored fruits and vegetables may be of additional benefit.

### Carbs

Obviously refined sugar needs to be eliminated but complex carbohydrates also translate into blood sugar fairly quickly, so simply replacing your white rice and white bread with whole wheat bread and brown rice may not cut it, although a marked improvement. Instead, limit your intake of all carbohydrates, and always balance your carbs with protein to slow the conversion of dietary carbohydrate into blood sugar. Protein, fresh vegetables, and sea vegetables do not have this effect on blood sugar. Additionally, portion control is important and eating smaller, more frequent meals does actually help in stabilizing blood sugar by retraining the pancreas to modulate the release of insulin in response to lower levels of blood sugar.

### Supplements

There are a handful of supplements that are effective in helping to restore normal blood sugar regulation. Many of these nutrients are required in the normal metabolism of dietary carbohydrates.

- If you don't have a history of digestive disorders, soluble fiber, such as flaxseed and pure oat bran, can slow the rate at which dietary sugars enter the blood and help regulate blood sugars throughout the day. When used for this purpose, they are best consumed before meals.

- A daily multivitamin, containing the antioxidant vitamins A, C, E, the B-complex vitamins, and trace minerals such as magnesium, calcium, zinc, and selenium. If you are taking blood pressure medication or other heart medication, speak to your doctor before taking magnesium. Magnesium can interfere with certain medications, including some antibiotics and biphosphate medication.
- Omega-3 fatty acids, such as fish oil, have a myriad of benefits including helping to decrease inflammation and help with immunity. Because they have a known blood thinning effect, anyone taking blood thinning medications should speak to their doctor before taking omega-3 fatty acids. These fats are sensitive to light and heat and are especially prone to rancidification so store in a cool, dark place when possible.
- Vitamin C and alpha-lipoic acid (ALA) for extra antioxidant support.
- Chromium, for blood sugar regulation. People with liver or kidney issues or history of psychiatric issues should talk to their doctor before starting chromium supplements.
- Probiotic supplement (containing *Lactobacillus acidophilus*), 5 - 10 billion CFUs (colony forming units) a day, when needed for maintenance of gastrointestinal and immune health. Many acidophilus products may need refrigeration so make sure and read your labels closely. It may be best to refrigerate these regardless of what the label says.

Some botanicals/herbs may also be of benefit. The following may be consumed as a capsule containing powdered freeze dried plant material or alternatively, teas may be prepared from the leaves of the plants. Holy basil plants are even available at several health food stores.

- **Green tea** (*Camellia sinensis*), for antioxidant effects. Caffeine free products are available.
- **Holy basil** (*Ocimum sanctum*), for stress balance.. Holy basil may slow blood clotting and therefore increase the effect of blood-thinning medicines, such as warfarin (Coumadin).

### And....Exercise

- Exercise for 30 minutes daily if possible at least 5 days a week. As you learn how to control your blood sugar and manage your diet, you will be able to tolerate higher intensity exercise. Until then, you may have to take it low and slow.

Bill W. along with many others recognized this as one of the protracted consequences of prolonged alcohol abuse as well as one of the many paths leading to relapse. As with many other chronic diseases, the best strategy is often the one that integrates fundamental lifestyle changes with evidence-based medical management.

For my money, any approach that does not consider the key role lifestyle factors play in either supporting continued use or promoting abstinence-based recovery, is incomplete. This is the low hanging fruit. It doesn't make it any easier to change but it must be addressed, and formally at that, if the alcoholic/addict is to be best armed to take on lifelong recovery.

Also interesting to consider this whole sweet tooth-alcohol abuse correlation in the context of being a semi-new parent which I am. Given my alcohol-loving, high sweet-tooth prevalence having family history, and in light of the findings of the research mentioned above, it is even more important to educate my girls about healthful eating habits early so that they understand the dangers of refined sugars when consumed frequently and in excess. Education, simple but effective.

*Until next time....Stay Sweet Together AZ Readers!*



*Dr. Ravi Chandiramani is a graduate of Bastyr University. His unique approach treating chemical dependency and co-occurring psychological disorders has been refined over a decade of direct clinical experience with recovering addicts and alcoholics. Dr. Chandiramani's work has provided the foundation for a new field of medicine, Integrative Addiction Medicine (IAM). IAM effectively combines evidence-based addiction medicine protocols with the nurturing and rebuilding modalities inherent to the practice of naturopathic medicine. Over 5000 chemically dependent patients have been successfully treated using the IAM model. Dr. Chandiramani serves as Medical Director of Sundance Center, Arizona and Journey Healing Center, Utah. For more information call 877-974-1038 or visit [www.sundancecenter.com](http://www.sundancecenter.com).*



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(Individuals pictured are models used for illustrative purposes only.)



# Humbled & Exalted

By Alan Cohen

**W**ould you mop the floor of someone who defeated you? Probably not. Yet there might be gold in such an experience.

Akoni Pule was elected to the Hawaii State House of Representatives in 1947. He served for two years and then he was defeated for re-election. Then Mr. Pule did something hardly anyone would do. He took a job as a janitor in the congress building so he could continue to be in the energy of politics and learn more about how the legislature worked. It must have been very humbling for Mr. Pule to mop the floor behind the man who defeated him.

Two years later Pule ran for election again, he was elected, and he went on to serve continuously from 1952 until 1965—one of the longest runs in the history of Hawaii. During that time he championed highway construction, a thriving seaport, and progressed the state such that he became a beloved congressman. After a ten-year effort to build a road that allowed local residents to get to jobs at a new hotel, the highway was named after him.

The Bible tells us, “He who humbles himself shall be exalted.” When you feel disappointed or hurt, it’s tempting to get on a soapbox of ego. Yet if we can trust that somehow the tide of events is moving in our favor, we are often led to higher ground.

When I was looking for a business manager, I narrowed the field of candidates to two, one a fellow who was new to the industry and another who had more experience. When I hired the more experienced applicant, the other fellow was disappointed, but he told me that if I had any projects for him, he would be happy to work on them. I gave him one project. After a few months I found the new manager’s motivation lacking, and he did such a poor job that the business was faltering. It was clear that I needed to let him go. The other fellow had done a great job on his one project, so I hired him to take over the business. He did an excellent job and we worked together for seven



years, during which the business prospered.

In the Talmud we are told, “He who seeks reputation shall lose it. He who does not seek reputation shall gain it.” The alternative to seeking reputation is to seek to help people. Albert Schweitzer said, “The only ones among you who will be really happy are those who will have sought and found how to serve.”

When things appear to be going wrong, they may be part of a bigger picture that is going right. The ego judges by individual incidents. The spirit is more interested in themes and energy. A friend of mine used to sell cars. One day a big deal fell through and he got depressed. “Don’t worry about it,” the boss told him. “It’s all in the averages.” The record books never show the score at halftime.

The fascinating documentary, Kings of Pastry, showcases an exclusive contest in France held once every four years. Talented chefs came to compete for a coveted title as Master Pastry Chef, bestowed only upon a few. One chef,

Philippe, prepared for months to create a complex pastry sculpture, a towering jaw-dropping work of art. Just to look at it was inspiring! As Philippe delicately placed his piece de résistance on the judges’ table, a piece at the bottom broke off and the entire sculpture crumbled to the floor, into a thousand pieces. What a gut-wrenching loss for this chef who had put his heart and soul into the project! In the wake of such catastrophe, there was no way he would win the title. The man broke into tears, along with the previously stone-faced judges. It was a disastrous moment.

But instead of dropping out, Chef Philippe went back to the kitchen and fashioned a very modest replacement, nothing like the original. He submitted it not for the quality of the piece, but for the sake of dignity.

At the end of the contest five of the sixteen applicants were awarded the coveted title. To my amazement, Chef Philippe was among them. I believe he won because the judges evaluated him not on the basis of the one piece that fell apart, but because they had observed him in the process of creating it and they saw it before it hit the floor. They judged him on his overall talent rather than one presentation.

We all have experiences that are humbling, as well as those that are exalting. If we seek praise, we shall crash. If we seek talent, integrity, and service, we shall soar. Even if you do not have a highway named after you or you do not get the coveted title, your soul will be satisfied and you will be at peace with yourself. Life asks no more of you than this.



*Alan Cohen is the author of many inspirational books. Join Alan’s Life Coach Training Program, beginning September 1, to become a professional life coach or incorporate life coaching skills in your career or personal life. For more information about this program, Alan’s Hawaii Retreat, books, free daily inspirational quotes, and his weekly radio show, visit [www.alancohen.com](http://www.alancohen.com).*







# Events Calendar | Support Groups

## APRIL 13-17 – Tucson – *Cottonwood Tucson – InnerPath Women's Workshop*

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## APRIL 20-24 – Tucson – *Cottonwood Tucson – InnerPath Workshop*

This five-day intensive workshop 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 and registration.

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

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## On Going Support

**CHRONIC PAIN SUFFERERS – “Harvesting Support for Chronic Pain,”** held the third Saturday of the month, from 12 noon - 1 p.m. Harvest of Tempe Classroom, 710 W. Elliot Rd., Suite 103, Tempe. Contact Carol **480-246-7029**.

**HOPE, STRENGTH, AND SUPPORT for Jewish Alcoholics, Addicts, and their Families and Friends (JACS\*)** 1st and 3rd Wednesday, 7:30 PM. Ina Levine Jewish Community Campus, 2nd floor Conference Room. 12701 N. Scottsdale Road, Scottsdale 85254. 602.971.1234 ext. 280 or at [JACSarizona@gmail.com](mailto:JACSarizona@gmail.com)

**COSA** (12-step recovery program for men and women whose lives have been affected by another person's compulsive sexual behavior)— **Being in Balance.** Thursday 11:00 am-Noon. 2210 W. Southern Ave. Mesa, 85202. Information 602-793-4120.

**WOMEN FOR SOBRIETY — [www.womenforsobriety.org](http://www.womenforsobriety.org) meeting every Saturday morning, from 10am-11:30am at All Saints of the Desert Episcopal Church- 9502 W. Hutton Drive. Sun City, AZ 85351. Contact Christy (602) 316-5136**

**CO-ANON FAMILY SUPPORT GROUP** - Carrying the message of hope and personal recovery to family members and friends of someone who is addicted to cocaine or other mind altering substances.

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

**GAMBLERS ANONYMOUS — ACT Counseling & Education.** 11:00 am to 12:30 pm. Call **602-569-4328** for details. 5010 E. Shea Blvd. D202, Phoenix.

**INCEST SURVIVORS ANONYMOUS—North Scottsdale Fellowship Club,** Saturdays, 1:30-2:30pm. Gloria, **602-819-0401**.

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

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

**ACA meeting.** Tucson. Wed. 5:30-7:00 p.m *Streams In the Desert Church* 5360 E. Pima Street. West of Craycroft. Classroom A (Follow the signs). Michael **520-419-6723**.

**Overeaters Anonymous** - 12 Step program that deals with addictions to food and food behaviors. 18 meetings scheduled per week. For information **520-733-0880** or [www.oasouthernaz.org](http://www.oasouthernaz.org).

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

**Pills Anonymous—Glendale** Tues. 7:00-8:00 pm. HealthSouth Stroke Rehab 13460 N 67th Ave. (S. of Thunderbird) Education Room. Rosalie 602 540-2540. **Mesa** Tues. 7-8:00 pm, St. Matthew United Methodist Church. 2540 W. Baseline. B-14. Jim, 480-813-3406. Meggan 480-603-8892. **Scottsdale,** Wed. 5:30-6:30 pm, N. Scottsdale Fellowship Club,

10427 N. Scottsdale Rd., Room 3. Tom N. 602-290-0998. **Phoenix,** Thurs. 7-8:00 pm. First Mennonite Church 1612 W. Northern. Marc 623-217-9495, Pam 602-944-0834. Contact 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) 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. Tues. 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)

**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

**OA—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** **602-337-7117**. [slaa-arizona.org](http://slaa-arizona.org)

**FOOD ADDICTS Anonymous—**[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.

**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). **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).

**Crystal Meth Anonymous** [www.cmaaz.org](http://www.cmaaz.org) or CMA Hotline 602-235-0955. Tues. and Thurs. at Stepping Stone Place in Central Phoenix, 1311 N 14th St. [cmaaz.org/god-zombies-the-awakening/](http://cmaaz.org/god-zombies-the-awakening/)

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# Parents Get Advice on Talking to their Teens About Marijuana With New Toolkit

BY CELIA VIMONT

As more states legalize the recreational use of marijuana, parents are finding it more challenging to talk to their teens about drug use. A new resource for parents, called the “**Marijuana Talk Kit**” takes



this new landscape into account. It provides specific examples for starting conversations and answering teens’ questions about marijuana.

The free resource is being released today by the Partnership for Drug-Free Kids.

“With more states legalizing marijuana for recreational use, we were getting a lot of questions from parents about how to talk to their teens about marijuana,” said Heather Senior, LCSW, Parent Support Network Manager at the Partnership for Drug-Free Kids.

*“Teens are saying to their parents, ‘How can this be so bad if states are legalizing it?’”*

The Talk Kit explains that although marijuana is legal in some states, it does not change the fact that all mind-altering substances — including marijuana — are harmful for the still-developing teen brain.

Explaining why you don’t want your teen to use marijuana requires more than scientific facts, Senior notes. Parents will be more effective in communicating with their teen if they use proven techniques to engage them in conversation, instead of simply lecturing them. “You’re facilitating positive communication, as well as offering them information,” she said.

For instance, if your teen shows interest in using marijuana, instead of telling them not to do it, you first want to remain calm and be curious about why they are interested in using a substance and what it may interfere with. You could ask them, “What is it about marijuana that makes you want to use it? What are some things you enjoy doing that marijuana might get in the way of?” You could also add, “At your age, I would much rather you find healthy ways to cope with difficult feelings and situations than turn to drugs. Can we brainstorm other activities you would be interested participating in?” This shows concern, asks their permission and promotes collaboration in thinking through healthy alternatives, like music, reading or sports.

The Kit provides examples of difficult questions that teens can throw at parents, such as “Would you rather I drink alcohol? Weed is so much safer.” A parent could respond by asking, “What is going on in your life that makes you feel like you want to do either?” or “Honestly, I don’t want you to be doing anything that can harm you — whether that’s smoking pot, cigarettes,

drinking or behaving recklessly. I’m interested in knowing why you think weed is safer than alcohol.” Reminding your teen that you care deeply about his health and well-being, and expressing

genuine curiosity about his thought process, is going to help him open up.

The question of legalization can be a thorny one for parents. The Talk Kit suggests several responses to the question, “But it’s legal in some states; why would they make something legal that could hurt me?” One response could be an invitation to a longer discussion on legalization, such as, “It’s legal at a certain age, like alcohol. I think that people in these states hope that by 21, they’ve given you enough time to make your own decision around it. But, let’s explore your question in more detail, because it’s a good one. Why would states make something legal that could be harmful?”

Or a parent could respond by using alcohol as an example. A parent might say, “Let’s look at alcohol; it’s legal, but causes damage, including DUIs, car accidents and other behavior that leads to jail time. Alcohol can also cause major health problems, including liver problems and car accidents.”

“Cigarettes are also legal, even though they are highly addictive and proven to cause birth defects and cancer. Just because something is legal and regulated doesn’t make it safe or mean it isn’t harmful.”

It’s never too early to start talking with children about the dangers of drug use, Senior says. “We’re seeing kids experimenting with drugs at 12, 13 and sometimes earlier,” she said. Before starting the conversation, parents should read up on the marijuana of today—it’s not the same as it was in their day. Not only is it more potent, but in states where marijuana is legal, marijuana “edibles” are popular, including baked goods and candy that resemble well-known foods—even gummy bears.

In addition to giving examples of what parents can say about marijuana, the Kit gives examples of what they shouldn’t say. “Parents should be aware of language that could be shaming, which can actually accelerate marijuana use in teens who are using it as a coping mechanism,” Senior said. “They’ll go right to it if they think their parents are disappointed in them.”

The Talk Kit provides parents with skills to talk with their teens about marijuana, but these skills can be about any difficult subject, Senior says. “Once parents learn these skills, it doesn’t matter what your teen throws at you,” she says. “It’s not just a script, it’s a skill set. Once you learn it and practice it, your teen can say anything to you and you can feel more comfortable with your reaction and response.”

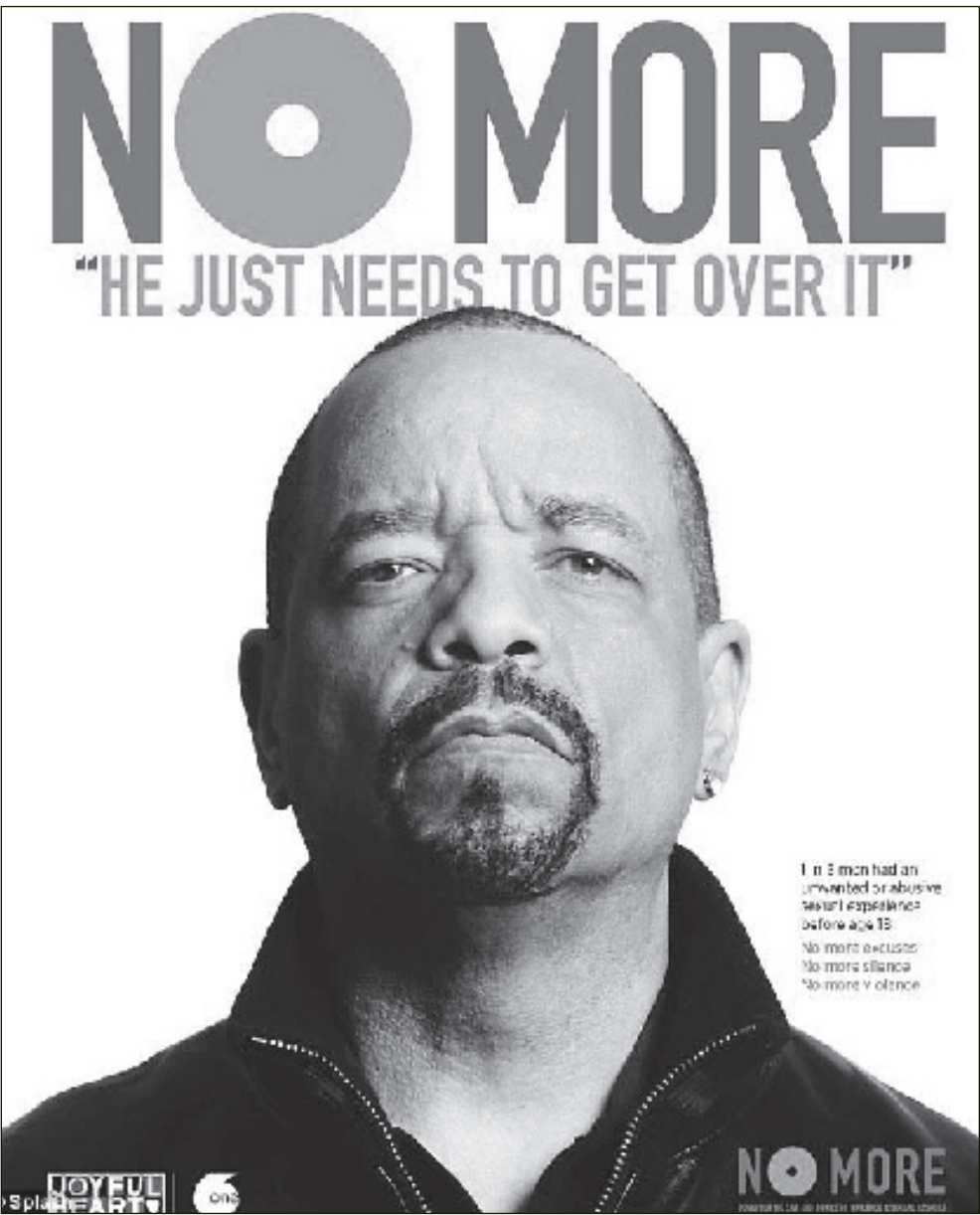
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# LIFE 101

By COACH CARY BAYER [www.carybayer.com](http://www.carybayer.com)

## The PEACE & FREEDOM BEYOND COMPLAINING

**M**aharishi Mahesh Yogi, who taught me how to teach Transcendental Meditation, used to say, “The teacher learns more than the student.”

A case in point: a client of mine introduced me to the work of Will Bowen, a self-described “catalyst for positive transformation,” who aspires to create a complaint-free world. Worldly people I play tennis with responded to this idea by saying, “Good luck.”

I understood their sarcasm. Complaining is contagious and pervasive, and causes unhappiness in those doing it, as well as in those hearing it. Even nice people and spiritual people complain. Most people are so enmeshed in its hold, they don’t even realize they’re complaining. Consequently, the thought of freedom from complaining seems laughable, if not impossible.

### The Bracelet

Bowen’s method is simple. He recommends you put a bracelet around your wrist, and whenever you complain you shift the bracelet to the other wrist. (You can order 10 of his purple bracelets for \$10 at [complaintfreeworld.biz](http://complaintfreeworld.biz); the money going to schools, prisons, churches, etc., and those who can’t afford the \$10. A rubber band does the trick for free.)

His challenge: see if you can go without complaining for 24 hours. If you can, take on the bigger test: 21 days. The prevailing thought is that it takes 3 to 4 weeks

to replace a bad habit with a good one. According to [willbowen.com](http://willbowen.com), more than 10 million people have adopted this complaint-free aspiration and share it with the people in their lives. Hence, this column.

### Try it, You’ll Like it

I liked his approach. At first, I became conscious of my tennis court complaints—often chastising myself for missing shots that I had no business missing. When I complained, I just moved the bracelet. The key thing was that I avoided the trap of complaining about complaining. As The Secret brilliantly teaches, what you focus on expands. So if something just happened that you don’t like, and you complain about it, you actually expand its presence in your consciousness. If you’re intent on overcoming complaining and you make the fact that you just complained another complaint, the vicious cycle goes on and on. Forgive yourself, switch the bracelet, and move on with your life. Overcoming complaining is a process.

My verbal complaining on the court soon switched to a quiet whisper, but it was still a complaint, even if nobody heard me. I heard me, so did the Universe. So the purple bracelet moved to my other hand. In time, the whispers died away, as well. I sometimes had mental judgments on the errors, but as long as it didn’t erupt into speech I kept the bracelet where it was. I also noticed how so many guys I played with needed to wear such bracelets; the

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quieter you get the noisier others are in comparison. I soon found myself quietly accepting my poor shots as a human being doing the best he could. As poet Alexander Pope wrote, “To err is human, to forgive, divine.” Even Roger Federer erred on the tennis court often; if he could accept that fact, I figured I might as well, too.

In time, I’d go days at a time without complaining. Soon enough, I went 21 straight days without a complaint, and found so much more inner peace and freedom, as a result. So I retired the bracelet. But I haven’t retired about talking about it. It’s an amazing process. Give it a shot and let me know how it goes for you.

In time you might become like the many Thai people I met when I was in Bangkok and Chiang Mai about five years ago. When I asked a number of them why they were so peaceful, their responses were almost all identical: they take the concept of karma quite seriously.

(In the West, the corresponding idea is that as we sow, so shall we reap.)

In other words, whatever happens to them they simply see as the result of their past actions and thoughts coming back to them. So since what happens is something they, in effect, created themselves, why should they make it wrong and complain about it? Now that’s a good question indeed

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**The Power of Support Groups**

By Elena Bresani

We know that despite the staggering number of families affected by addiction, many families and loved ones of children struggling with substance-related problems often feel completely alone. And parents of children with substance disorders often do not have easy access to a network of support in their communities. Parent groups, if available, often function more like an underground railroad than a true community resource. Groups are rarely advertised to the public, making it nearly impossible for a parent or other family member in need to find this critical resource without insider information.

Many parents have said that support groups, unlike any other place, provide an unspoken sense of relief, a newfound awareness that someone else can relate, that someone else understands— that there is hope.

“I have attended parent support group meetings since 2010. When my husband and I were in the darkest place of our lives, we didn’t even realize how much we needed to be with people who had a shared experience. Nearly five years later, we are still active in our support group, and the men and women we have met in those rooms are some of our closest friends today. I do not know where we would be without that group. Together, we have laughed, cried, and learned how to take care of ourselves – regardless of our sons’ or daughters’ recovery,” said Kim, parent.

“I have attended parent support meetings for the past four years and they have changed our lives. I no longer feel alone or ashamed about our son’s addiction. The groups offer so much wisdom, resources and

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hope. I have made many new friends that I feel comfortable calling no matter what the issue. I have learned that no matter how awful the crisis feels, someone in the group has gone through the same things,” said Lori Quintavalle, parent.

It’s been four months since The Treatment Research Institute and Hope for Addiction first introduced The Support Group Project, an online directory of support groups across the nation. The directory includes both groups that meet online and in-person. While we are hopeful that the support groups that have registered so far have been helpful for many families; the directory is simply not yet reflective of the plethora of groups that exist.

“Most parents of children who are addicted to drugs and alcohol suffer crisis after crisis in total isolation. In the eight years that we have been attending parent meetings, hundreds of parents have come through the doors, but we know there are thousands more who don’t know that support is out there. Over and over we hear the words: “Why didn’t we know about

this years ago?” Resources are available at meetings, free of charge, where parents can get firsthand information and referrals to service providers from other parents based on direct experiences,” said Pam and Bob, parents and support group leaders.

There are more than 3,000 counties across the U.S., and while there may not be a support group in every county, it is our goal to represent as many as possible through the Support Group project directory.

The Support Group Project website provides groups the ability to detail their group by meeting location, how many people attend the group and additional supports the group may offer such as referrals and peer support. Registration on the site is free and only requires that groups maintain up-to-date program information.

To register a group or search the directory, visit The Support Group Project.

In Arizona visit [www.palgroup.square-space.com](http://www.palgroup.square-space.com) or contact (800) 239-9127.

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