

# Together AZ



JANUARY 2016

Inspiring Success on the Road to Recovery

## Celebrate Recovery, Believe in Yourself, and Inspire Others

By Peter Margaritis

### *A Notable Legacy: Community Bridges, Inc. (CBI)*

Over the next 12 months, Community Bridges, Inc. (CBI) will be sharing stories of recovery from throughout the organization. The stories will come from the men and women who work at CBI and have built a recovery-based program in our community or from individuals who have found recovery through their programs. Since the roots of CBI, Inc. were formed in the Fellowship, we look forward to making 2016 a celebration of recovery with the men and women who make it possible every day for our patients and our communities.

#### From EVAC to CBI

CBI began as the East Valley Alcoholism Council (EVAC), founded in 1982 by members from the Mesa recovery community and concerned citizens. The original mission of EVAC was to provide transport from the East Valley to the Local Alcohol Reception Center (LARC) in Phoenix (then located by the airport) and provide medical and social detoxification services to East Valley residents.

Our original building, located at 554 South Bellview in Mesa, still in operation today, was formerly an elder care facility that was transformed using dollars from community grants and personal contributions from the founding members of the Board of Directors. Throughout the 1990's, EVAC was operated by fewer than 30 employees, many who were also in recovery, along with volunteers from local 12-step meetings, 12-step fellowship clubs, individuals in recovery, as well as many who had been impacted by the addiction of family and friends.

For some who started as volunteers to provide a service commitment for their own recovery, EVAC was a place to transform that commitment into action. Volunteers took part in caring for the individuals as they went through detox and then would introduce or reintroduce them to the recovery community that would be their support throughout their recovery journey.

In 1996, all of the good almost came to an end. Budget cuts, changes in funding, and changes in the role of the Regional Behavioral Health Authority (RBHA) threatened to close EVAC just as it had several other small programs in our community. To com-

bat this threat, EVAC's Board of Directors hired a new CEO and gave a simple directive. "Make it work or shut it down" was the directive that Dr. Frank Scarpati walked into when he assumed the helm in 1996. A man of vision with a tremendous amount of tenacity and a personal ethic to never give up on anyone struggling in recovery. EVAC did not close. The efforts to bring the message of recovery to everyone was enhanced by the building of a new detox

center on the existing campus and developing plans for future growth and enhanced stability. While EVAC was growing, changes in behavioral health rules and structure made it increasingly difficult to continue on with volunteers and that program unfortunately ended. Building off the success of our original corps of "volunteers", we strengthened our belief in Recovery by hiring more individuals who fit the definitions of allowable staff to provide these difficult services.

EVAC became Community Bridges, Inc. in 2002 when we were awarded the contract to operate LARC in Phoenix. With growth comes change, and with change comes the threat of forgetting where you came from and your founding principles. Fortunately for CBI, Dr. Scarpati proved to be a master of change, supported by his own commitment to maintaining our grass roots principles and organizational foundation of recovery. This commitment became the core of CBI as it grew from less than 30 employees in one location in Mesa to almost 1,000 employees in over 31 facilities throughout Arizona.

#### Executive Leadership

In 2004, Dr. Scarpati introduced a reorganization vision for CBI based firmly on the shoulders of a core team of experts - an Executive Leadership Team or ELT. His ELT quickly pledged their commitment



to excellence focused on bringing and creating state-of-the-art best practices to the field of *Crisis Management, Medically Managed Detoxification*, and expanded medical, psychiatric, and addiction treatment, led by the CBI Chief Medical Officer, Dr. Michel Sucher. Integrating behavioral health and medical health became a positive obsession of John Hogeboom, the CBI Chief Operating Officer (COO), that consumed endless hours of clinical research, administration, studying, and applying correct licensing rules and seeking funding opportunities that would allow us to hire persons in recovery to work for CBI as Peer Support. His goal was to bring back the recovery feeling in full force, ensuring that every person who walked through our crisis and detox programs would be touched by a person in recovery. At that time we had enough funding to hire two Peer Support Specialists and quickly saw the benefit. When an opportunity was presented to respond to a SAMHSA grant, CBI jumped at the opportunity to expand our peer-based programming. In 2007, our application was accepted and CBI was awarded the grant which we called "BluePrints to Life".

BluePrints is where our story begins on the development of Peer-based programming throughout our organization and consequently throughout the State. The name was taken from a phrase an "old

Notable Legacy continued page 8

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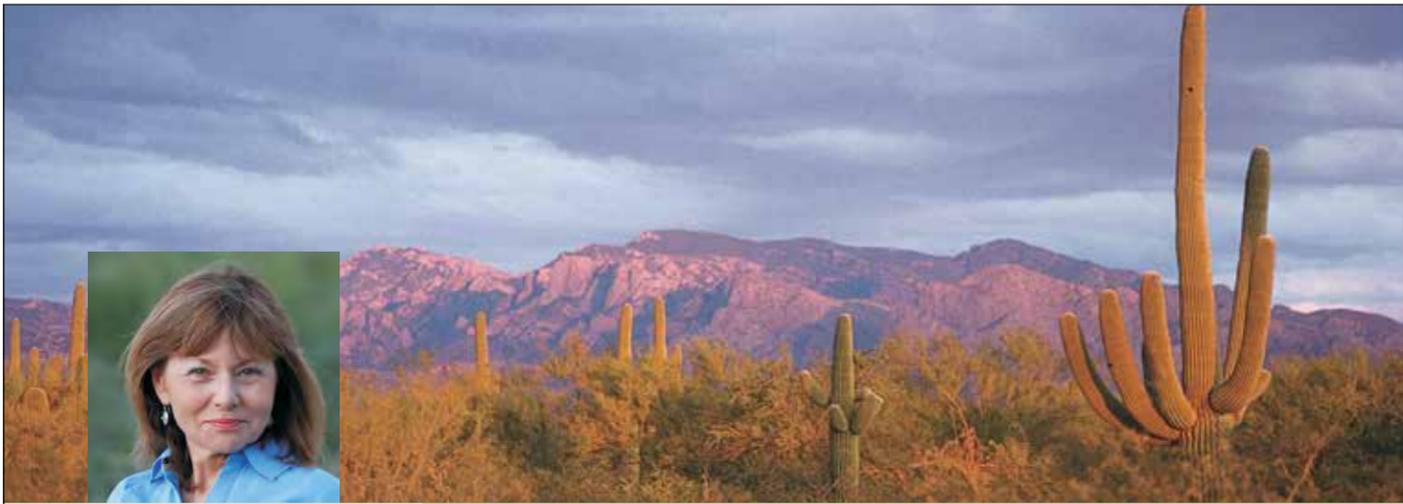
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## Publisher's Note



*I Used to Wish...*

By Barbara Nicholson-Brown

Through most of my years as an active alcoholic and addict, I used to wish I was from a different family, that's the problem I thought! The disease was in my genes and — I inherited it.

So most of my 20's and 30's were spent running from one drink to another, one city to another, trying to escape the mess I was creating on the way. It wasn't very often when I didn't blame someone, someplace or something for the misery I felt and Victim was my middle name.

Gratitude — was a word I was completely unfamiliar with. When you look at life through the eyes of a blamer there isn't much to see. Darkness, shadows and despair, and those who really knew me either gave up or knew I was in trouble and pain but did not know how to help.

The amazing wonder of recovery, sobriety, a clear head and heart is — now I just want to help someone get on this path with us. It's truly a gift to be where I've landed. I'm healthy, happy, sober, surrounded by support and love. Does it get any better than this? I bet it does — and know it will. I wish this for all of us in 2016. One day, one minute at a time.

This issue of Together AZ is dedicated to the memory of Sally Lara

## The End of Chronic Pain

By Jerome Lerner, M.D.

I understand it's a bold idea to declare the end of chronic pain. I have worked in the field of pain management for 30 years, most recently as the Director of Complex Pain at Sierra Tucson. I have literally helped thousands of people suffering from seemingly endless pain to find relief. And yet, I dare to declare the end of chronic pain. **Why? How?**

Chronic pain is not a person, place, or thing. It is a concept — an idea or belief that some people are and will be stuck in suffering and misery forever. I simply do not have faith in this philosophy anymore.

### What Is Chronic Pain?

The Merriam-Webster Dictionary defines the word chronic as "marked by long duration, by frequent recurrence over a long time, and often by progressing seriousness."

According to the *American Academy of Pain Medicine*, pain is described as "an unpleasant sensation and emotional response to that sensation."

Putting these two words together — chronic pain — inadvertently creates a phrase of implied hopelessness and powerlessness that, in my opinion, is unwarranted. It tells us nothing about why pain and suffering persist. It provides no insight or strategy into resolving or healing the situation.

### Seeing Is Believing

As Sierra Tucson's Director of Complex Pain, I guide my department with knowledge that is based on three decades of observation, experience, and an in-depth study of science and medicine: We have directly observed the vast majority of painful conditions resolve or recede to the background — within the 90-percent range.

We feel it is the birthright and natural condition of every person to expect that painful injuries and medical conditions can, will, and do get better with time and correct care.

We understand when painful conditions fail to resolve or recede to the background, there must be some complicating factor or factors that are interfering with the natural process of healing.

We trust — and have frequently observed when these complicating factors are identified and addressed, the pain does indeed resolve or recede to the background.

We are committed to discovering what these complicating factors are and how to address them effectively. Often, we witness improvements in our patients whom others believed could not get better.

And that is why I believe and declare the end of chronic pain.

Chronic Pain continued page 12

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# 16 Things to Make 2016 Your Best Year Ever

By David Sack, M.D.

What will your 2016 bring? Will you start with resolutions but end up with more of the same? Or will this be the year that you bring out your best and finally become comfortable in your own skin, *no matter your challenges?*

With a little investment in yourself, you'll set the stage for your best year ever, with these tips.

**Come to terms with discomfort.** When distressing feelings come your way, it's natural to want to get rid of them quickly. But if you find yourself attempting to drown them in drugs, alcohol, food or other substances or behaviors, you stand a good chance of creating a bigger problem than you temporarily solved. The truth is, none of us get to be happy, comfortable and contented 24/7. Instead of looking for ways to anesthetize yourself against pain, remind yourself you won't always feel this way. In fact, because research shows us people consistently overestimate how long they'll be cast down by a negative event, you'll likely feel relief sooner than you anticipate.

**Let go of control.** We can plan, organize, we can guide, and anticipate, but in the end, there's much about our world that will never be within our control. Accepting that can be difficult, but doing so means much greater peace of mind and more openness to all life has to offer. Instead of being unnerved when you realize you're simply the passenger, not the driver, take a deep breath and concentrate on the one thing you can control — **your reactions.**

**Quit waiting for someone to rescue you.** Don't put your life on hold while you wait for Mr. or Ms. Right — someone to push you to make a change, or a mentor to lead you by the hand. The reality is, we are sometimes lucky to have people like this come into our lives, but the only person you should depend on for resolve and a sense of self-worth is you.

**Stop complaining. Start being grateful.** It doesn't mean you can never express legitimate disappointment or that you can't avail yourself of the relief of a sympathetic ear. But it does require recognizing that it is much harder to see the good all around you than the bad. Making an effort to be grateful for what is going right rather than focusing on what is going wrong is worth the extra

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exertion. Studies confirm those individuals who regularly express gratitude are healthier, make better progress toward their goals, and have better mental well-being. It also makes you a lot more enjoyable to be around.

**Don't let perfection get in the way of your happiness.** Aiming for perfection may sound like a laudable goal, but it's bound to leave you disappointed with your effort or, worse, to stop you from trying in the first place. Let go of the idea that you can and must do things just so. Aim for giving your best to all you undertake — a true source of satisfaction — and let go of the illusion of perfection.

**Seek the help you need.** If each New Year finds you vowing you will finally stop drinking, doing drugs, overeating, avoiding social situations, gambling — whatever your issue may be — but you've never been able to make your good intentions last, it's time to seek help. You may have convinced yourself you're simply weak-willed or hopeless, but it's more likely you simply need a support structure to overcome a substance use or behavioral issue that has deep genetic, biological, and environmental roots.

**Reclaim your mind.** What are you thinking and saying to yourself throughout the day? Are you replaying the past or berating yourself for missteps? Are you endlessly worrying about the future and questioning your ability to meet its challenges? Mindfulness training allows

you to observe your thoughts and bring them back to the present and, in doing so, better control the human tendency to ruminate unproductively on all that has happened and might happen. Such training can also help you change that interior dialogue from constant critic to stalwart friend.

**Stop comparing.** It's tough to live in an age that offers so many venues for comparison. But it's important to resist the temptation to spend too much time measuring yourself against others. After all, you're not seeing reality on those Instagram and Facebook feeds, but simply a "greatest hits" version of everyone else's life. Instead, wish those around you well and put the focus back where it matters most — on your own life. Theodore Roosevelt said it best: *"Comparison is the thief of joy."*

**Give up on cynicism.** You may think your cynicism protects you, but it is actually more likely to hurt you. Because it dampens your trust in others, it can diminish your opportunities and even your earning power. Cynicism has also been linked to health risks such as greater rates of mortality, heart disease, cancer, even dementia. And it likely comes as no surprise that a cynical outlook can have a chilling effect on relationships.

**Exercise.** Don't do it just for the abs or the better-fitting pants. Do it because there's nothing else you can do that has so much potential to boost the quality and length of your life. Exercise

improves brain function, it improves sexual function, and help prevent disease. It's a mood booster, helping to treat depression and to prevent it. Start small and work your way up. Every move you make counts.

**Embrace your potential for change.** It wasn't that long ago that researchers thought the only change the adult brain was capable of was to degenerate with old age. We now know the brain is actually plastic — constantly changing in response to learning and environment. That's means we can train our brains to enhance neural networks and create new ones that promote our mental well-being, such as in helping to minimize anxiety and stress. Meditation, certain types of therapy, and physical exercise are among the most effective ways to bring about such change, research has shown. The Center for Investigating Healthy Minds at the University of Wisconsin-Madison is a leader in neuroplasticity research and a great resource for those who want to learn more about the ways we can "think" ourselves to greater mental and physical health.

**Allow yourself to be vulnerable.** It takes courage to enter the arena and let yourself be judged, whether in the workplace, social situations, in a relationship, or chasing your dreams. But what you gain is invaluable — the peace and satisfaction of knowing that no matter what happens, you didn't just sit in the corner trying not to get hurt and

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# The Altar

By Alan Cohen

The beginning of a new year offers a poignant opportunity to set the priorities that will carry us through the year. We succeed or fail based on what we hold dear. Choose meaningless priorities, and you become the heir to pain. Live from what you value, and your life becomes a celebration of purpose.

A Japanese coaching client told me her father had bequeathed his children a home that contained the family altar. Then her brothers started to fight over who would keep the family altar in their home. My client was upset by the fighting and wanted to know how to resolve it.

I told her, "It's not worth fighting over, or you getting involved in the fight."

"But the altar is the doorway to our ancestors' graves," she argued.

"No, the altar is not the doorway to your ancestors' graves," I told her. "Your mind and heart are the doorway to your ancestors. The altar is a material object. It is inert, neutral, and has meaning only by virtue of your belief in it. The altar is holy only when it is used as a vehicle for love. When it becomes an object of contention, you have superimposed fear over faith. Your family relationships are the real altar to your ancestors. When you harmonize with each other and choose love as the foundation of your communication, you are honoring your ancestors in the highest way. Let go of the physical altar and worship at your spiritual altar, which is within you."

*A Course in Miracles* asks us to remember, "I have given everything I see all the meaning that it has for me." When we project meaning onto objects that uplift us and draw our mind to heaven, we are making the best use of the material world. When we imbue objects with meaning that drags us down, we are misusing them. At that point we must either reframe them in the service of Spirit, or let them go.



We get into trouble when we confuse stuff with spirit. Stuff was created to serve spirit. When spirit serves stuff, we have fallen into idolatry. Someone at a *Course in Miracles* conference observed a woman who had accidentally dropped the *Course in Miracles* book on the floor. Flustered, she picked up the book and kissed it reverently, as if she felt guilty and was apologizing to the book. The observer complained to Judith Whitson, publisher of the *Course*, that the idea of kissing a book was childish; the person who did this had made a god out of an inanimate object. At a later conference, Judith walked onstage to give her lecture, tossed a copy of the *Course* on the floor, stood on it, and gave her lecture from that position, noting that the purpose of the book is to live its teachings, not bow to the object that contained the teachings. The book is just paper and ink. Its lessons are eternal. The truth far surpasses the container.

A similar story rings from Japanese history. When Christianity came to Japan, the Tokugawa shogunate government was threatened by the new religion, and waged an inquisition against Christians. As a test of faith to the government, officials threw a picture of Jesus Christ on the floor and required citizens to step on it. If, out of allegiance to Christ, the person refused to step on it, that person was tortured or killed.

Upon hearing the story, I wondered what I

would have done if I were faced with such a challenge as a Christian at that time. I would have stepped on the picture. Not out of disrespect for Christ, but because my life is more valuable than pandering to the whim of an idiot who threatens me with death for stepping on a graven image. I serve Christ better by being a light to the world than arguing over a symbol. I imagine if you chose to die in such a situation, that would have been a statement of faith. But I believe you would have done better to live for Christ, which is an energy, than to die for a painting, which is a thing.

What will you and I live for during the coming year? Fear, or love? Stuff, or Spirit? Symbols, or their source? All of these choices spring from one fundamental question: Are you, and is life, based on form, or is it based on energy? On objects, or on thoughts? On things you can touch, or on truths you can experience. When you remain established in the source of life, things take care of themselves.

Ultimately you are the altar of love. Great Spirit wants you to retain the power invested in you, not give it away to external objects. Fighting over a thing is missing the point. Using things to join is the point. Every moment of this bright new year offers a choice between making the point and missing the point.

The only purpose of the material world is to serve as a launching pad for spiritual awareness. Every other use leads us away from joy. Everything you touch either serves healing or separation. Objects are not powerful. Belief is. Use your life to magnify the truth that cannot be contained in any object. Then this year will lay its divine gifts upon the altar of your heart.



*Alan Cohen is the author of the new groundbreaking book A Course in Miracles Made Easy: Mastering the Journey from Fear to Love. Join Alan and gifted intuitive Dougall Fraser in Hawaii, February 21-26 for a life-changing retreat, The Guru in You, visit [www.AlanCohen.com](http://www.AlanCohen.com)*

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## News

### More Infants Prescribed Psychiatric Drugs to Address Behavior

An increasing number of children age 2 or younger are being prescribed psychiatric drugs to address their violent or withdrawn behavior, *The New York Times* reports. Experts say there is no published research on the drugs' effectiveness and potential health risks for this age group.

Among the antipsychotic drugs being prescribed for infants are risperidone (Risperdal) and quetiapine (Seroquel). These drugs are typically used to treat schizophrenia and bipolar disorder in adults. Almost 20,000 prescriptions for antipsychotic medications were written last year for children 2 and younger, the article notes. This represents a 50 percent increase from the previous year, according to the prescription data company IMS Health.

Most antipsychotics are indicated only for children 10 and older. Risperdal is approved for children as young as 5, but only for irritability associated with autism.

Prescriptions for the antidepressant fluoxetine (Prozac) increased 23 percent in one year in children 2 and under, to about 83,000.

The newspaper notes IMS Health only tracks how many prescriptions were written, not how many children received them. Many children receive more than one prescription a year. Previous research suggests at least 10,000 children 2 and younger received antipsychotic prescriptions.

Experts told the newspaper it is possible that desperate, well-meaning parents and doctors hope the drugs will alleviate thrashing temper tantrums or overly depressed dispositions.

"People are doing their very best with the tools available to them," said Dr. Mary Margaret Gleason, a pediatrician and child psychiatrist at Tulane University School of Medicine. "There's a sense of desperation with families of children who are suffering, and the tool that most providers have is the prescription pad." She noted the brains of infants are still rapidly developing, making it too risky to

use these medications, which can greatly impact that development.

### Prescription Medicine In America

More than 47,000 Americans died of a drug overdose in 2014, an increase of 7 percent from the previous year, according to new data from the Centers for Disease Control and Prevention.

The increase was driven largely by deaths from heroin and prescription opioids, the Associated Press reports. Almost 19,000 deaths were due to opioid painkillers, an increase of 16 percent from 2013. Deaths from heroin overdoses increased 28 percent, to about 10,500, the article notes.

The rise in opioid-related deaths is due partly to synthetic opioids such as fentanyl and tramadol, according to a government news release. Heroin is often cut with fentanyl in order to increase its effect.

In March, the Drug Enforcement Administration (DEA) issued a nationwide alert in response to a surge in overdose deaths from heroin laced with fentanyl, the most potent opioid available for medical use. According to the DEA, fentanyl and fentanyl analogues produced in illicit clandestine labs are up to 100 times more powerful than morphine and 30-50 times more powerful than heroin.

Fentanyl is potentially lethal, even at very low levels, according to the DEA. Federal drug agents say in the last two years, Mexican cartels have increased production of a variant of fentanyl called acetyl fentanyl, and are smuggling it into the United States.



from page 3

let your life drift by. You stood up and were counted.

**Cultivate awe.** Reconnecting with that sense of wonder that came so naturally to you as a child pays off in improved mental and physical well-being. Research shows, for example, that feeling awe is associated with lower levels of proteins that are believed to influence the development of depression, heart disease, diabetes, arthritis and Alzheimer's disease. Awe also makes us more aware of our place in and connection to the world, and to act in a more prosocial fashion because of it. Awe has been shown to make time seem to pass more slowly — and who doesn't need that in our overloaded lives?

**Make a commitment to integrity.** If you follow your moral compass only when convenient, you're bound to spend a lot of time and energy trying to convince yourself and others that the choices you made were justified. If you commit to integrity, however, your value system is no longer in conflict. You earn the trust of all those around you as well as what is probably life's most valuable possession — peace of mind.

**Quit ignoring your stress.** You can't avoid all stress but you can learn to minimize it and deal with it, and it's crucial that you try. Left unmanaged, stress increases your risk of major illness and takes a toll on your mental health and your ability to make good decisions (such as not reaching for that extra drink). Schedule time into your day for stress-reduction techniques, whether it's a daily walk, mindfulness practice, socializing, meditation, yoga, a nap — whatever works for you.

**Make time for the good relationships in your life by ending the bad.** Sometimes we hold on to people we know aren't good for us out of fear or insecurity or simple inertia. Now is the time to find the courage to let these people go and focus on those who do bring positive things to your life. To help you as you move on, you might consider whether forgiveness is an option for those who have wronged you. It's a decision that no one else can make for you, but it's worth remembering the old saying: "Holding on to anger is like taking poison and expecting the other person to die."



David Sack, MD, is board certified in psychiatry, addiction psychiatry, and addiction medicine. He is Chief Medical Officer of Elements Behavioral Health, a network of mental health and addiction treatment centers that includes the Malibu Vista women's mental health center and Lucida Treatment Center in Florida. [www.elementsbehavioralhealth.com](http://www.elementsbehavioralhealth.com)

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## Being Part of Something Bigger than Yourself

One of a human being's deepest desires is to be part of something bigger than himself or herself. This urge is so universal that it finds its expression in a virtually infinite range of forms. Depending on your level of consciousness, the thing that you can be a part of might be a tennis team that you play for; a sports team you root for; a club you've joined; a political party you volunteer for; a church or synagogue group you donate your time to; a cause you believe in; a charity you fund raise for; or, if you're something of a yogi like me, *the Universe that you want to be at one with*. The wonderful thing about being a human being is that you can find fulfillment at any of these or a myriad of other bigger than your self causes that you like.

What's interesting about the power of the meditator or the yogi is that the thing that they want to be a part of that's bigger than themselves is the Universe itself which, when they fulfill their spiritual quest, turns out to be their Self. But not the body that they look at in the mirror or the personal self that they show the world, but the transpersonal Self that they can contact in meditation at the quietest level of the mind, in the Transcendent itself.

Watching the 2015 World Series, I was struck by the passionate way in which New York Mets fans were roaring and cheering, "Let's go Mets" to inspire their heroes on almost every pitch. They were rabid for their heroes, ballplayers who wouldn't know any of those fans if they met them at a party, not that these players with multi-million-dollar contracts are likely to be hanging out at parties with the bus drivers or house painters who scream their lungs out for them. Looking closely, I saw how these fans were strengthened by the 40,000 other fans, who similarly cheered their athletes who represented their city, in their stadium. It's as if these Mets were defending New York against the men of Kansas City, whose Royals were attempting to attack the Big Apple itself. This powerful fan support echoed the long-ago love that women and children had for the brave men who defended their cities against those who'd invade them.

This impulse to be part of something bigger than yourself isn't good or bad, it's just natural. I'm amused by it when, while driving in a gated community to visit a friend, I'm waved at by pedestrians who assume that I live there and are thus part of that something bigger that they're part of—namely the community. This wanting to be part of something bigger than yourself, however, can be negative when there's anger or hostility directed at those who aren't part of that same something bigger—like a different political party, a different nation, or a different religion. Lord knows, much blood has spilled among nations and religions toward those who weren't part of those nations or religions.

The good news about being part of something bigger than yourself when it's aligned with the Universe is that there's no hostility toward those who aren't so inclined. What's more, when you've successfully become one with the Universe—at peace with all there is—compassion swells in the heart. One who's gone beyond his individual ego and its small concerns to be part of all that there is has become identified with that which is bigger than himself, giving him the serenity to care for all those around him, no matter what they look like; no matter what their political affiliation happens to be; no matter what religion they belong to or don't belong to; no matter what their sexual orientation happens to be, and so forth.

Such a person can look at humanity and say quietly in his heart, **"Let's go Men, let's go Women!"** And work to make our planet a healthy place for all to live in, no matter what group they're a part of.



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# Selfies or Self

By Dr. Dina Evan

In the world of Selfies, Likes, friends, websites, Twitterers, Facebookers, Googlers and followers have we become so other directed that we have lost the quiet sound and voice of our own wise mind?

Can we still hear that part of us that is inwardly curious, the part that hones our character? We are starting to identify our worth and value by how many followers and likes we get instead of who are and what we are contributing in the world, in our circle of friends and in our families.

## Have We?

There are fewer searches or inward explorations on issues such as honesty, kindness, integrity, consciousness and character on line. There are 29,000,000 sites on honesty and integrity and 318,107,000 on dieting and fashion. Have we become more concerned with our outside than how feel about the growth and state of our own soul?

We can barely put our cellphones away long enough to connect with partners and friends face to face. People feel if they become disconnected from their gadgets, they are disconnected from life. So perhaps the question for the new year is...are we spending precious time and energy on the things that only serve our ego? Is a meaningful life determined by the size of our waist, the number of wrinkles, what our stock portfolios look like? Or would we be happier if we were focused on finding our calling, checking off our bucket list and *being more interested than interesting*. If you feel as if you want more meaning in your life — get curious.

- *What breaks your heart open?*
- *What deeper questions do you seek answers?*
- *For which issues can you be all in?*
- *What prejudices do you hold inside and have you explored whether or not they still hold value in your life?*
- *What are your fears and do you face them — or do they control you?*
- *What makes your heart feel joyful?*
- *What have you always wanted to learn?*

And, most importantly, what are you waiting for?

If we want a meaningful life, we need to get present to the meaningful

things in our lives. This means listening to what others are saying to you and genuinely caring about them. It means being present to whatever you feel as they are talking to you. Just the simple practice of noticing when you shut down, when you feel discomfort or a need to fix the other person's issues. It's being aware of when you move into judgment. It means listening to yourself and noticing when fears arise and asking whether the fears are facts or feelings? Are they about the present or the past? In order to heal them, we need to invite them in and understand them. There are so many things you can learn about yourself that are fascinating if you are connected to yourself and listening to your own wise mind. The greatest school you could ever attend is right there in your heart and mind and the moment you sign up, you have already graduated because you are on the path to getting conscious.

2016 can be the most exciting year of your life, no matter how old you are, what education or skill you have, or what is your income status. This can be the year you understand what that cliché you have often heard, *living on purpose* means. All that meaning and excitement can be ours if we check out of being concerned about what's out there, and get focused on the amazing world of information we each have inside. Get curious about what your thoughts are, where they come from and why you are having them. Make a decision about whether or not they are still serving you. As you have heard me say before, invite them in for tea.

Don't be afraid.

What you will discover is that you already are that amazing person you have been looking for and what you most want, which is growth, excitement and the feeling that you are living on purpose is really incredibly easy. It's all about staying in alignment with that wise voice inside. He/she's been waiting for you all along. Have a fantastic New Year. We look forward to sharing 2016 with you.



Dr. Evan specializes in relationships, personal and professional empowerment, compassion and consciousness. 602-997-1200, email [DrDinaEvan@cox.net](mailto:DrDinaEvan@cox.net) and [www.DrDinaEvan.com](http://www.DrDinaEvan.com).

## A RECOVERY STORY:

# Today, I am a free man!

After decades of dependence on alcohol and heroin, the last eight months have been the best ones for Ed. It's also been the only time since he was seven years old that he hasn't used drugs or alcohol. Experiencing severe abuse as a young boy, he attempted to escape the trauma by sniffing gasoline, drinking beer, and smoking pot. Ed says, "The high point of my life is today because I am sober."



Eight months ago, Ed was living on the streets and survived a heroin overdose. He credits God for leading him to treatment at Terros Maverick House. During treatment, he had the profound experience of talking openly about the pain he has lived with since childhood, and he felt acceptance and love from others. He also learned what he needs to do to stay in recovery. After treatment, Ed moved to Terros Maverick House Sober Living, a recovery residence, where he had the support and camaraderie of 27 other men for three months.

Ed and his wife are together again. "I have a sponsor, and I go to several meetings a week, and my wife, Bitsy, goes to Al-Anon meetings. Bitsy shared, "Ed goes with me to one Al-Anon meeting each week, and I go with him to an AA meeting. We have great discussions as we learn about this family disease from both sides."



Ed also stays in touch with the men at Sober Living, advising the older men that it is never too late to recover and telling the younger ones to not wait until they are old. Every week, Ed takes one or two of them golfing. "Today, I am a free man, not in bondage to alcohol or drugs."



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From left: Gratitude Recognition: Jim Corrington, Jr., MSW, LCSW, Humility Recognition: Carey Davidson, MAC, CIP, ICADAC, Spirit Recognition: Ken Richardson, BSW, LISAC, CADAC, Mary Richardson, M. Phil., LISAC, CADAC, Hope Recognition: Grayce Gusmano, MMFT, LPC, CP, Compassion Recognition: Guillermo D. Robles, BHT, BA

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Notable Legacy from page 1

timer" known to one of our employees used to describe the 12-steps at his first AA meeting. The meaning behind the phrase is, "we are with you, we will stay with you, and we will be with you as the miracle of recovery transforms your life from desperation to fulfillment". BluePrints was a partnership between CBI, Phoenix Police, and Central Arizona Shelter Services (CASS). Time limited in funding, it was more of a demonstration grant to determine whether community-based peers would be successful in working with chronically homeless men and women to help them achieve meaningful and sustainable recovery. Fortunately, the program was very successful and became the "blueprint" for building many of the Peer-based programs CBI operates today.

### BluePrints Success

The success of BluePrints not only transformed the way services would be delivered in the community, but also transformed the role Peers played within our organization. Mental Health Peers joined our family as our programs grew, and Dr. Scarpati leaned heavily upon his staff of Human Resources experts to design job descriptions and produce a workforce who would be able to "step up" and once again reinvent CBI.

The HR staff, under the leadership of its energetic VP, Maddie Nichols, took bold steps in order to bring CBI over the threshold established by Dr. Scarpati. HR strengthened tuition reimbursement programs and supported

***"CBI looks for the good that each person is capable of contributing and realizing that given the right circumstances, a troubled past can lead to a bright future."***

job classification changes that allowed Peers to not only increase their education, but also advance into several new roles throughout the organization. The end result was that Peer Support became a full-time paid entry level position that provided a career track within CBI, guaranteeing recovery support would become and remain the lifeblood of CBI. Many Program Managers, Directors, Nurses, Medical Practitioners, Navigators, Practice Managers, Supervisors, etc., throughout our organization today all have their roots in recovery thanks to the strong commitment fostered by Dr. Scarpati and implemented by the dedicated members of his ELT.

As a company, CBI has enjoyed the opportunity to remain flexible and develop new programs that transform lives through a strong and deep belief in the principles of recovery established by two gentlemen who recognized on their own the road through the forest of addiction is "dark and deep" but mastering the selfless, unwavering support of our brothers and sisters in recovery, miracles will surely occur.

CBI prides itself on its spirit of recovery, not only with the patients who we serve, but also within the staff we hire. CBI has been the beneficiary of opening its doors to those who thought

all doors were locked. Realizing recovery is possible, CBI looks for the good each person is capable of contributing and realizing — given the right circumstances, a troubled past can lead to a bright future. CBI employees have many success stories but more importantly "they" are the success stories.

### The Gifts

Working in this field, one of the greatest gifts is to watch someone who has struggled with addiction, find recovery and help others. Vicki Helland is the embodiment of this spirit. Vicki began her journey with Community Bridges as a crisis tech and later became a transition coordinator. In the numerous roles Vicky accepted, she never became intimidated by the potential for failure. Vicky collected and arranged each element of a challenge, shared her experience, strength, and hope and overcame every obstacle in her own admirable way. She utilized her personal experiences to develop and then incorporate the peer support principles; such as universality, instillation of hope, and the sharing of her story into an impressive strength-based example for others to emulate. She saw many individuals struggling with the consequences of their addiction, devastated by the loss of families, their self-respect, and in some cases ensnared in the legal system. They spoke of hopelessness and defeat. Vicki was pulled in many directions, "I desperately wanted to impart to them a message of hope, and that recovery is tangible. I am part of an organization

that values peer support principles and encourages employees to share their stories in a meaningful way. For the first time, I wasn't ashamed of my past, and the struggles I experienced were important tools to help others. I am part of a company that embodies recovery throughout the entire organization".

As an employee and a Peer within CBI, Vicki knew education was a key component to growth and development. She took advantage of CBI's undergraduate tuition reimbursements and graduate scholarships and pursued her educational goals. "CBI supported me as I obtained Bachelor and Master Degrees in Social Work, and now as I pursue my Doctorate. Education is transforming my life." As Vicki grew in academic knowledge, her professional career within the organization began to flourish as she was promoted to a manager of the peer support and outreach programs and has since been promoted to be the Director of Peer Support and Outreach. Over the years, Vicki has embodied an "attitude of gratitude". "I have been granted the gift of watching individuals struggling with addiction on our crisis and detox units walk through our doors sober and passionate about the CBI mission. They fervently share how their lives were touched by a Peer Support who shared their personal story as a gift to a brother or sister struggling to build their own personal recovery story."

With the support of the ELT and the passion of Vicki, various peer-support programs have been developed, allowing peers the opportunity to advance and to maintain the peer-support values along their professional journey. The impassioned work of the CBI peers in the community led to the development of many successful peer navigation programs: Health, Hope and Home (H3, Project H3 Vets), that supported formerly homeless veterans; Comprehensive Community Health Program (CCHP), which provides intensive peer navigation to homeless individuals who were high-cost, high needs; Assertive Community Treatment (ACT) and the Forensic Assertive Community Treatment (F-ACT) programs for individuals struggling with a serious mental illness and are in need of intensive services.

Recently the addition of the PATH program developed and sustained over the years by Southwest Behavioral Health, has been included as a critical element in the full circle vision of Mercy Maricopa Integrated Care (MMIC) and now as a CBI program that connects critical dots within our statewide system of care.

As the Director of Peer Support and Outreach, Vicki has had the unique perspective of witnessing the professional growth of peers as they become managers, nurses, EMT's, and counselors and it their impact on CBI is truly re-affirming. Each quarter CBI facilitates peer-certification week, in which new peer support specialists continue their professional journey within CBI. Executive leadership gathers to discuss the importance of peers within our organization, as well as the educational opportunities provided to achieve our desired goals. Peers embrace the

message of hope, advancement, and education.

Another success story of CBI is told through the evolution of TJ. TJ reports, "I pushed away all those who cared about me and I stopped caring about myself. I robbed and stole to support my addiction and I hurt everyone around me". This rampage of destruction continued until May 14th, 2008. This was the last time TJ was arrested, it's also the date he started his journey to recovery.

Upon his release TJ once again moved into a halfway house, but this time it was different. He did everything that was suggested to him. TJ worked hard and got a sponsor, found a home group, took on a service commitment, and worked the 12 steps of Alcoholics Anonymous. "This is when my life started to change for the better." It was in April of 2009, while living in a halfway house, on probation, with a suspended license, and four pending felonies for drugs and two pending DUI charges, that he landed a job interview with CBI. During this interview he was brutally honest, sharing all the details of his past, but also how far he had come in sobriety. TJ was hired as a peer support specialist. "I was given an opportunity to go to work every day and share my story with others that were going through similar struggles. I was able to offer hope to the hopeless, to be an example of what recovery can do in someone's life. Community Bridges gave me a sense of belonging and a place to not only embrace who I am as a recovered addict, but the opportunity to help others find this amazing way of life as well."

Since being employed with CBI, TJ has held many roles throughout the company, from Peer Support in our detox facility, to numerous management roles throughout rural Arizona. CBI has watched TJ grow as a person, as well as a professional. TJ is now the Manager of Outreach Services in Southern Arizona. "Being a manager of other Peer Supports has also been life changing. The ability to talk about recovery, not

withholding or hiding the past, while pushing others to achieve more than they ever thought was possible, well, it's a dream come true - a dream I didn't know existed before Community Bridges. In my 7 years of sobriety, I have completely reformed my life. I have paid back debts owed to others (and there were a lot!), I have made amends for past harms done, I have reunited with family and loved ones, and most importantly, I have restored hope in myself, a hope that I can now transmit to others." In this past year, TJ got married, bought a home, and just welcomed a new baby boy into this world.

In the past two years, CBI expanded services to begin serving the Seriously Mentally Ill population through three Assertive Community Treatment (ACT) teams. These teams provide intensive services to individuals in the community. Elizabeth DaCosta is a Clinical Coordinator for one of the three teams. Just as TJ and Vicki, Elizabeth began her career with CBI as a Peer Support Specialist and was quickly promoted into a leadership role within the Project H3 Veteran program. When Elizabeth began managing the ACT team, fellow peer, Michele Ploof was promoted into the leadership position over the H3 Veteran program. Both of these women have demonstrated a natural ability to lead their teams. They both carry a spirit of recovery in their day to day work. Although both unique in their own experiences, they have been able to make an impact on the patients and staff who they work side by side with each day. As Elizabeth begins to work with new patients she reports, "we begin by doing 90% of the work for them," and over time that balances out to where the patients are eventually doing 90% of the work themselves". Elizabeth has committed to this philosophy and it has demonstrated to be an effective philosophy to which she has passed down to the staff she oversees. As Vicki Helland would

*Notable Legacy continued page 13*



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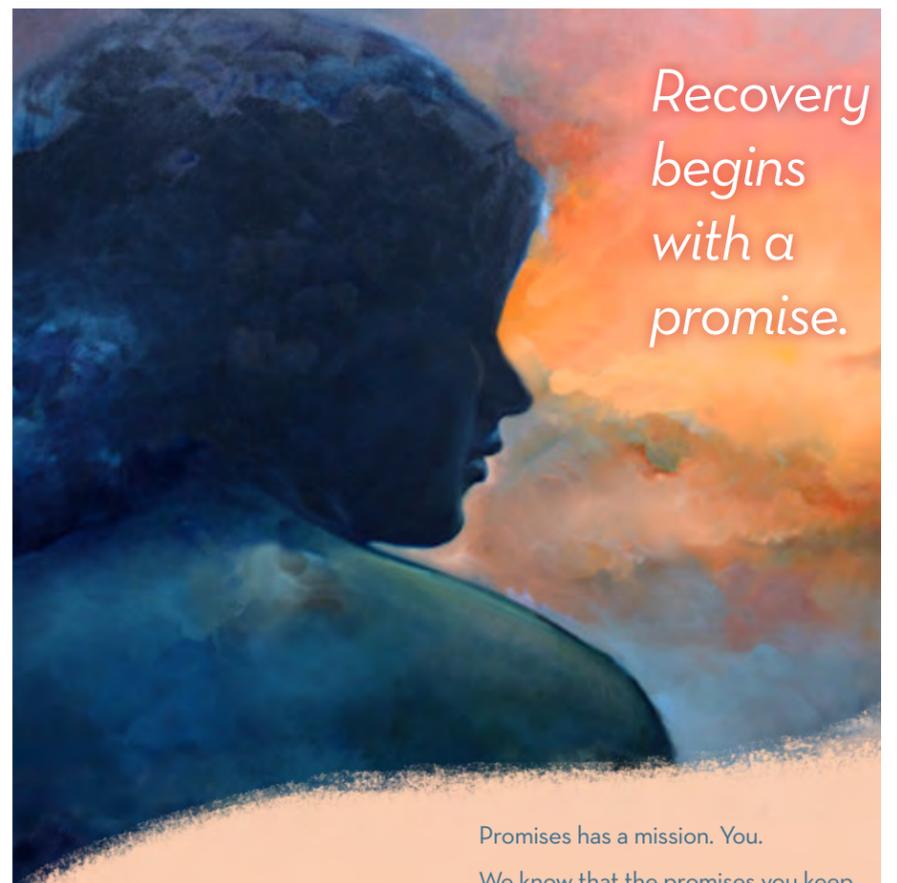


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## Addiction and Recovery: Different for Girls?

by Michael Rass

Women can respond to substances differently. For example, they may have more drug cravings and may be more likely to relapse after treatment. It follows that girls and women have different needs when it comes to substance abuse treatment.

Linda Dahl found that out the hard way. She is a recovering alcoholic but also the mother of a young woman with addiction issues. Dahl found it difficult to find the right treatment for her child, so she did some research and then wrote a book about it.

The result is *Loving Our Addicted Daughters Back to Life* which guides the reader through the complex process of identifying, coming to terms with, negotiating, and effectively finding help for young women with addiction problems.

She writes "a woman will tend to get drunk or high faster, stay drunk or high longer, and get sick faster than a man her size." Female addicts, Dahl notes, are "particularly prone to guilt and shame, and may require longer treatment plans than males."

"Women's bodies contain proportionally more fat than water than men's," explains Dahl. "Because of that, when a female ingests a drug (any drug, including alcohol), it takes longer to dissolve in the system, thereby promoting more negative side effects."

And they are getting hit hard by the current opioid epidemic. "Girls are more likely than boys to intentionally abuse prescription drugs to get high, girls and young women are the fastest growing group of addicts in the country."

### Why parents are caught by surprise

"In a recent survey of parents of 12-24 year-olds, 80 percent said they knew their kids would not use drugs, but they'd know how to read the signs if they did," Dahl told me. "Yet these parents were only able to identify 2 of 38 indicators of possible drug use."

"Not my child. That would never happen to my child!" Dahl wanted to believe that, too. "As an addict myself in long-time recovery — my drug of choice was alcohol, I knew more than most about the disease of addiction. But not when it came to my child. I was as sideswiped, blindsided, befuddled and distracted by all the fallout addiction causes as anybody else."

"It's not at all uncommon for parents to have a false sense of confidence or of good "detective" skills when it comes to their own children," says Decision Point's Bradley Callow. "There is such an internal drive to see only the best in their kids, which often results in blind spots regarding the warning signs of drug use."

The majority of new illicit drug users are now girls and young women. A major driving force for this is depression, says Dahl. "From about the age of 14, that is, the onset of puberty, a fair number of girls and boys become depressed — one key risk factor for risky

**"A woman will tend to get drunk or high faster, stay drunk or high longer, and get sick faster than a man her size."**



drug use. But girls become depressed at almost three times the rate of boys, and this elevated rate remains throughout their lives."

"Although more girls are depressed than boys and therefore at risk of turning to drugs to self-medicate, only about one-third of them get professional help, and fewer get tested or treated for the drug use that can accompany depression."

This is partly because girls using drugs are less likely than boys to take risks that get parents' or cops' attention like speeding and fighting, so they more often remain under the radar — at least for awhile.

They are more adept at hiding their use and then they require different treatment. "Separating the genders remains important in early recovery," says Dahl. "Girls and women are extremely reluctant to talk about the shame and often trauma they experienced in addiction around men. They need to learn to trust again, because relationships are especially key to a woman's healthy sense of self and resiliency."

At Decision Point women have the opportunity to explore sensitive issues in female only intensive groups. Psychiatrist Irving Yalom identified eleven therapeutic factors that make this kind of group work effective. Some include universality which is the feeling that one is not alone in their struggles, that others have experienced problems similar to theirs.

Instillation of hope is another powerful therapeutic factor in which members of a group support each other in moving from hopelessness to hopefulness. Group work also offers the opportunity for women to learn about themselves through their interaction with others in the group which is the factor Yalom called interpersonal learning. Altruism, catharsis, and the corrective recapitulation of family of origin are a few more examples of Yalom's factors.

Early detection and intervention has the highest chance of a positive outcome when dealing with the challenges of substance use. That's why Decision Point offers a stand alone two-week residential assessment, evaluation, and therapeutic intervention. "We want to offer a solution to young people early in their struggles related to substance use," says Callow.

For more information on Decision Point call 877-772-3648 and visit [www.decisionpointcenter.com](http://www.decisionpointcenter.com).

# CALENDAR OF EVENTS

**FREE Professional Networking Luncheon — Psychological Counseling Services (PCS)** invites you to join us for a free networking luncheon experience from 12:15 pm to 1:45pm. Mark your calendar—**January 19**. If you have attended in the past, feel free to join us anytime. If you are new, please send your email request for an invitation to [pcs@pcsearle.com](mailto:pcs@pcsearle.com) or call 480-947-5739 to speak to Ellen Hamilton for details.

**Clinical Breakfast Series** — First Wednesday of the month from 8-9 a.m. **St. Luke's Behavioral Health** Learn more about trends and treatments in the behavioral health field, network, one CEU credit. St. Luke's Behavioral Health Center Auditorium. Continental breakfast served. 1800 East Van Buren Street.

**Every Monday— Scottsdale – FAMILY RECOVERY GROUP at The Meadows Outpatient Center.** Facilitated by Brough Stewart, LPC. 5:30 -7:30 p.m. A group designed to help begin and continue family recovery. Stop enabling behaviors and learn how to set healthy boundaries based on Pia Melody's Model. **No reservations needed, no charge.** The Meadows Outpatient Center, 19120 N. Pima Road, Suite 125, Scottsdale. Contact: Jim Corrington LCSW, 602-740-8403.

**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.

**SIERRA TUCSON— Alumni Groups.** Tuesdays 6:00- 7:00 p.m. Valley Presbyterian Church. 6947 E. McDonald Drive, Paradise Valley. 480-991-4267. Meet in the Counseling Center (Parlor Room). Park in west parking lot and follow signs to the Counseling Center, located in the chapel complex. For more information, please contact Rob L. at 602-339-4244 or [STSCOTTSDALEALUMNI@GMAIL.COM](mailto:STSCOTTSDALEALUMNI@GMAIL.COM)

**Continuing Care Groups in Phoenix. Wednesdays** — for Family Member Alumni (18 years and over). (PCS) Psychological Counseling Services, 7530 E. Angus Drive, Scottsdale, 5:30 – 7:00 p.m. **Thursdays** — for Patient Alumni, PCS, 3302 N. Miller Road, Scottsdale, 5:30 – 7:00 p.m. Facilitated by the clinical staff of Psychological Counseling Services. No charge for Patient and Family Member Alumni.

**Scottsdale— Support Groups for Alumni,** Tues., 6:00- 7:00 p.m. Valley Presbyterian Church, 6947 E. McDonald Drive, Paradise Valley, (480-991-4267) Alumni meet in the Counseling

Center (Parlor Room). Park in west parking lot, follow signs to Counseling Center, located in the chapel complex. For information, contact Rob L. 602-339-4244 or [STSCOTTSDALEALUMNI@GMAIL.COM](mailto:STSCOTTSDALEALUMNI@GMAIL.COM)

**On Going Support FAMILIES ANONYMOUS** - 12 step program for family members of addicted individuals. Phoenix -Mon. 7:00 P.M., First Methodist Church, 5510 N. Central Ave. 602-647-5800. Scottsdale Sun. -4:00 P.M., 10427 N. Scottsdale Rd., Scottsdale Fellowship Hall 480-225-1555.

**!!NEW!! JANUARY 9— STEROID & TESTOSTERONE ADDICTS ANONYMOUS.** 10:00 am. A Peace of the Universe book store, 7000 E. Shea Blvd. Scottsdale. Every Saturday morning. Contact [lisashaugnessy@outlook.com](mailto:lisashaugnessy@outlook.com) or call 480-209-5774.

**Thursdays— Men's General Therapy Group** empowering work through blockages to living. Dennis Ryan, M.C., L.P.C. 602-381-8003. Every Thurs., 5 - 6:30 p.m., 6:30-8 p.m. Transformation Institute. 4202 N. 32nd St., Suite J, Phoenix.

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

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

**PSA Behavioral Health "The Guild"** Monday 5:30 -7:30 pm. A fun-filled, educational, supportive get-together. The Guild is open to the community and brings the community together in raising awareness of mental illness and recovery. PSA North, 2255 W. Northern Ave. in B109. Call Barbara 602-995-1967 x 207.

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**WAAT- Women's Association for Addiction Treatment Monthing meetings.** November 17th: Speaker, Elisabeth Davies, December 15th: Christmas Party Paradise Bakery, 101 and Raintree. Sue Shipman 480-633-7292

**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 meeting every Saturday —10am-11:30am.** All Saints of the Desert Episcopal Church-9502 W. Hutton Drive. Sun City, AZ 85351. 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 Roller-Coaster"** 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. 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. [www.aca.arizona.org](http://www.aca.arizona.org)

**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

*continued page 13*

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# 4 Ways to Be Kind to Yourself When You're Anxious

By Margarita Tartakovsky, M.S.

It's the last thing you want to do when you're anxious — be kind to yourself. After all, you're anxious for no good reason. Again. And this is the third time today you've felt your stomach take a nosedive and your entire body shake.



Having anxiety is frustrating. Our first impulse might be to lash out at ourselves. But what's more helpful is to be kind— even though it might feel unnatural at first. Because lashing out only boosts our anxiety, worsening our symptoms. Self-compassion calms us. It means soothing ourselves when we need it most.

“Kindness comes in infinite forms,” said Lea Seigen Shinraku, MFT, a therapist in private practice in San Francisco. Sometimes, kindness is taking a walk or talking to a friend or watching your favorite TV show to distract yourself, she said. Kind actions and activities vary depending on the person. “What's helpful for someone else may not be helpful for you.” That's why it's important to experiment with different techniques and see what's best for you. Below are four tips to try.

**USE SOOTHING TOUCH.** Shinraku cited a 2014 study, which found there are three universal triggers of compassion: *soothing touch, gentle vocalizations and physical warmth*. She suggested finding a physical gesture that feels supportive to you. For instance, this might be “one hand (or both hands) on the heart or belly; a hand on your face; or giving yourself a hug. It can give you an immediate dose of oxytocin and help you feel more safe and secure.”

**YOU'RE NOT ALONE.** When you're struggling with anxiety, you might feel embarrassed and ashamed and very alone. But “anxiety is part of being human. At any given moment, there are thousands, if not hundreds of thousands of people who are feeling anxious,” Shinraku said. Your struggles are universal.

**ANCHOR YOURSELF IN THE PRESENT.** According to Shinraku, “Anxiety typically involves projecting yourself into the future.” When you engage in an activity that anchors you in the present moment, anxiety usually decreases. You might have a cup of tea and focus your attention on the sensations of holding the cup. You also might focus on the taste of your tea and how it feels going from your mouth down to your stomach.

**GET OUT OF YOUR HEAD.** Our thoughts can trigger anxiety — everything from “What's wrong with me?!” to “I shouldn't get anxious over something so stupid!” to “Oh no! Not this again.” Focusing on your breath and body can help ground you. It reminds you “that there is more to you than your thoughts,” Shinraku said. Counting 10 full inhalations and 10 full exhalations; or doing a body scan to help you focus on your physical sensations.

**GET CURIOUS.** Curiosity soothes us, according to Ali Miller, MFT, a therapist in private practice in Berkeley and San Francisco. First she suggested getting to know your anxiety. What does it feel like? When does it usually arise?

When you experience anxiety, acknowledge it by naming anxiety in a neutral way, “Oh, anxiety,” she said. “If you don't know it's happening, you don't have a choice about how to relate to it.” Ask yourself: “How do I want to relate to this experience called anxiety?” Can you “move towards the anxiety with warmth and kindness, like you would a crying child?” Another option is to put your anxiety in another room and practice relaxation exercises, she said.

“If the anxiety keeps coming back, and won't stay in the other room, so to speak, then see if you can welcome it onto your lap. Ask it what it wants or needs, with as much gentleness as you can.” Maybe you need more rest and to slow down. Maybe you need clearer boundaries or to talk to a therapist.

Try not to focus on eliminating your anxiety. This is simply impossible. Instead, practice kindness when you're struggling (and keep practicing, because practice makes progress; and because self-compassion just makes you feel good).

Self-compassion “means that you accept that sometimes you will experience anxiety, that it's part of being human.”

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### Chronic Pain from page 2

#### Chronic v. Complex

I propose we replace the old language and conceptual model with a new one: “complex pain.”

When a painful condition gets better as expected, it is referred to as “simple pain.” When it does not, complicating factors are involved; and, is then identified as “complex pain.”

At Sierra Tucson, our patients experiencing complex pain may require additional medical and, rarely, surgical care to support healing. Yet in any case, simple or complex, I propose pain as an experience can and does resolve or recede with time and good care when there are no complicated issues getting in the way.

#### The good news:

Almost anyone can understand the reasons that interfere with healing, and there are effective strategies to address them all.

#### The tougher news:

It takes a strong determination and perseverance to apply the strategies consistently over time to get the desired results. Because of the challenges along the way, patients often benefit from coaching or guidance to untangle the complicating factors and achieve their goals. When challenges are more severe or deeply imbedded, coordinated expert treatment directed at the complex issues is required.

#### The Four Factors

My studies and explorations have led me to identify four major compli-

cating factors that interfere with the natural healing of painful conditions. All four factors must be addressed in a coordinated fashion to unlock a complex pain scenario.

1. **Biomechanical Stressors** – Alignment, stability, flexibility, and endurance challenges needed for the body to function
2. **Hypersensitization** – Primarily deals with the over-activity of the sympathetic nervous system and the changes to brain activity that occur over time with unresolved pain
3. **Metabolic Inflammation** – Chemical changes in the blood, which lead to increased tenderness to touch and movement
4. **Inertia** – The negative thoughts, beliefs, and judgments that keep people ‘stuck’

#### The Sierra Tucson Approach

Sierra Tucson's Complex Pain Program offers treatments and experiences that help individuals discover where and how they have become trapped in their pain. Patients learn a variety of ways to change the negative patterns that hold the pain, both physically and psychologically. The Program places a strong emphasis on physical restoration, utilizing the benefits of physical therapy and personal training in individual and group activities.

Massage, acupuncture, chiropractic, and other therapeutic bodywork are

*Chronic Pain continued page 13*

pray, "we rebuild the bridges, until they learn how to build their own".

There are hundreds of success stories at CBI, all of which just an opportunity was needed. The desire to better one's self and the open arms of individuals willing to work with those who most would cast away has created an engaging and selfless work environment.

Another employee, Jeremy fits this description well. His struggle with addiction led him to the streets and eventually to jail. It wasn't until CBI opened his eyes to the fact someone cared for him then something changed. His full circle journey started with his interaction with his peer support. He realized this person had been through everything he was experiencing, but he had made it through. Jeremy's success has led to a very successful career at CBI. Jeremy was recently promoted to Clinical Coordinator of the new ACT team. "The lesson is that it is important to believe in others even if they do not believe in themselves and to treat every single person with dignity and respect. If recovery is possible for someone like me then I believe at my core that it is possible for anyone. Community Bridges gave me so much more than a chance at recovery as well as a job. Community Bridges has given me a life."

CBI has grown immensely since its 30 employees in 1994. Today CBI has a staff nearing 1,000 with the strong understanding that at every level our principles hold true. CBI continues to look to the future for growth. This growth is presented in a new step that is in place to help lower our need for recovery efforts. CBI has placed a large

emphasis on prevention and the Prevention team is out in the community every day educating people about the dangers of narcotics, prescription drugs, underage drinking, and suicide.

They are CBI's connection to the community, aiding friends, families, and neighbors with important information that could save someone's life. As much as CBI has changed and will continue to change in the future, the one constant is that technology is the driving force of what is possible; CBI has made sure it stands at the forefront of the medical technology field. CBI's IT department has created a cutting edge work environment that has led to better service for our patients and has increased CBI's reach due to Telemedicine communications. Never has CBI been able to help more people throughout the state of Arizona. The IT team works around the clock to ensure medical records are easily accessible and that all treatment plans can be accessed with a click of a button.

The spirit of recovery is infused throughout every level and every department of CBI. This starts with the patients who are walking through the doors for the first time and continues to the patients who are walking through the doors for the 100th time. Moving to every level of staff, new employees, to executive leadership, the mission of CBI has remained the same, "to maintain the dignity of human life." At CBI it is simple, no one is denied and everyone gets a second chance.

*Peter Margaritis is Communications Manager, Community Bridges, Inc. Visit [communitybridgesaz.org](http://communitybridgesaz.org)*

#### Chronic Pain from page 12

available to help relieve pain.

The Complex Pain group at Sierra Tucson meets five days per week to discuss and explore pain-related issues. Pain education is strongly encouraged. Unresolved trauma – common in this population — is addressed with integrative therapies such as EMDR and Somatic Experiencing.

Medication and natural/herbal solutions are examined extensively among the patient's multidisciplinary team of professionals, with an effort to minimize or eliminate addictive substances. Each patient receives individualized, round-the-clock care.

Our exceptional clinical team is committed to learning new strategies and applying evidence-based tech-

niques to help resolve complex pain, and improve the quality of life for those who are suffering.

#### Join Us

Dr. Lerner is offering a series of workshops to train other professionals in the application of complex pain education and coaching strategies. Sierra Tucson is proud to cosponsor these workshops. **For more information, please contact Dr. Lerner at Sierra Tucson, [JLerner@SierraTucson.com](mailto:JLerner@SierraTucson.com).**



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

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#### Events from page 11

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, 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. Phoenix/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, Contact Sue F. **602-349-0372**

**SAA** [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 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)

**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 Medi-

*Events continued next page*

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ACT Counseling	602-569-4328
Amity Foundation	520-749-5980
AZ. Dept. of Health	602-364-2086
Office of Problem Gambling	800-NEXTSTEP
Aurora Behavioral Health	623-344-4444
Carla Vista	480-612-0296
Calvary Addiction Recovery Center	602-279-1468
Carleton Recovery	928-642-5399
Celebrate Recovery with Chandler	
Christian Church	480-963-3997
Chandler Valley Hope	480-899-3335
Chapter 5	928-379-1315
Community Bridges	480-831-7566
CBI, Inc. Access to Care Line	877-931-9142
Cottonwood de Tucson	800-877-4520
Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
Decision Point Center	928-778-4600
Dr. Marlo Archer	480-705-5007
Dr. Janice Blair	602-460-5464
Dr. Dina Evan	602-997-1200
Dr. Dan Glick	480-614-5622
Franciscan Renewal Center	480-948-7460
Gifts Anon	480-483-6006
Intervention ASAP	602-606-2995
Geffen Liberman, LISAC	480-388-1495
The Meadows	800-632-3697
Millennium Labs	623-340-1506
NCADD	602-264-6214
North Ridge Counseling	877-711-1329
Pathway Programs	480-921-4050
Phoenix Metro SAA	602-735-1681
Promises	866-390-2340
Psychological Counseling Services (PCS)	480-947-5739
Remuda Ranch	800-445-1900
River Source-12 Step Holistic	480-827-0322
Sex/Love Addicts Anonymous	520-792-6450
Sierra Tucson	800-842-4487
Springboard Recovery	928-710-3016
Sundance Center	844-878-4925
Start Fresh	855-393-4673
St. Luke's Behavioral	602-251-8535
Teen Challenge of AZ	800-346-7859
Turn Your Life Around	520-887-2643
TERROS	602-685-6000
Valley Hospital	602-952-3939
Veritas Counseling	(602) 863-3939
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cal 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. Stepping Stone Place 1311 N 14th St. [cmaaz.org/god-zombies-the-awakening/](http://cmaaz.org/god-zombies-the-awakening/)

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# Q&A With President of American Society of Addiction Medicine

BY JOIN TOGETHER STAFF

Join Together recently spoke with R. Jeffrey Goldsmith, MD, DLFAPA, FASAM, the President of the American Society of Addiction Medicine, about Obamacare and the state of addiction treatment.

### *How has Obamacare changed the practice of addiction medicine?*

**Dr. Goldsmith:** It hasn't dramatically changed the practice of addiction medicine yet, but its promotion of integrated and coordinated care systems has set the stage for addiction medicine to be delivered as part of mainstream medical care rather than "carved out" or available only in specialized settings. It will still take quite a bit of time for these changes to take root on a broad scale. But we are hearing more conversations about care coordination and seeing some pilot programs that are working to integrate addiction treatment services into care models such as Patient-Centered Medical Homes, which were promoted in the law. It was pointed out to me that about 50 percent of the physicians in mental health care are avoiding insurance and require cash payments. This is an end-run around Obamacare and may speak to the many ways of putting up quiet barriers like "approval of medication-assisted treatment" before it is covered.

### *What changes does ASAM still want to see?*

**Dr. Goldsmith:** ASAM would still like to see greater enforcement of the Mental Health Parity and Addiction Equity Act, which was passed in 2008 and expanded upon through the Affordable Care Act. The final regulations for commercial plans weren't released until 2013 and we are still waiting on final regulations for Medicaid Managed Care Organizations. Because it is not being enforced strongly, there are still major violations. We need greater clarity and direction from the Obama Administration on what plans need to disclose to patients and more transparency about violations and investigations. It won't have its intended effect until it is properly enforced.

We'd also like to see greater efforts taken to expand the addiction treatment workforce. There are far too few specialists to meet the demand for treatment, and most health care professionals – physicians and allied health care providers – receive little to no education on substance use disorders as part of their training. One way to address this training limitation is to have good inter-professional collaboration. One specialist can help a multidisciplinary team manage a large patient population. This kind of collaboration requires honoring everyone in the team, seeking their information about the patient and opinions about addictions, setting up regular opportunities to talk with each other, and have skills for leading and skills for following the Team Leader. We need medical and nursing schools to add this addiction and inter-professional collaboration education to their curricula. Furthermore, we need funding for more residency and fellowship spots for those doctors who want to specialize in addiction medicine.

ASAM has helped Hazelden/Betty Ford create teaching resources that all medical schools can lease to use for teaching students and residents, and bringing faculty up-to-date on state-of-the-art addiction care. It is called the CARE project. In parallel to this action, we need more national guidelines for good addiction care, both pharmacotherapy and

the use of evidence based psychotherapy. Without these, different professional groups choose their own preferences and ignore the research evidence that can be quite strong in these treatment areas. This can interfere with good inter-professional collaboration and the payer's belief that there is effective care upon which everyone agrees.

Finally, we need greater reimbursement for addiction treatment services, which will expand access immediately by incentivizing physicians to offer these services and incentivize students to enter the field. Too often, commercial insurers and state Medicaid programs do not pay physicians enough to make it worthwhile for them to offer these services. Physicians must choose between seeing patients at a loss, charging patients cash, or exiting the field altogether.

### *Why are so many people still not receiving addiction treatment, although they need it?*

**Dr. Goldsmith:** In addition to the reasons discussed above – lack of enforcement of parity, a short workforce supply, and poor payment for treatment services – stigma still plays a major role in dissuading patients from seeking treatment and preventing health care providers from offering it. We know that stigma can:

- *Discourage individuals from seeking help.*
- *Reinforce the idea that someone with a substance use disorder is exhibiting a willful choice rather than suffering from a recognized medical condition which continues for years.*
- *Evoke less sympathy and empathy that would happen if the individual is understood to have a disease.*

As long as patients, providers, family members and friends continue to view addiction as something other than a prolonged disease for which medical treatment is available, there will continue to be a treatment gap. It is important to see that the public stigma about addiction triggers and reinforces the internal, unconscious stigma that each person carries around. People don't want to see themselves as out of control, or weak. They need to see the biological aspects of the disease to drop their own unconscious disparaging stigma. This affects the individual, the family and the community. Working on one segment will help the others grow and improve.

*R. Jeffrey Goldsmith, MD, DLFAPA, FASAM, is the President of the American Society of Addiction Medicine.*





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