Celebrate Recovery, Believe in Yourself, and Inspire Others

By Peter Margaritis

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 of whom 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 combat 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...
What Is Chronic Pain?

Response to that sensation. “An unpleasant sensation and emotional suffering that, in my opinion, is powerlessness that, in my opinion, is unwarranted. It tells us nothing about why pain and suffering persist. I declare the end of chronic pain. I have helped thousands of people suffering from seemingly endless pain. I declare the end of chronic pain. 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.

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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 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 pain, you’ll set the stage for your best year ever.

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 yourself.

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 don’t be quick to recognize 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 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 lead you to be 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 everything 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 mistakes? 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 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 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 neuropsychiatry 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
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.’

“No, 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. Stuff is created to serve spirit. When spirit serves stuff, we have fallen into idolatry. Someone serves stuff, we have fallen into idolatry. When spirit serves stuff, we have fallen into idolatry. Someone

A Course in Miracles

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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 $3,000. 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 alleviaterashing 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 the 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.

let your life drift by. You stand 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 pro-social 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
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.
By Dr. Dina Evan

In the world of Selfies, Likes, friends, websites, Twitterers, Facebookers, Googlers and followers we have 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 honors 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 the amazing 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 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 the path to getting conscious.

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.”

Congratulations!

2015 Phoenix “Gratitude for Giving” Honorees

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.”

Dr. Dina Evan specializes in relationships, personal and professional empowerment, compassion and forgiveness. 602-997-1200. email: DrDinaEvan@cox.net and www.DrDinaEvan.com.
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- Family Recovery Group (open to the public)
- Sexual addiction group facilitated by a CSAT trained therapist
- Relapse prevention

Give us a call today to find out how we can help you realize that you are enough.

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**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.**

A job classification change that allowed Peers not only to increase their education, but also advanced 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, Super-visorS, etc., throughout our organization today all have their start 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 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 Halland 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 Vicki accepted, she never became intimidated by the potential for failure. Vicki collected and arranged experiences to develop and then incorporate the peer support principles; such an admirable way. She utilized her personal 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 impressive 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 supports formerly homeless individuals; Comprehensive Community Health Program (CCHP), which provides intensive peer navigation to homeless individuals who are high-cost, high needs; Active Community Treatment (ACT) and Active Community Treatment-FACT (ACTF) 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 component to growth and develop 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”.

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Recently the addition of the PATH program developed and sustained over the years by Southwest Behavioral Health, has been included as a critical component to growth and develop 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”.
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 say, “once you see the light you will know there is one”. In this past year, TJ got married, bought a home and welcoming a new baby boy into this world.

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At Sierra Tucson, you can take comfort that your patients are the center of a recovery program that is world renowned. Within a natural healing environment, their journey will be with others who are experiencing a similar process, yet tailored to their individual needs.

Promises has a mission. You. We know that the promises you keep today will define the life you lead tomorrow. We’re here to guide you toward that goal. Our Promises Wrap Around Care encourages a feeling of safety, belonging and healing through premier facilities, highest staff-to-client ratios, a blend of evidence-based traditional and alternative therapies, and individual daily practitioner care. When you’re serious about your recovery, remember Promises.
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 of the same 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

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 drug use. But girls become depressed at earlier 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 use 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 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 interactions 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.
FREE Professional Networking Luncheon — Psychological Counseling Services (PCS) invites you to join us for a free networking luncheon experience from 12:15 p.m. to 1:45 p.m. 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 or call 480-947-5719 to speak to Ellen Hamilton for details.


Every Monday—Scottsdale—FAMILY RECOVERY GROUP at The Meadows Outpatient Center. Facilitated by Brough Stewart, LPC. 5:30 – 7:00 p.m. A group designed to help bring a deep understanding of 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, 14920 N. Pima Road, Suite 125, Scottsdale. Contact: Jim Corrington LCSW. 602-740-8403.

Every Week—Tucson—COTTONWOOD TUCSON—InnerPath Developing Healthy Families Workshops. Five-day workshop is for families impacted by addictions, psychiatric disorders, anger & rage, and trauma. Facilitated by Cottonwood staff. Visit www.cottonwoodtucson.com or call Jana at 520-743 2141 or email 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, follow signs to Counseling Center, located in the chapel complex. For more information, please contact Rob L. at 602-339-4244 or STSCOTTSDALEALUMNI@GMAIL.COM

Continuing Care Groups in Phoenix. Wednesdays — for Family Member Alumni (18 years and over). (PCS) Psychological Counseling Services, 7530 E. Angel Drive, Scottsdale, 530 – 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

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—480-947-5719. N. Scottsdale Rd., Scottsdale Fellowship Hall 480-225-1555.


COA (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 a.m-Noon. 2210 W. Southern Ave. Mesa, 85202. Information 602-793-4120.

WOMEN FOR SOBRIETY — www.wmnforsobriety.org meeting every Saturday —10am-11:30am. All Saints of the Desert Episcopal Church-9502 W. Horton 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, 2211 S. Rural Road, Tempe, Our Lady of Mount Carmel Church. Donna 602-697-9550 or Maggie 480-567-9002

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@cottonwood-tucson.com

ACOA (Adult Children of Alcoholics) Thursdays, 7:00 p.m., North Scottsdale United Methodist Church, 11735 N. Scottsdale Rd., Scottsdale.wa.aca.az.org

ACCA meeting, Tucson. Wed. 5:30-7:00 pm Sreams 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

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
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 a11ove and your entire body shake.

Hanging 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.”

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.”

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.

4 Ways to Be Kind to Yourself When You’re Anxious

By Margarita Tartakovsky, M.S.

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 included.

Chronic Pain from page 2

Chronic v. Complex

I propose is 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 complicating 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’
say, “we rebuild the bridges, until they learn how to build their own”.

There are hundreds of success stories at CBI, all of which just another 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 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 it is possible for anyone. 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 continuation team is out in the community every day educating people about the dangers of narcotics, prescription drugs, underdoping, 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 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.

EMERGING TRENDS

 eventos from page 11


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

GA Meetings—ACT Counseling & Education. Phoenix/Glendale. Tuesdays, 7-8:30 p.m. 4880 W. Peoria Ave., Ste. 203, Glendale. Thursday, Spanish, 7:00 -9:00 p.m. 4480 W. Peoria Ave., Ste. 203, Glendale. Spanish, Thursdays 7:00 -9:00 p.m. 4480 W. Peoria Ave., Ste. 203, Glendale. Sunday, English, 6:30 -8:00 p.m. 4480 W. Peoria Ave., Ste. 203, Glendale. Sunday, English, 6:30 -8:00 p.m. 5010 E. Shea Blvd., Ste. D-202, Contact Sue F. 602-349-0372.


Events continued next page
Q&A With President of American Society of Addiction Medicine

BY JOIN TOGETHER STAFF

Join Together recently spoke with R. Jeffrey Goldsmith, MD, DLFA PA, 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 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 or 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 additions, 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 programs to add education to their curricula. Furthermore, we need more residency programs and more transparency about violations and investigations. It won’t have its intended effect until it is properly enforced.

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, DLFA PA, FASAM, is the President of the American Society of Addiction Medicine.
Recovery Resources

DID YOU KNOW?

According to the Centers for Disease Control and Prevention (CDC), 100 people in the United States die from drug overdoses every day, and death rates as a result of drug overdoses have more than tripled since 1990. Nearly three out of four prescription drug overdoses are caused by opiates.
Our extended-care programs for drug and alcohol addiction are different.

We believe time and a God-centered approach are the answers to making a positive change to a healthy lifestyle.

Find yourself with us here in beautiful Prescott, Arizona.

We know we can help.

Recovery In The Pines
Addiction Recovery Center
RecoveryInThePines.com
(928) 308-4311 | 919 12TH PLACE | PRESCOTT, AZ 86305

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