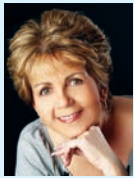



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V.1 — No. 7 — April 2010



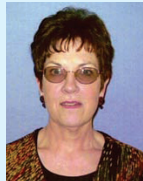
Gambling Recovery
Tried and True
Bobbe McGinley



From the Heart
Play the Mistake
Alan Cohen



Relationships
Whose problem is it, anyway?
Dr. Dina Evan



Understanding
Binge Eating Disorder
Debra J. Johnston, RD

MY FEST ‘10 features Entertainment, Resources for Youth
Day of inspiration to raise awareness about foster care, substance abuse, mental illness

Magellan Youth Leaders Inspiring Future Empowerment (MY LIFE) will host their third annual MY Fest ‘10 a youth involvement festival featuring music, art, entertainment and community recourses. MY Fest ‘10 will take place Saturday, April 3, from 11 a.m. to 4 p.m., at Tempe Beach Park (54 W. Rio Salado Parkway, Tempe).

MY Fest is a free community event planned and led by MY LIFE, which consists of youth between the ages of 13 to 23 who have experience with mental health, substance abuse, and/or foster care-related issues; and who are committed to making positive changes in their lives, while encouraging others to do the same.

Since the inception of MY Fest in 2008, more than 3,700 people have attended the family-friendly annual event at Tempe Beach Park to learn more about mental health, substance abuse and foster care.

MY Fest ‘10 will provide youth and families the opportunity to enjoy inspirational music, art and entertainment, and learn about the many resources available to them.

“By teaching others how to advocate for themselves, Magellan hopes to reduce the stigma around those seeking treatment for these challenges,” said Shawn Thiele, chief of child and youth services for Magellan Health Services of Arizona.

Youth, ages 5 to 23, are encouraged to attend with family and friends. In addition to musicians, artists and entertainers, more than 50 exhibitors representing community agencies and organizations with valuable mental health resources will attend.

To get involved with MY LIFE or to learn more about MY Fest ‘10, please visit MagellanofAZ.com/MYLIFE.

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Relapse Dreams A Hidden Message?

By CHARLES GILLISPIE, MFA, LISAC

Jean, a patient in treatment for substance abuse, came to my group disturbed about the following “using” dream she had the night before: I dreamed I was in the cafeteria teaching other patients here how to chop lines of cocaine and snort them. Though she laughed at the dream because of its ridiculous plot, Jean also wondered what it might mean, if anything, about her recovery.

The value of dreams

The purpose of this article is to briefly outline some of the clinical research that’s been conducted about the occurrence, meaning and value of drug-using dreams. It is my intention to demonstrate that drug-using dreams can be useful in counseling when clients and clinicians are informed about the possible function this type of dream serves.

One study, a classic in the field of substance abuse treatment, demonstrates that alcoholics who dream about drinking during the course of treatment tend to achieve longer periods of sobriety (Choi, 1973). This finding suggests that clients like Jean who dream about the substances they are attempting to abstain from may be more engaged in the treatment process than those patients who don’t report drug-using dreams. In other words, these clients take their struggle with substance abuse seriously enough to dream about it at night. As Freud observed, only matters of greatest importance are permitted to disturb our sleep. In this regard, Jean’s drug using dream may be understood as a positive sign, dreamed by a person who is seriously concerned about the consequences of relapse.

A more recent study of crack cocaine addicts who dream about drug use demonstrates that the content of using dreams is also important in predicting treatment outcomes (Reid, S. and Simeon, D., 2001). Over a ninety-day period, clients who report their dreams changing from using cocaine to actively refusing cocaine tend to achieve longer periods of abstinence. This finding suggests that readiness for change is reflected in dream content and that dream-life can provide clients with an opportunity to rehearse change. These dreams provide clients with an exposure to cravings, interactions with “using friends” and typical scenarios they will be confronted with in waking life after leaving treatment. In these cases, the importance is not placed on the individual dream but the manner in which dream content shifts over time. If clients like Jean continue to dream about using substances, they should be encouraged



“The using dream can be harnessed as a “wake up call” challenging clients to re-examine their assumptions about recovery.”

to record their dreams and note any shift in content. This process may instruct clients and counselors about significant triggers that need to be addressed, while challenging clients to examine their readiness to change.

One particularly useful study of drug-using dreams demonstrates that a client’s personal response to the dream is more important than dream content when it comes to predicting a positive treatment outcome (Brown, 1985). The study finds that clients who dream about using substances fall into two main categories: one group experiences frustration that their dream isn’t real and the second group experiences relief that their dream isn’t real. The first group is described as having relapse-pending dreams. This group longs to re-experience intoxication and feels triggered toward substance use. The second group is described as having recovery-affirming dreams. This group wakes up disturbed by their dreams and feels repulsed from actual substance use. Clients like Jean clearly belong to this second group and often need help perceiving their using dreams as a recovery-affirming process. They may find it helpful to inventory their motivations for recovery and review their action plan. The using dream can be harnessed as a “wake up call” challenging clients like Jean to re-examine their assumptions about recovery.

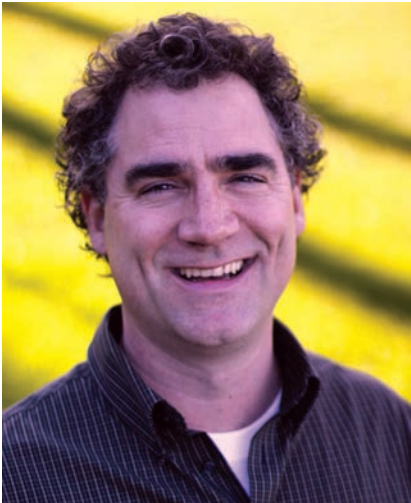
Dreams relevant messages

Clients with relapse-pending dreams will also need help in regard to receiving a relevant message from the reactions they have to their using dreams. Counselors can direct these clients back to interventions that address the contemplation stage of change. These clients may benefit from a review of the costs and consequences of their substance use.

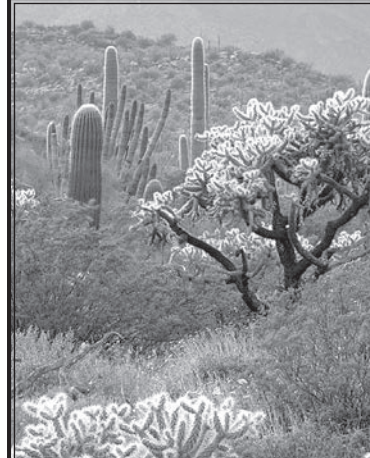
The relapse-pending dream may bring to light their impoverished view of sobriety. Counselors can challenge these impoverished views and direct clients toward new behaviors that excite and stimulate recovery values.

Finally, counselors who are interested in helping clients determine the meaning and value of using dreams will need to account for the stage of recovery each client is in. Research demonstrates that using dreams

Relapse Dreams continued page 8



Charles Gillispie, MFA, LISAC has published a number of articles describing his use of creative writing as an adjunct to cognitive-behavioral therapy. His publications include *Addiction Professional*, *Journal of Poetry Therapy*, and *Therapeutic Recreation Journal*. Charles is a counselor at Cottonwood Tucson, a co-occurring disorders treatment facility for adults and adolescent girls. Cottonwood Tucson offers a unique treatment approach to recovery, putting health and wellness as the central component of healing from addiction and behavioral health disorders. For more information about Cottonwood Tucson and the programs they offer, visit www.cottonwoodtucson.com or call toll free 1-800-877-4520.



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publisher's note

Hot Topic

By BARBARA NICHOLSON-BROWN

Addiction has been “the” top headline the past few months. Most every kind of media outlet (radio, TV and the internet) has gained viewers attention by focusing on the “nitty gritty details and dirty little secrets” of our cultures “super athletes and pop icons and stars.”

From provocative headlines and panel discussions, to network psychologists’ professional opinions, reporters, analysts and Wall Streeters are now giving their “view” on the topic. I’ve heard and read negative jabs, jokes and commentaries at the “celeb of the hour” who is struggling...but seriously, how can addiction be taken so flippantly?

Is it all about ratings? Programs are now mirroring each other, same topic, different name, and sadly the recovery segment of these shows are usually aired the last ten minutes of programming.

Addiction is a serious and deadly disease

It ranks high on the list along with cancer, heart disease and diabetes. I keep waiting for the day when recovery from addiction will receive the attention and recognition it deserves, and often wonder will that even happen in my lifetime?

Thousands of people across our state are diligently working each day to make a difference in the lives of those who need help. While the cameras may not be on them, to each and everyone who I personally know in the recovery field, the public and private sector, I truly thank you.

And if anyone is interested in creating a show on the success stories of real people who are on the journey of recovery, count me in! To me that’s headline news.

Relapse Dreams

If you are in recovery, no doubt you have experienced the fright of a relapse dream. This month, Charles Gillispie, MFA, LISAC of Cottonwood de Tucson gives us an insight to what the hidden messages may be telling us. In my own experience, early on in recovery I

attributed mine to be wake-up calls to up my attendance at meetings and get more involved in the recovery process. One dream in particular (which I will never forget) showed how my life was dripping off the side of the earth and everything I tried to hold on to was slipping away. Relapse can do that—listen to your dreams, talk about them, write about them and discover what they are trying to say.

Within the pages

A few highlights in this issue include a Q&A with NCADD’s Healthy Mom’s Program team who are dedicated to helping moms find recovery and ways to prevent Fetal Alcohol Syndrome. And a special thank you to Debra J. Johnston, RD, of Remuda Ranch for her informative article on understanding binge eating disorder. As always thank you to our monthly columnists for your contributions to our April edition.

Enjoy the beautiful Arizona spring!



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relationships

By DR. DINA EVAN | www.DrDinaEvan.com

Whose problem is it, anyway?

How do you know if you are sick of your relationship or sick of your self? I hate to break it to you...but it’s all the same thing!

Have you ever noticed when you get up in the morning feeling positive and energetic, your whole day seems to flow into a lighter and more uplifting experience? Have you also noticed when you get up in a bad mood, mad at the world, it seems as if everyone is out to get you all day long? The whole day turns into a “bad day.”

The reason for that is, your outer world including, your relationship, is a direct reflection of what is going on emotionally and spiritually on the inside of you. If there is peace on the inside, there will be peace on the outside. If there is turmoil and conflict on the inside, there will be turmoil and conflict on the outside. The same paradigm for personal reality is true about issues or beliefs concerning lack, abundance, love, hate, truth, lies, and relationships. Whatever you are experiencing in your inner world, manifests and reflects itself back to you via your outer world.

Try on these examples

If you are in a relationship in which your partner lies to you, no doubt you are also lying to yourself about something. Perhaps you are saying to yourself, “He or she will change,” or “I really don’t mind being lied to,” or “It’s only lies about little things.”

If you are in a relationship in which your partner cheats on you—I will bet you are in some way cheating on yourself! Did you decide to ignore the warning signs? Did you miss any billboards that came up along the way trying to alert you that there was a trust issue at stake? Didn’t you make the conscious or unconscious decision to stay with someone who refuses to remain faithful? Aren’t all those ways in which you are cheating on you? I’m not suggesting we can be in control of everything life offers us as a challenge. We don’t create Aunt Jane smashing her car into the ash tree along the drive, but we are in control of our response to all challenges and events in our lives.

Most people go through life feeling as if they are simply victims to whatever life has to offer. We believe life does it to us! Most of us are much more comfortable blaming and manipulating our external world, than we are taking responsibility for what is happening to us. We live with the illusion that if our partner would only change we would be happier. If we only had that better job, then we could relax. If we were with someone who paid more attention to us, we’d feel better about ourselves. Unfortunately that isn’t true, as you

“We believe we have to: the right relationship, the right job, the right house, the right car, the right partner in order for us to finally be who we really are!”

have no doubt already discovered once having obtained the very thing you once thought would make you happy.

Do we have it backwards?

We believe we have to do: the right relationship, the right job, the right house, the right car, the right partner in order for us to finally be who we really are! The truth is when we decide to be who we are, all those other things just follow... in Divine right order, as we metaphysicians like to say.

Giving ourselves permission to be happy, empowered, alive, creative and successful is not about who your partner is or what they are doing with their lives. It’s about who you are and what you are willing to do for yourself in your life.

Feeling “sick of yourself or your relationship” is an important feeling to notice. It’s a good place to begin an exploration to find out what is really going on. Ask yourself, “What am I really sick of?” Maybe you are sick of feeling stuck, stagnant, limited, or trapped. Perhaps you are sick of experiencing the same old issues and are ready to address them and move on. Are you sick of feeling as if life is dull, uneventful, or exciting? Once you discover what it is you are sick of, you can begin to do something about that issue. You can take the power back and directly address the issue for yourself instead of making your partner responsible.

Most of us give our power away with out really being aware that we are doing so. We give our power away each time we make someone else responsible for our reality or choices in life. We never do anything we don’t want to do, even if our choice is because we want to avoid a conflict. You get to decide right now that you are going to be responsible for the quality of your life. That’s what you came here to do. *What are you waiting for?*

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

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I·n·s·i·g·h·t·s Helping moms prevent Fetal Alcohol Syndrome

AN INTERVIEW WITH THELMA ROSS, CEO, NCADD
AND CAROL LANGESE, LISAC

What is Fetal Alcohol Syndrome?

Fetal alcohol syndrome (FAS) is a group of serious birth defects caused by alcohol. The baby gets food, water and oxygen from the mother's blood. When a woman drinks during pregnancy the alcohol in her blood goes to the baby causing blood vessels to the baby to be smaller, resulting in the fetus not getting enough food, water and oxygen.

- Babies with FAS are born with deformed faces and brain damage.
- They do not grow at the rate of a healthy baby and have smaller bodies.
- FAS happens when the fetus is exposed to alcohol.
- The degree of defects depends on the amount of alcohol used, the length and other factors related to the mother's health.
- The risks of birth defects increase with the mother's use of alcohol and other drugs are in poor health, don't eat healthy foods and doesn't get prenatal care.



"NCADD Healthy Connections for Moms to Be provides pregnant women access to a comprehensive services designed to promote recovery."

drinking alcohol can lead to problems with the forming of the brain and the way it works. The only way to prevent FAS is to not drink alcohol during pregnancy. The sooner a mother stops drinking the better the chances for the baby. *Being pregnant and unable to quit drinking is not about being a bad mother; it's about having a powerful disease.* There is help.

If a mom quits drinking within two to four months of pregnancy, what are her chances of having a healthy baby?

Many factors play a role in how alcohol will affect the baby in the womb. One main factor is the amount of alcohol consumed by the mother while she was pregnant. As a rule, the more a mother drinks, the greater the chance that alcohol may harm the baby. Another major factor is the time during the pregnancy in which the mother drinks. The first trimester is a critical period in the baby's growth. The baby's organs, limbs, and face are developing during this time and drinking alcohol can cause serious defects to these organs. During the second trimester alcohol can slow the baby's growth, making the baby smaller than expected. During the second and third trimester the brain is still developing and

Tell us about the program offered at NCADD and the services you provide.

The NCADD Healthy Connections for Moms to Be (*Healthy Connections*) Program provides pregnant women experiencing substance abuse and co-occurring disorders access to a comprehensive continuum of services designed to promote recovery. This program fully integrates women into society as healthy, substance free individuals who are able to care for their children. Our continuum of services provides engagement and support to assist women in maintaining long-term sobriety while managing parenthood and life in the community. Healthy Connections uses a strength-based case management approach to help women achieve the following goals: Healthy pregnancy; healthy baby; recovery

Fetal Alcohol Syndrome continued page 5

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Gambling Recovery: Tried and True

By **BOBBE MCGINLEY**
Clinical Director/CEO of ACT – Counseling & Education

An element in the confusion about compulsive gambling stems from economics. Dissenters from the mainstream make money. For researchers or writers in the human behavior field, the fastest way to get squeezed between the sports scores and the obituaries is to restate that compulsive gambling is a treatable disease and that treatment must be based on total abstinence. But to make minor headlines, just claim to have taught a handful of “gamblers” how to be social gamblers again. Controversy sells! Certainly the writings of the respected researchers and pioneers in this field do get published. However, adding more proof to an existing precept doesn’t make for best-sellers. On the other hand, articles based on one or another of these “cures” or controversial notions about compulsive gambling sells, and since authors seldom work in the mainstream of gambling research or treatment, their theories don’t have to pass the scrutiny of informed peers. So these “You too can learn to gamble safely” notions fall upon an eager audience.

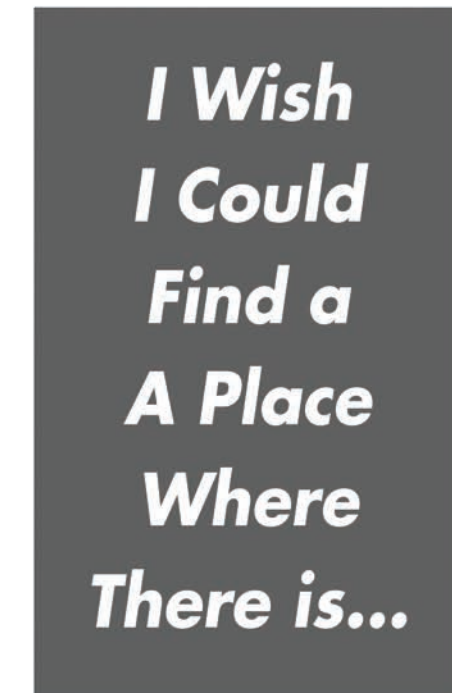
Just about every compulsive gambler wants to hear there is an easy cure or, better yet, a way to regain control. What family member or friend of a compulsive gambler wouldn’t like to believe that all the compulsive gambler has to do is learn to control it, or the right combination of vitamins and exercise will cure the problem. In magazine articles and talk show appearances, professional guests from medicine, psychiatry, psychology, and science who are neither expert nor experienced or respected in the gambling treatment field will sometimes talk of compulsive gambling as secondary to childhood rearing, depression, schizophrenia, vitamin deficiency,

“Just about every compulsive gambler wants to hear there is an easy cure or, better yet, a way to regain control. What family member or friend of a compulsive gambler wouldn’t like to believe that?”

or war time battle experiences—the list goes on and on.

Some talk of compulsive gamblers returning to controlled gambling by way of behavior modification techniques. Others claim success employing techniques tested and discarded years ago as ineffective by the respected treatment programs. Sadly, these behavior modification, nutritional, physical fitness, or other easier, softer remedies contribute to the false assumption there is a solution for compulsive gambling based on ways other than total abstinence and major life changes. Worse yet, they perpetuate those harmful myths in our society.

All of this fly in the face of what surely must be the largest and most ineffective folk medicine experiment ever conducted: *trying to control compulsive gambling by means other than abstinence*. Many have tried and it simply doesn’t work often enough to be considered as a valid alternative. The whole idea is illogical—*“trying to control loss of control by controlling it.”* To the credit of the broadcast industry and responsible periodicals, we occasionally hear and read from the real authorities in the intervention and treatment field; respected M.D.’s, clergy, and



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Gambling, Tried and True

innovative therapists. Their experience and track records make them worthy of attention in better understanding this addiction. But be warned, the confusion caused by come-lately headline seekers and pop psychologists can be disconcerting and, more importantly, can cause delays. My advice is to trust the veteran treatment professionals who can point to real-life families who are now experiencing recovery as a result of their hard work and program.

Bobbe McGinley is a nationally known speaker, presenter and trainer, consulting many different industries about problem gambling. She has been published and currently travels the country assessing treatment programs and writing gambling treatment components. For more information 602-569-4328 or visit www.actcounseling.com.

Support for women whose husband’s are sexually addicted

A support group designed specifically for women struggling with the grief, loss, trauma, and other life issues related to their spouse’s sexual addiction is being offered in Mesa, AZ.

Sexual addiction is best described as a progressive intimacy and process disorder characterized by compulsive sexual thoughts and acts (i.e., pornography addiction). Like all addictions, its negative impact on the addict and their family members increases as the disorder progresses. Over time, the addict usually has to intensify the addictive behavior to achieve the same results. Sexual addicts are those who engage in persistent and escalating patterns of sexual behavior acted out despite increasingly negative consequences to self and others. They become addicted to the neuro-

continued on page 8

Fetal Alcohol Syndrome is Preventable

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Down to Earth

Destination: A D D I C T I O N

There’s an old comedy routine about how every driver thinks he is going the perfect speed, and that everyone else is wrong. A fellow tooling along at 55 miles an hour calls someone going 45 “Grandma,” and when a kid whizzes past him at 70, he’ll call that guy a “maniac.” Meanwhile, the kid, who sees himself as cruising comfortably at 70, calls the first guy a “retard,” but is totally shocked when some “fool” goes flying by him at 95.

Perceptions about addictions sound much the same.

Two teens at a party having a couple of beers think their drinking is normal and that the “goody-goody” who doesn’t drink is just immature, stuck in the dark ages, or a “scaredy-cat.” However, in the wee hours, when they discover an upperclassman puking, having drank three shots of tequila, they typically recognize that guy as “out-of-control.”

Follow the buddies into college and you’ll find them downing an easy half-dozen beers at a keg party, playing beer pong, or other “fun” drinking games that “cool” people play. When they get the history major from down the hall drunk on two beers, they’ll call him a “lightweight,” a “wuss,” or a “Momma’s boy.” However, when the 29-year-old, 6th year senior joins the party with a bag of pills, they clearly see him as “creepy,” “gross,” and “a waste of flesh.”

Graduation brings celebration. The pals down several beers waiting for the ladies, have a few glasses of wine over dinner, then attend the bash of the century, party the night away, smoking pot for the first time, just for the heck of it. They laugh at their dates who got tipsy on the wine, and call them “prudes” for leaving early. For kicks they go to the local

bar where they notice a former student who flunked out several semesters ago who offers them cocaine. They high-tail it out of there, realizing that they had accidentally gone into a “scummy bar” where “drug addicts” and “freaks” hang out.

Years later, the young men are enjoying success. They eat well, they play hard, and they drink for many reasons. Basketball on Tuesdays is followed by wings and beer. Wednesday is trivia night at the sports bar, which includes burgers, beers, and maybe a few shots. Friday brings cocktails and appetizers at Happy Hour where they rub elbows with those who can further their careers. Saturdays are a day to let loose with a few drinks and a little weed and Sundays are for relaxation, watching football with a few beers and the dog. They really don’t think much about people who don’t drink because all of their friends do. They still recognize heroin as being “over the line,” but various sports injuries may have them viewing narcotics as harmless pain relievers.

A far cry from when they started as teens, but do they have a problem? Are they addicts? Alcoholics? Certainly not, they’ll argue. It’s the homeless guy in the gutter that has a problem, not them. It’s the druggie in jail that has an addiction, not them. It’s the crack whore selling herself on the street who needs help, not them.

Well, I got news for ya, buddies. You’re on the same road, you’re just not going as fast. Give yourself another 20 years, you’ll get there too.

Dr. Marlo Archer is a licensed psychologist specializing in working with kids, teens, and their families. She can be reached at www.DrMarlo.com or 480-705-5007. Follow Down To Earth Enterprises on Facebook or DrMarlo-Archer on Twitter.



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Fetal Alcohol Syndrome from page 3

from addiction; ability to secure and maintain safe permanent housing; financial self-empowerment; skills and support needed to provide a safe and nurturing environment for the child/children; relationship skills based on respect and recovery based community support.

What costs are associated with the program and can any women who needs help get it through your program?

NCADD receives funding through Magellan, United Way, and other funding sources; we will never turn a woman away from help due to funds. NCADD has resources to meet additional needs such as transportation, diapers, food, clothing, baby items. The needs can be overwhelming leading the woman to feel hopeless. Through community, Board and staff support, NCADD is committed to assist in eliminating barriers to recovery for each woman who seeks help.

What successes can you share?

We have had many mothers deliver healthy, substance free infants; reunite with their children when CPS was involved; obtain a GED; enroll in vocational or community colleges; obtain gainful employment; complete treatment and stay involved in 12 step programs; receive parenting classes and achieve an independent living environment. In 2009, 79 percent of the babies born to the women enrolled in Healthy Connections tested negative for any substances; 64 percent of the women who gave birth in 2009 continued with services after the birth of their baby. Success is measured by any improvement in the quality of life for both the mother and the baby. Motivation is a result of believing change is possible.

What are the chances of survival for a baby born with Fetal Alcohol Syndrome?

A Fetal Alcohol baby is born with a multitude of problems, ranging from severe to

minimal which can include: Distinctive facial features, including small eyes, an exceptionally thin upper lip, a short upturned nose, heart defects, deformities of joints, limbs and fingers; slow physical growth before and after birth, vision difficulties or hearing problems, small head circumference and brain size, poor coordination, sleep problems, mental retardation and delayed development, learning disorders, behavioral issues such as short attention span, hyperactivity, poor impulse control, extreme nervousness and anxiety. Survival is based on the degree of damage, care provided and the when a diagnosis is made. FAS can be undiagnosed, resulting in the lack of needed care and interventions. As with any illness, the sooner the issue is diagnosed, the better the outcome.

Do you think the stigma of being an alcoholic prevents women from seeking help?

Yes most alcoholics are shame based and are ashamed to admit they have a problem. Other barriers include: lack of insurance/finances, lack of resources and the lack of knowledge of resources available.

What can we as a community do to help women find their way to sobriety?

We need to get the message out that help is available so that women can get the help they need to get sober and stay sober and raise healthy children. We also need to be a community of compassion, people are not bad, they are “sick” and recovery is possible. We do not shame or judge people with heart disease or other medical health issues. We urge everyone not to turn away from those who suffer from the disease of addiction.

To learn more about this program or if you need help contact the NCADD (National Council on Alcoholism and Drug Dependence) at 602-274-3456.

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Understanding Binge Eating Disorder

By DEBRA J. JOHNSTON, RD., DIRECTOR OF NUTRITION SERVICES

In America, over consumption of food is a fairly standard and accepted aspect of celebrations. Consider the Thanksgiving Day feasting, or the cake and ice cream served at birthdays. Food is an integral aspect of most festive occasions.

Some people also turn to food for comfort when they are sad or depressed. This can become a problem if extreme overeating becomes the only way a person deals with painful emotions.

Binge Eating Disorder (BED) is characterized by frequent episodes of eating very large amounts of food in a relatively short amount of time. Individuals who suffer from BED feel out of control during binge eating episodes and after a binge, they have overwhelming feelings of shame and disgust. Unlike those who suffer from Bulimia, binge eaters do not regularly use compensatory behaviors like exercise and purging to counter the Caloric intake of the binge. To be diagnosed with BED, the bingeing behavior must occur at least twice a week for six months. It is estimated that 3.5% of American women and 2% of American men suffer from BED, making it the most common eating disorder. According to the National Eating Disorder Association, the health risks for BED are the same as those associated with clinical obesity.

What are the risks?

Those risks include heart disease, high blood pressure, high cholesterol, diabetes, gallbladder disease, and certain types of cancer. In addition, people with BED are emotionally distressed as a result of their behaviors and experience a significant amount of shame and guilt. Many obese sufferers of BED have poor self esteem, are preoccupied with the way they look, and may become socially isolated. Binge eating disorder may also lead to stress, insomnia, depression, digestive complications and menstrual problems.

In dealing with binge eating disorder, it is necessary to look at the purposes for eating: nourishment and enjoyment. Food meets the body's nutritional needs by providing protein, carbohydrates, fat, vitamins and minerals. It may also feed the soul by providing enjoyment and comfort. Normal eating is a balance of both. With binge eating disorder, it is possible that neither nourishment nor enjoyment exists. Many times, the food that is eaten is unhealthy, and because of the guilt that the binger feels, it is not enjoyed. Therefore, it is important to look at the bingeing behavior and identify what is precipitating the behavior; in other words, what need is the individual trying to meet through food? Is it loneliness, depression, anger, frustration, or guilt?

Individuals with BED may be of normal weight, overweight or obese. Many people who are overweight may turn to dieting in hopes of gaining control over their bingeing behavior. This can be a mistake, since dieting is a form of restriction and often leads to feelings of deprivation. Deprivation in turn leads to more bingeing and thus the vicious



“With experienced professional treatment, most people with BED respond well and can successfully overcome binge eating.”

cycle begins.

Due in part to the shame and guilt associated with BED, many people who suffer from this disorder have tried and failed to control it on their own. Individuals with BED should seek treatment from a team of experienced professionals. A therapist or counselor can help investigate the “whys” behind the bingeing behavior. Dialectical behavior therapy (DBT) can help binge eaters learn to accept themselves, deal with stress more effectively, and regulate their emotions. Individual therapy and group therapy are both important aspects of DBT. In addition, interpersonal psychotherapy can help individuals investigate their relationships and make necessary changes in the areas that may be causing problems. A psychiatric provider is an integral part of the treatment team when drug therapy is indicated for depression or other psychiatric disorders that may be present. A medical doctor can assist with managing the medical complications that may be a result of bingeing and related weight problems. And, a Registered Dietitian can work with the individual to encourage normal eating And create a healthy meal plan that incorporates balance, variety, and moderation.

Although statistics indicate that 5.5% of the U.S. population suffers from binge eating disorder, the numbers may actually be higher due to under-reporting. Fortunately, with experienced professional treatment, most people with BED respond well and can successfully overcome binge eating.



Debra J. Johnston, RD, is the Director of Nutrition Services at Remuda Ranch in Wickenburg. For additional information on treatment for binge eating disorder, please call Remuda Ranch Programs for Eating and Anxiety Disorders at 800-445-1900 or visit www.remudaranch.com.

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MINDBODY Health

By **DR. RONALD PETERS** www.mindbodymc.com

Gluten Sensitivity – A Growing Epidemic

Like many of my patients, Sally came to my office with medical problems that had propelled her on a long journey in the medical world looking for answers, but finding few. She was a thin, healthy appearing women in her 70's who complained of an aching headache, a “foggy feeling” in her mind, “numbness in her right leg and arm”, as well a “rushing pressure feeling” in her chest. She also had a “burning” feeling in her stomach. All of these problems were occurring with increasing frequency over the past five years.

She had seen a neurologist and was told that everything was normal. She was hospitalized twice for the numbness in her extremities and chest pressure. Again all of her tests were normal and she was reassured that her heart was okay and there was no evidence of stroke. An E.N.T. specialist had diagnosed gastroesophageal reflux disease and she was given an acid blocking medication. None of these treatments helped and she said that for the first time in her life she started to feel depressed and hopeless.

After listening to Sally's story as well as her family history, I suspected gluten intolerance right away.

I confirmed the diagnosis with a fecal anti-gliadin antibody test and then started her on a gluten free diet along with the elimination of dairy, sweets and fruit. I also gave her some nutritional supplements to improve digestion, provide mineral and antioxidant support to her body, along with Omega-3 fatty acids.

In two weeks, Sally returned to my office excited to report that she felt “dramatically better:” her “foggy” feeling was gone, she had no more chest pressure, and her numbness and tingling sensations were much improved. Over the following nine months her health returned to normal.

Gluten sensitivity is a genetic inability to digest gliadin, the primary protein found in gluten. Gluten is a protein found in many grains which combines with water and creates the doughy consistency of breads and baked goods so loved in our society.

Quite often symptoms of gluten sensitivity develop after a stress of some kind, such as an infection, or an emotional trauma. Many,

but not all, patients have digestive symptoms, such as abdominal bloating or pain, diarrhea, constipation, or nausea. Acid reflux in the esophagus, or heartburn, is common, but there are other causes of heartburn as well. Other symptoms include fatigue, joint pains, mouth ulcers, bone pain, abnormal menses in women, and infertility.

When people with gliadin intolerance eat foods containing gluten, their immune system responds by infiltrating the small intestine with lymphocytes, which create inflammation that can damage and eventually destroy the villi (tiny, fingerlike protrusions lining the small intestine, much like a shag carpet). Celiac disease is the term for the intestinal damage which causes diarrhea and poor absorption of nutrients. Eventually, people become malnourished often leading to widespread nutrient deficiency and subsequent disease (i.e. iron deficiency anemia, osteoporosis, weight loss, folate and vitamin B12 deficiency).

Gluten intolerance also contributes to inflammation in other parts of the body and can contribute to muscle and joint pain, neuropathy, anxiety, depression, attention deficit disorder, cardiac rhythm disturbances, seizure disorder and more. Celiac disease increases the risk for thyroid disease, diabetes, and autoimmune disorders such as rheumatoid arthritis and lupus.

Many doctors rely on a blood test to diagnose celiac disease, which is falsely negative about 40 percent of the time. As an integrative physician, I often have the good fortune of knowing what the patient doesn't have based on their prior, and often extensive, medical evaluations, and, I can focus on the primary tenet of mindbody medicine—promoting health in all systems. The wisdom of the body is a symphony of complex systems working together and for good music you need all parts of the orchestra playing together especially healthy digestion.

Dr. Peters is trained in family medicine and has earned a Masters of Public Health in the prevention of disease. His approach to patient care is to restore the natural wisdom of the body and then assist patients in changing the lifestyle and mind-style factors that contribute to illness. Reach him at 480-607-7999 or email ronpeters@cox.net.

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APRIL EVENTS

FREE LECTURE SERIES: MindBody Medicine Center, 8541 E. Anderson Drive, Ste. 104, Scottsdale. www.mindbodymc.com—**APRIL 6**—“**Reversing Adult Onset Diabetes with MindBody Medicine**,” Ronald Peters MD, MPH. Learn about disturbances in the body which cause diabetes, including insulin resistance, hormonal imbalance, chronic inflammation, toxin accumulation, nutrient deficiencies and chronic stress. **APRIL 13**—“**MindBody Medicine and the Psychology of Disease**,” Ronald Peters MD, MPH. “90% diseases are stress related.” Learn from your dis-ease and transform it into healing. **APRIL 20**—“**MindBody Medicine – Reversing Chronic Disease**,” Ronald Peters MD, MPH. Find out what mindbody medicine can do for you. **APRIL 27**—“**Cancer – An Integrative Perspective**,” Ronald Peters MD, MPH. Perhaps cancer is not an enemy to fight, but a messenger telling us to live life in a healthier way. Lectures are free. SEATING IS LIMITED. **480-607-7999** to reserve.

APRIL 7—FREE—ST. LUKE’S BEHAVIORAL HEALTH Center Clinical Breakfast Series, 8:00-9:00 a.m. Sheryl Caracciolo, IASIS Regional Compliance Officer presents “**Ethics Series 2: HIPAA and Privacy Practices for Mental Health Professionals**.” Behavioral Health Center Auditorium, 1800 E. Van Buren. 1 free CEU. Breakfast, professional networking. Chip Coffey, **602-251-8799**. pcoffey@iasishealthcare.com.

APRIL 8—Tucson—“**Males with Eating Disorders: Underdiagnosed, Undertreated, and Misunderstood**,” by Ray Lemberg, Ph.D., 8-10 a.m. Arizona Inn. Professionals are invited to the Tucson area Professionals’ Networking Breakfast, sponsored by Sierra Tucson, Pia’s Place, and Prescott House. 2.0 Contact Hours. \$15 pre-registration requested (\$25 at the door, cash or check). Information and registration, visit www.SierraTucson.com.

APRIL 9—Phoenix—Basics of Motivational Interviewing (MI), facilitated by Dr. Robert Rhode. Hosted by ASU’s Center for Applied Behavioral Health Policy. Participants gain a basic understanding of MI techniques and how to incorporate the skills gained into their practice. Earn 7 CE hours. Visit www.cabhp.asu.edu, click on calendar icon. Contact linda.williamson@asu.edu

APRIL 9-10 – Phoenix – Two Day Clinical Supervision Training, facilitated by Richard Poppy. Hosted by ASU’s Center for Applied Behavioral Health Policy. Training meets Arizona’s licensing board’s requirements for clinical supervision. Earn 12 CE hours. Visit www.cabhp.asu.edu, then click on calendar icon. Contact linda.williamson@asu.edu

APRIL 22 in Tucson, The Westin La Paloma, **April 23, Phoenix**, Chapparal Suites Resort. **The Meadows presents**, “**Dancing with Demons: Understanding the Inner Life of Complex PTSD**” with Jerry A. Boriskin, PhD, CAS. Earn 3 continuing education credits. For information 800-240-5522 or register at events.themeadows.com.

APRIL 26—7:00 to 8:30 p.m. 2010 FREE LECTURE SERIES. THE MEADOWS presents—“**Sexual Addiction and Recovery**,” **Anne Brown, MS, LACA**. For information: Meagan Foxx **866-633-5533, 602-531-5320**.

MAY 6—21ST ANNUAL GOLF CLASSIC ben-

efiting **The CROSSROADS**. Grayhawk Golf Club, Talon course. Sponsorships and team spots still available. For information: Brent Downs **602-279-2582**, email brent.downs@thecrossroadsinc.org.

MAY 7—Sierra Tucson’s First Annual Tucson Open House, 11 a.m. – 2 p.m., at the Arizona Inn, 2200 E. Elm Street, Tucson 85719. Professionals are invited to meet our clinical staff, share resources, and enjoy fellowship, food, and live music! R.S.V.P. online by April 23 at www.SierraTucson.com.

MAY 7-9—Avalon Organic Gardens in Tubac, Global Change Multi-Media presents the biannual **Be Aware Festival** featuring Gabriel of Urantia & the eleven-piece Bright & Morning Star Band. Additional artists include Van’s Guard, Starseed Acoustic Ensemble, DeoVibe, Israfil Awakened, and other Global Change Music nonprofit record label artists. Festival includes camping, activist theater, eco-conscious speakers, Kids’ Camelot Village, hayride garden tours, ethnic foods. Admission by donation. www.BeAware2010.org **1-866-282-2205**.

MAY 12 – Phoenix—“**Addiction and Pseudo-addiction: Pain and Substance Abuse**” by Michael Loes, M.D., 8 - 10 a.m. The Pointe Hilton Squaw Peak Resort. Professionals are invited to the Phoenix Area Professionals’ Networking Breakfast, sponsored by Sierra Tucson, Pia’s Place, and Prescott House. 2.0 Contact Hours. \$15 pre-registration requested (\$25 at the door, cash or check). For information and registration, visit www.SierraTucson.com.

ON GOING SUPPORT

PATHWAY presents **CHOICES**. Teen workshop/support group, activities night open to all teens ages 12 to 21. Opportunity to hear from other teens and connect throughout the school year. **480-921-4050** or email: zeebies@msn.com. Gilbert location.

WOMEN’S LIFE ISSUES GROUP—For women struggling with life issues related to their spouse’s sexual addiction and resulting trauma. Facilitated by Jacqueline Scorza, MC, LAC (Under the supervision of Raymond Branton, Psy.D) and Jennifer Smithson, M.ED., NCC, LPC. Mondays 7-8:30 p.m. Ongoing basis to new group members. Jacqueline or Jennifer **480-730-6222**.

ROADMAP TO LIFELONG SOBRIETY. For individuals who desire Relapse Prevention. Facilitated by Cristi A. Soiya, MAPC, LPC, LISAC, NCC. 10149 N. 92nd St. Ste. 103. Scottsdale. Ironwood Square Office Park \$75 per group therapy session. **602-989-2837. 6:00-7:30 p.m.**

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

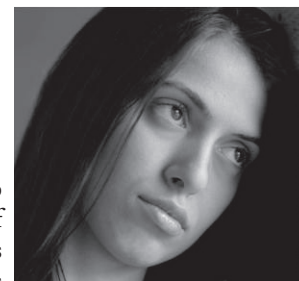
PILLS ANONYMOUS —Tues: 7:00 p.m., Glendale Community Church of Joy, 21000 N. 75th Ave. Tues: 7:00 p.m. Tempe, Bethany Community Church Rm. D-2, 6240 S. Price Rd. Tempe. Wed: 5:30 p.m. North Scottsdale Fellowship Club, Room 3, 10427 N. Scottsdale Road, Thurs: 7:30 p.m., Phoenix, Desert Christian Church Rm. D-2, 1445 W. Northern. Janice **602-909-8937**.

continued on page 11

Young People in Recovery

How can parents HELP?

By JOSHUA AZEVEDO, LISAC



Dealing with a child on drugs is a scary, frustrating and baffling situation for parents. It takes courage, humility and a lot of work for parents to find solutions for themselves and give their children the best chance to recover.

The first step is to acknowledge the problem.

How is it so many parents find themselves in denial about their children’s drug abuse? Guilt and fear are two mainstays of denial. Many parents’ worst fear is that their child’s drug use and poor decisions are their fault. It is normal for them to hear co-workers, friends or their own family members make judgments about other parents—saying things like, “Can you believe Johnny’s parents let him act like that? I would never let my kid get away with that.” Some have made similar comments themselves, only to later deal with the frustration of a teen who’s not responding to their best efforts.



These fears keep many parents from reaching out for help, leaving them to deal with a very difficult and emotional situation on their own. Trying to cope by themselves usually compounds the problem. It is common for frustrated parents to point their fingers at schools, society, other kids, other parents, ex-spouses and even current spouses, feeling that if only the world around them would change, so would their child.

As the situation worsens and the young person spirals further out of control, the parents’ desperation grows—causing greater fear, followed by more extreme attempts to control and protect their child. The false belief that they caused the problem leads to a false belief they can fix or remedy the problem with the right combination of discussions, lectures, pleading, threatening, consequences, and even moving their kids to new schools, cities and states.

In most situations these attempts are draining for the family, especially because they don’t achieve the end goal. The child

does not stop using drugs. If the child does stop using, it is usually temporary, and eventually he or she falls back into the same behaviors within a short period of time.

What should a parent who is stuck in this tiring cycle do?

One of the first things parents need to do is stop blaming themselves and each other, and realize the choices the child is making are his or her own. No one else is to blame. If parents can accept this truth, they can begin to address the needs of their struggling child and make choices that give their child the best opportunity to recover.

Once parents have stopped blaming themselves and others, it will be much easier for them to seek appropriate help for their child and family. They will be able to talk with a counselor or other professional without the debilitating fear that someone else will also blame or shame them for their child’s behaviors and choices.

When seeking help for their child, it is important that parents find support as well. One of the best ways to do this is within some form of parent or family support group for those affected by alcohol and drug abuse. If the child is in treatment, sometimes a support group will be provided for the parents or family members. If not, it is often crucial for recovery that parents find their own local support group.

A support group for parents should focus on family recovery, helping parents feel good about themselves as they learn how to support their child’s recovery and put helpful boundaries in place with their child. Many find this type of support from other parents to be very helpful when dealing with a child newly in treatment or who refuses to get sober. A good parents support group will also provide many stories of hope and always remind parents of one important thing: that they are not alone.

Josh Azevedo, LISAC, CAC II is the Owner and Program Director at The Pathway Program. He can be reached at 480-921-4050, email: josh@pathwaydrugabuseprogram.com or visit www.pathwaydrugabuseprogram.com

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RELAPSE DREAMS from page 1

differ in function as clients move from early recovery to late recovery (Flowers, L and Zweben, J.,1998). As a general rule, clients in early recovery can expect using dreams to relate literally to their substance abuse problem. Counselors can direct clients to discuss and react to the using dream as if it related specifically to the addictive process.

However, clients in late recovery can expect the using dream to function differently, no longer necessarily relating to actual substance use. The using dream begins to act as an unconscious altering system for clients in the late stage of recovery. These dreams can be viewed as serious warnings that alert the dreamer to major life stressors, difficult emotional experiences, or life transitions independent of substance abuse. Counselors can direct these clients to examine life events that may have triggered a using dream, and help them apply principles of growth comparable to early recovery. In addition

to referencing relapse as a metaphor, using dreams in the late stage of recovery can also reference the attitudes and behaviors that made significant change possible in the early stage of recovery. In this regard, the using dream is a call back to the basic principles of recovery, though it's understood the current need is to apply these principles to problems other than substance use.

References: Brown, S. (1985). *Treating the alcoholic.* John Wiley and Sons: New York, New York. Choi, S. (1973). "Dreams as a prognostic factor in alcoholism." *American Journal of Psychiatry*, 130: 699-702. Flowers, L and Zweben, J. (1998). *The changing role of 'using' dreams in addiction recovery.* *Journal of Substance Abuse Treatment*, Vol. 15 (3). Reid, S. and Simeon, D. (2001). "Progression of Dreams of crack cocaine abusers as a predictor of treatment outcome." *Journal of Mental and Nervous Diseases*, Vol. 198 (12).



From the Heart

By ALAN COHEN WWW.ALANCOHEN.COM

Play the Mistake

Just before Christmas last year, Rob Anderson went into a convenience store to purchase three \$1 Powerball lottery tickets as stocking stuffers. The clerk misunderstood Anderson's request and erroneously printed one \$3 ticket. When Anderson called the mistake to the clerk's attention, the clerk offered to nullify the ticket. Anderson decided to just go with the current of events, he accepted the ticket, and purchased the three stocking stuffers in addition. Rob went home and tossed the mistaken ticket on his nightstand.

The day after Christmas the winning numbers were announced and Anderson figured he would check the mistaken ticket just in case. That was when he realized the mistake was no mistake. He had just won \$128 million, the largest Powerball jackpot ever paid in the Kentucky lottery.

Sometimes what seems to be going wrong is really going right. From a human perspective it may appear that things are working against you, when they are really working for you. That's why it's important to be vigilant for what errors might lead to.

When my friend Stephanie visits her parents every year at Thanksgiving, one of the highlights of the family's traditional meal is "Mistake Salad." "Many years ago mom was preparing a salad using a cookbook," Steph-

"Life is trying to love you, and apparent mistakes may ultimately serve you. It is said that "disappointments are the hooks upon which God hangs his victories."

nie explained to me. "When mom finished, she realized that she had accidentally merged the recipes for two different salads, one portion of the ingredients for a salad described on the left open page of the cookbook, and another portion from a different salad described on the right open page. The salad turned out better than any other salad we had had, so now she replicates it every year as the famous 'Mistake Salad.'"

Speaking of salads, have you ever heard how the famous Caesar Salad began? Cesar Cardini was the working in a small restaurant near a tiny airport near Tijuana, Mexico. One night during a rush of customers, the kitchen ran out of salad ingredients. When the next salad order came in, Cardini threw together whatever scant ingredients he had on hand. Behold the birth of one of the world's most

PLAY THE MISTAKE continued page 12

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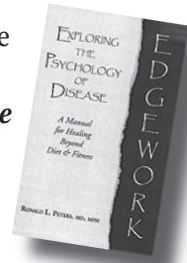
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- Dr. Peters is trained in family medicine and has earned a Masters of Public Health in the prevention of disease. He has 30 years of experience in nutritional biochemistry and holistic health care.

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WOMEN'S GROUPS from page 4

chemical changes that take place in the body during sexual behavior.

The Women's LIFE group is a faith-based therapy group led by professional therapists Jennifer Smithson, LPC, and Jackie Scorza, LAC, in a safe, confidential, nurturing and professional environment.

This group is specifically designed for women struggling with life issues related to their spouse's sexual addiction. Clients have reported the following, "It helped me to stabilize and walk down the path I needed to walk." "It helped me to keep engaged while avoiding denial and share authentically while being transparent, open, and honest." "This group allows me the freedom to share (without feeling shame and guilt due to the negative stigma associated with sexual addictions) in a therapeutic, confidential environment-which feels safe to me."

The reality is...with the advances of the internet, sexual addiction is on the rise. Similarly, woman stating a husband's sexual addiction is a variable in the consideration of divorce is on the rise. The LIFE group deals with this reality and other topics including: grief/loss, identifying safe and unsafe people, appropriate and healthy disclosure, signs of depression and co-dependency, enabling behaviors that may promote a spouse's continued acting-out, psycho-education lessons on sexual addictions, and many more issues. The group incorporates prayer and biblically-based principals, though it is open to those of all beliefs. It is an open, on-going. Meetings

on Mondays from 7-8:30 p.m., \$45 per session, with a \$50 discount if ten sessions are purchased at a time. If you are interested, or want more information, please contact Jackie or Jennifer at Professional Counseling Associates at 480-730-6222. Intake appointments are necessary. PCAAZ offers a wide range of other counseling modalities, psychological assessments, and counseling services. Visit pcaaz.com. *(Quotes have been shared with clients' permission).

Women's Life Issues Group


A group for women struggling with issues related to their spouse's sexual addiction and the resulting trauma. Learn to identify and gain freedom from co-dependency; and dealing with wounds from past-core issues often leading to co-addictions.

Monday evenings: 7:00- 8:30 p.m.
\$45 per member per session
Call Jackie or Jennifer at
Professional Counseling Associates
(480)-730-6222




Facilitated by professional therapists
Jacqueline Scorza, MC, LAC, (Under the supervision of Raymond Branton, PsyD) and Jennifer Smithson, M. Ed, NCC, LPC.

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By REVEREND LEO BOOTH www.fatherleo.com

Being Present



In the last few years I've noticed a series of workshops presenting something call *Mindfulness*. Being present in life seems obvious.

We live in a collection of moments that make up life. Here is an example: I'm in the office at a desk writing this article and Michael is diligently working at his computer. Kien is working on specific details of a contract and Hilary is packing books to be shipped for a conference. All these things are happening simultaneously; at the present time.

Why be reminded of the obvious?

Do we really need a workshop telling us to be mindful of the present? If I'm not here in the present, then where am I?

It would seem most people are not present, as we lack focus. So at the end of the day, if you ask what they have achieved, most cannot tell you.

I've had this problem, as I can easily become distracted. Thinking about past events I really can't change, or (*and this is usually the case*), I get thinking about the future, things that have not happened. Yet I play with them in my mind. Don't misunderstand me, I'm not suggesting we shouldn't think about future events, indeed it is good and necessary to plan ahead.

Many of you know I'm planning a trip to Egypt in September along with other spiritual seekers. I started the idea, then needed to collect all the details, hotels, best days to travel which include a Nile cruise, visa costs, and so on. I'm imagining myself sitting on a camel near a pyramid with a wide brimmed hat to shade me from the sun. Obviously, none of this is actually happening yet, but I'm imagining it, planning for the trip, living in the future.

Every book I've written requires me to live in the present while preparing for the future. Here's another example: My book on sexual addiction, which took a few years to collaborate was finally released last year and it looks just like what we imagined before it was actually released. In this sense, the past is linked with the present.

So, back to mindfulness: What does it really mean to be present? I think it is an emphasis on living in the moment. Not missing what is actually happening and experiencing reality.

I taste and savor the coffee I'm drinking, feel the touch of the pen on the paper as I write. I hear the tapping noise of the computer. I'm truly focused in the present. Does my mind occasionally wander? Yes.

But with the awareness of mindfulness I'm able to return to the present and am able to focus.

What is the benefit of being mindful of the present? My work is more productive and I'm less prone to worry about what might happen. I get to enjoy the little things in life.

In *Say Yes to Your Spirit* I wrote a meditation, a reflection on "Being Present."

Being
For forty years I've been selling water. By the bank of a river. Ho, Ho! My labors have been wholly without merit. – Sogaku Harada

This seems a funny saying but maybe not. Maybe it's okay not to be always seeking to achieve something. The psalmist said, "Be still and know that I am God." Just be still....and know.

When we say yes to our spirit, we look at many aspects of life—and then we rest. It is perfectly acceptable to be still, not doing anything in particular.

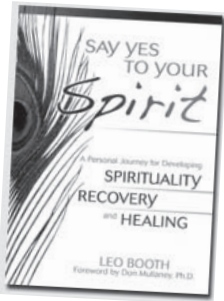
Sometimes when I go to the zoo I look at the animals, and they mostly seem content not to be doing anything. They sit around under the trees or just stare at nothing. They are happy just to be.

When I toured Vietnam I visited a monastery, and the head monk guided me around. We went into a room with twenty monks just sitting on carpets.


"Are they praying?" I asked.
"No, they are practicing just being. It's enough."

To be is enough. Enjoy your moments!

Reverend Leo Booth is a Unity minister, a published author, conference and workshop presenter in all aspects of addiction. He is the author of "*Say Yes To Your Spirit*". For more information visit www.fatherleo.com. Email fatherleo@fatherleo.com or call 562-427-6003.



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Al-Anon	602-249-1257	Remuda Ranch	800-445-1900
ACA	602-241-6760	Sexaholics Anonymous	602-439-3000
Aurora Behavioral Health	623-344-4400	Sex/Love Addicts Anonymous	602-337-7117
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Banner HELP LINE	602-254-4357	Sober Living of AZ	602-478-3210
Bipolar Wellness Network	602-274-0068	Suicide Hotline	800-254-HELP
CCARC	602-273-9999	St. Lukes Behavioral	602-251-8535
Cocaine Anonymous	602-279-3838	Step Two Recovery Center	480-988-3376
CoDA	602-277-7991	Stonewall Institute	602-535-6468
COSA	480-232-5437	TERROS	602-685-6000
Commun. Info & Ref	602-263-8856	WINR	480-464-5764
Community Bridges	480-831-7566		
Cottonwood de Tucson	800-877-4520		
Crisis Response Network	602-222-9444		
Crossroads	602-279-2585		
Crystal Meth Anonymous	602-235-0955		
Emotions Anonymous	480-969-6813		
EVARC	480-962-7711		
Gamblers Anonymous	602-266-9784		
Greater Phx. Teen Challenge	602-271-4084		
Grief Recovery	800-334-7606		
Heroin Anonymous	602-870-3665		
Magellan Crisis Hotline	800-631-1314		
Marijuana Anonymous	800-766-6779		
The Meadows	800-632-3697		
Narcotics Anonymous	480-897-4636		
NCADD	602-264-6214		
Nicotine Anonymous	877-TRY-NICA		
Our Common Welfare	480-733-2688		
Office Problem Gambling	800-639-8783		
Overeaters Anonymous	602-234-1195		

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Alcoholics Anonymous	520-624-4183
Al-Anon	520-323-2229
Co-Anon Family Groups	520-513-5028
Cocaine Anonymous	520-326-2211
Cottonwood de Tucson	800-877-4520
Crisis Intervention	520-323-9373
Joshua House	520-512-8448
Half-Way Home	520-881-0066
Narcotics Anonymous	520-881-8381
Nictone Anonymous	520-299-7057
Overeaters Anonymous	520-733-0880
Sex/Love Addicts Anonymous	520-792-6450
Sex Addicts Anonymous	520-745-0775
Sierra Tucson	800-842-4487
Suicide Prevention	520-323-9372
Surv. of Incest Anonymous	520-881-1794
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- April 23 - A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender (LGBT) Individuals
- April 26 - Promoting Awareness of Motivational Incentives (PAMI)
- April 28-29 - Mental Health First Aid
- May 4-6 - 7th Annual Indian Health Service Conference
- July 20-23 - 11th Annual Summer Institute

more info:
email: linda.williamson@asu.edu,
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·N·E·W·S·

Federal matching funds to generate \$480 million for Arizona

Congress is poised to pass legislation that will extend the increased federal Medicaid matching assistance percentage (FMAP) for states included in the American Recovery and Reinvestment Act of 2009 (ARRA) for an additional six months, through June 30, 2011. According to the Arizona Health Care Cost Containment System (AHCCCS) Administration, this measure will generate approximately \$480 million in new federal funds for Arizona. These dollars should be used to avoid nearly all of the \$483 million in proposed cuts to AHCCCS, including rolling back Prop. 204 eligibility, eliminating KidsCare, Disproportionate Share Hospital (DSH) payments, Graduate Medical Education (GME) and cuts to AHCCCS plans and providers.

The Arizona Hospital and Healthcare Association (AzHHA), the Arizona Association of Health Plans and the Arizona Chamber of Commerce and Industry are urging lawmakers to avoid unnecessary healthcare cuts in anticipation of federal legislation that will generate \$480 million in savings for AHCCCS .

The proposed FY 2011 budget would eliminate healthcare coverage for 310,500 low-income adults and 47,000 children; cut off mental health treatment for 36,500 adults and children; zero out GME physician training funds; virtually eliminate DSH payments to safety net hospitals; and authorize the AHCCCS Administration to freeze and reduce provider payments as necessary.

While the proposed budget plan is designed to save the state general fund \$910.4 million, it would cost Arizona's economy an additional \$1.8 billion in lost federal funds; removing \$2.7 billion from an industry—the healthcare community—that has helped bolster the state's economy throughout the recession.

These cuts to the AHCCCS programs and to behavioral health services will force hospitals—which are federally mandated to treat all patients who come to their emergency departments—to shift the cost of care provided to uninsured patients, driving up the hidden healthcare tax on business, families, and individuals. The \$480 million in new FMAP dollars should be used to prevent these cuts.

“We want to make sure that cuts aren't made to AHCCCS when they're not necessary,” said John Rivers, AzHHA President and Chief Executive Officer. “The passage of this federal legislation will provide the alternative solution that many legislators have asked for to avoid devastating cuts to our healthcare system and to our state.”

In order to qualify for the enhanced FMAP funds, Arizona must not reduce AHCCCS eligibility or benefits between now and June 30, 2011. The federal funds will effectively pay 75 percent of the cost of

AHCCCS through that period.

The Arizona Association of Health Plans is comprised of private health plans contracted to provide health care services for government programs. The Association is dedicated to fostering and maintaining the cost efficient and quality delivery of health care services to Arizonans. For information contact Kathryn Busby at kbusby@azahp.org or (602) 254-2731.

Survey Raises Alarm About Teen Drug Use, Attitudes

By Bob Curley, JoinTogether.org

A new report finds that more kids say they are using alcohol and other drugs, but many parents are unable or unwilling to deal with the issue—a bad combination when declining support for prevention and cultural apathy about the issue leave parents as the last and sometimes only line of defense against adolescent drug use.

The 2009 Partnership Attitude Tracking Study (PATs), released March 2 by the Partnership for a Drug-Free America (PDFA) and MetLife Foundation, reported rather dramatic year-over-year spikes in past-month alcohol use (up 11 percent) and past-year use of marijuana (up 19 percent) and ecstasy (up 67 percent) among U.S. students in grades 9-12.

PDFA chairman and CEO Steve Pasierb noted that all three are “social drugs,” and the survey of more than 3,200 students, conducted by Roper Public Affairs, found “a growing belief in the benefits and acceptability of drug use and drinking.” For example, the percentage of teens agreeing that “being high feels good” increased from 45 percent in 2008 to 51 percent in 2009, and those who said “friends usually get high at parties” increased from 69 percent to 75 percent. Thirty percent of students surveyed strongly agreed that they “don't want to hang around drug users,” down from 35 percent in 2008.

“The resurgence in teen drug and alcohol use comes at a time when pro-drug cues in popular culture—in film, television and online—abound, and when funding for federal prevention programs has been declining for several years,” according to a PDFA press release on the survey.

The reported spike in alcohol and other drug use and attitudinal shifts are startling enough to warrant skepticism about the validity of the findings. However, Pasierb notes that the PATs survey has been conducted using the same methodology for the past 21 years.

The most recent Monitoring the Future survey, released in December, also found that use of illicit drugs has leveled off or increased after years of steady declines, and that youth attitudes about drug use appear to be softening.

The 2009 PRIDE Survey of 6th- to 9th-graders reported small increases in current drug use, as well.



LIFE 101

By COACH CARY BAYER WWW.CARYBAYER.COM

Coaching Dorothy From OZ

A recent issue of *The New Yorker* magazine features a funny Roz Chast cartoon called “Snow White and her Seven People.” Her dwarfish group includes her agent, stylist, lawyer, accountant, publicists, personal assistant, and life coach.

As a life coach, I was thinking how great it would be to work with Dorothy Gale. I can just imagine her seven people: Auntie Em, Scarecrow, Tin Man, Cowardly Lion, Glenda, the Wizard of Oz, and me. With any luck, I might even make it into her cell phone's Fave Five. And so, as they say in show business, without any further ado, the following musing.

Notes from my coaching session with Dorothy Gale, October 21, 2009:

“Dorothy Gale called really long distance from the Emerald City in Oz, using Skype. We worked on her big dream—to get her and her dog Toto back home to Kansas. I reminded her of her earlier dream of leaving Kansas in the first place after going over a rainbow. Now, there, she doesn't like the place so much anymore. I suggested that project number one is to start working on being happy wherever she finds herself.

She discussed her friend Scarecrow's ingenuous plots to get her back to the Plains once the Wizard of Oz gives him some brains. I told her to remind her straw-filled pal that his plots were already so clever that whatever he was using for brains far surpasses the gray matter of most people I know. He clearly didn't need to keep searching for something that he already possessed in spades.

D. then recounted her encounter with the Wicked Witch of the West, whose vengeance makes the Count of Monte Christo's revenge seem tame. I told D. that this witch is her Shadow, and she needs to come to peace with her. I asked her to describe this sorceress, and she said that she's a dead ringer for one Miss Gulch from Kansas.

D. said she ran away from home because of this nuisance. I reminded her of what Carl Jung so brilliantly said: namely that what you resist persists. But all D. could talk about is how this queen of the black arts, who's probably more likely from the Crescent City of New Orleans than the Emerald City of Oz, tells her to ‘Surrender, Dorothy.’ I offered that surrendering to her Shadow—or at least coming to peace with it—will give her far more power than any pair of ruby slippers.


“Because your name is Bayer, “D said, “you think everything works wonders.” I told her to click those shoes of hers together three times and say the following affirmation, “I can be at peace with my Shadow witch.” She said she'd sleep on it in some poppy field and ask Toto what he thinks. I told her not to bother Toto on this one.

“D then complained that her guru, the Wizard of Oz, asks for too much from her. He, too, told her to surrender—her will to his, and the broomstick of the black magician—on the steps of his emerald palace. I told her never to trust wizards who have enormous green heads. If getting back to Kansas is what she really wants, perhaps she should try Priceline.com. William Shatner, I told her, is more trustworthy than a bait and switch, carrot-dangling wizard whom she's placed on a pedestal.

I told her if she has to choose among the box that Glenda is standing in front of, door number two where Toto is napping, or what's behind the curtain that the Wizard of Oz is superimposed in front of, she should pick what's behind the curtain.

Her next session is Wednesday.

Cary Bayer is a Life Coach who conducts a national private telephone coaching practice from his two offices: in the mountains of New York State in Woodstock (845-679-5526) and by the ocean in south Florida (954-788-3380). His Breakthrough Coaching creates dramatic breakthroughs in your career, finances, and relationships. You can visit him on the web at www.carybayer.com or email him at successaerobics@aol.com



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Bonnie is the author of *Finding the Balance... A Guide to Sane Living* and has appeared on numerous television and radio shows in Arizona

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Events from page 7
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 or email: **larrydaily@chandlercch.org.**

BRIDGE TO RECOVERY SUPPORT GROUP—For 18 or older whose lives have been touched by alcohol and drugs. Processing and Psycho-Educational. ADHD, Social Anxiety, Bipolar Disorder, Depression, Spirituality. Group Therapist: **Cristi A. Soiya, MAPC, LISAC.** Ironwood Square Office Park, 10149 N. 92nd St., Ste. 103, Scottsdale \$25 per session. **602 989-2837.**

SPANISH SPEAKING GA—448 W. Peoria Avenue, Suite 203, Glendale. Contact Sue, **602-956-4931.**

CELEBRATE RECOVERY—City of Grace Mesa Campus, 655 E. University. Fridays, 6:00-10:00 p.m. Chapel Bldg. 7 BBQ, Fellowship, small groups. City of Grace Scottsdale Campus, 9610 E. Cactus Rd. Scottsdale. Tuesday's 6:30-10:00 p.m. Linda Rinzel **480-464-3916.**

Are sexual behaviors in and out of relationships causing you problems? **Sex Addicts Anonymous** is a fellowship of men and women recovering from addictive sexual behavior. Visit www.saa-phoenix.org **602-735-1681** or **520-745-0775** in Tucson.

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

SPECIAL NEEDSAA Meetings. Volunteers will call or visit those with chronic illness, injury who are homebound. Contact Cynthia SN/AC Coordinator 480-946-1384, email Mike at mphaes@mac.com

NORTH PHOENIX VISIONS OF HOPE CENTER—Recovery center for 18 or older enrolled in Magellan. Recreation, special events, peer support. 15044 N. Cave Creek Road #2. Phoenix. **602-404-1555**

NAMI Connection Recovery Support Group Open to adults with mental illness. **Free.** Tempe Choices, 1225 E. Broadway, Ste. 110, Tempe. Wed. 3:30-5:00 p.m. C.J. **480-420-2506,** email: morr485@cox.net

Mental Health America of Arizona—Maricopa County-Peer Support Groups. No charge or registration requirement. **480-994-4407.**

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


CLUTTERERS Anonymous—Thurs. 6:30 p.m. North Hills Church, 15025 N. 19th Ave, Room F-103, Phoenix. **602-601-1414.**

SLAA—Sex and Love Addict Anonymous is a twelve step oriented fellowship based on the model pioneered by AA. For meetings or to learn more call **602-337-7117.**www.slaa-arizona.org

FOOD ADDICTS Anonymous—12 step group. www.Foodaddictsanonymous.org

GAM-ANON Meetings: Sun. 7:30 p.m. Desert Cross Lutheran Church, 8600 S. McClintock, Tempe. Mon. 7:30p.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. 7:15pm. Desert Cross Lutheran Church —Education Building, 8600 S. McClintock, Tempe, Thurs. 7:30pm.

DEBTORS ANONYMOUS—Mon., 7-8:00 p.m., St. Phillip's Church, 4440 N. Campbell Ave., Palo Verde Room. Thurs. 6-7:00 pm, University Medical Center, 1501 N. Campbell, Room 2500 F. **520-570-7990,** www.arizonada.org.



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The Power of Soul

Debuting at number one on the *New York Times* best-seller list, THE POWER OF SOUL: The Way to Heal, Rejuvenate, Transform, and Enlighten All Life (Atria Books /\$16.00), is now available in paperback. In THE POWER OF SOUL, Dr. Zhi Gang Sha illuminates the innate power of the soul to heal, transform and rejuvenate us in all aspects of our life—our health, finances, relationships and more.

Dr. Sha's seminal work, the third book in his bestselling *Soul Power Series*, offers the next evolution in alternative healing and a profound new concept: "Soul Over Matter." According to Dr. Sha, "The power of soul can be summarized in one sentence: Soul can heal; boost energy, stamina, vitality and immunity; prevent sickness; rejuvenate; prolong life; and transform every aspect of life, including relationships and finances, as well as help us attain enlightenment." He believes that if we "Heal the soul first; then healing of the mind and body will follow."®

In THE POWER OF SOUL, Dr. Sha presents a seven-step process to empower humanity to heal, transform and enlighten. For more details visit www.drsha.com

The Divine Name

The Sound That Can Change the World By Jonathan Goldman

Nearly 15 years ago, sound healing pioneer Jonathan Goldman made a monumental discovery so powerful, he contemplated whether he could share it with the world. In his new book, THE DIVINE NAME: The Sound That Can Change the World (Hay House/ \$17.95), he uncovers the secret sound of God, that when intoned, has the potential to transform our lives and the planet. Originally found in ancient religious texts, this name had been banned, suppressed and ultimately forgotten and lost for centuries. In this seminal book, Goldman reveals how this ancient name when vocalized, irrespective of our religious beliefs, has the power and potential to usher in a new era of healing, peace and unity.

"This is a sound—the personal name of God found in the Bible—that has been lost for more than 2,500 years," shares Goldman, an

international authority and pioneer in sound healing for over 30 years. He adds, "I made an astounding discovery—that the intonation of a particular sequence of vowels created the Divine Name. This was not a spoken word, but a vocalization that sounds extraordinarily like the name of the creator God in the Old Testament— the foundational book of the Abrahamic traditions, that is responsible for over half the planet's religions."

Goldman made this discovery in the early 1990's, but put off sharing it with all but his best students until friend and colleague, Gregg Braden, began teaching information from his books THE GOD CODE and THE ISSIAH EFFECT, which dealt with the power of prayer, as well as, the Divine Name. Goldman began to openly teach his material and then decided to share this information, as well as, the technique for readers to learn how to make this extraordinary sound. Included with THE DIVINE NAME book is an "Instructional CD" designed to easily facilitate the learning of this "lost sound of God".

"When vocalized, this sound has the ability of creating resonance from the top of the head to the base of the spine and then back again and because it is composed of vowel sounds which are found in all different religions, spiritual paths, cultures and traditions, this Divine Name cannot be confined to any particular group or organization. Additionally, these sounds when properly intoned seem to have the ability to affect everyone the same way--creating the same sort of resonance for all," shares Goldman.


Besides the spiritual effects of self-created sound, the Divine Name, can be used to create extraordinary health benefits for us on a personal level, balancing our chakras and our electro-magnetic field. Goldman believes that if we learn to create this sound we'll activate our innate God force; generating major positive changes and transformational healing for ourselves and the world.

The Divine Name: The Sound That Can Change the World: is available for purchase at www.thedivinename.com and at bookstores nationwide.

Recovery Resources

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First Arizona Credit	602-248-0203
Suzie Adams – Taxes	602-277-0521
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Dwane Cates	480-905-3117
REAL ESTATE	
LaRae Erickson	602-625-9203
RECOVERY SERVICES	
ACT Counseling	602-569-4328
Another Chance	602-636-4454
Alcohol Recovery Solutions	480-496-9760
Amity Foundation	520-749-5980
AZ. Dept. of Health	602-364-2086
Office of Problem Gambling	800-NEXTSTEP
Aurora Behavioral Health System	623-344-4444
Banner Health Helpline	602-254-4357
CeDAR	1-877-999-0538
Celebrate Recovery with	
Chandler Christian Church	480-963-3997
Celebrate Recovery Glendale	602-620-4076
at CrossPoint Christian Church	
Chicanos Por La Causa	602-233-9747
Community Bridges	480-831-7566
Cottonwood de Tucson	800-877-4520
Cristi Soiya, MAPC, LPC, LISAC, NCC	602-989-2837
Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
Decision Point Center	928-778-4600
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Oh My God

Celebrities, Spiritual Luminaries and People from Around the Globe Answer the Age Old Query “What is God?” in Provocative Documentary Film, Now Available on DVD

In his stunningly beautiful, non-fiction feature film OH MY GOD (Hay House/ April 15, 2010) filmmaker Peter Rodger sets out on a global quest to understand what the concept of God means to people in all walks of life.

Frustrated by religious turmoil and fanaticism he posits the age-old question, “What is God?” to religious leaders, zealots, spiritual luminaries, humanitarians, fundamentalists, and ordinary people, along with celebrities including; Hugh Jackman, Seal, Ringo Starr, Sir Bob Geldof, HRH Princess Michael of Kent, David Copperfield, John F. Demartini; all who share their unique perspectives and understanding of God. This provocative film is now available on DVD from Hay House.

Controversial, hopeful and heartwarming, in OH MY GOD, Rodger questions why we often blindly believe. “I was fed up with the “My God Is Greater Than Your God” syndrome. I decided to go around the world and ask people what they think.”

Set amongst beautiful backdrops in over 23 countries, Rodger spent nearly three years, with a skeleton crew traversing the globe

from the 9th ward of New Orleans to the Guatemalan Jungle; from the Himalayan region of Ladakh to the Australian Outback. Rodger searches for the common thread in our diverse humanity and reveals that which often divides us can also unite us. The film features inviting faces and personalities that are a touching reminder of the melting pot that we call humanity and the mystery that we have given many names.

“I made this film because I believe we all have a responsibility to live our lives with tolerance and understanding for our fellow man,” shares Rodger. “The world is way more united than divided, even though most of us are conditioned to believe otherwise. If only we could open our hearts for tolerance and peace which is what every single religion preaches, then we might have a chance. If I can touch one heart with this film than I have succeeded.”

OH MY GOD is available for purchase at www.omgmovie.com or www.hayhouse.com. An epic soundtrack to the film along with three specially mixed bonus tracks is also available for download at www.omgmovie.com.

MISTAKE continued from 8

popular salads! (Originally it was called “The Aviator.”)

Robert Louis Stevenson noted, “Life is not a matter of holding good cards, but of playing a poor hand well.” Yet what is a poor hand, but a good hand in the making? What is a minus, but half of a plus waiting for a stroke of vertical awareness? And what is an error, but something to parlay to create something far more valuable than what would have come had the error not occurred? As Ralph Waldo Emerson noted, “A weed is a plant whose virtues have not been discovered.”

All of life is interpretation. It is not the events that occur that make or break a life, but your interpretation of them. You can make anything out of anything, so why not make it what you would choose?

Years ago I was looking for a new location for my office. I found a site that was suitable but not great. In expedience I decided to rent it, and I asked the realtor to get me a contract. The realtor kept delaying and delaying, unto just a few days before I had to move. When I asked him about the contract he confessed that the owner did not want to rent to me because he had seen one of my books and he did not agree with my philosophy. I grew angry and complained about discrimination. Yet when I consulted my inner guidance, it advised me to simply let it be.

That day as I was driving home I decided to take an alternate scenic route. Along the way I noticed a storefront for rent. When I inquired, I found the owner to be a lovely

woman who had been using the space for tai chi classes. We liked each other immediately and I rented the space. The facility was in a beautiful area, close to my home, with more space and far less rent than the space from which I had been turned away. Ultimately I blessed the original landlord for denying me. He was the vehicle by which I received something greater.

Life is trying to love you, and apparent mistakes may ultimately serve you. It is said that “disappointments are the hooks upon which God hangs his victories.” Nothing ever gets so bad that it cannot get good, and often the good that comes after the bad is greater than the good that came before it.

The next time you encounter a mistake, Rob Anderson would be a good guy to remember. As he deposits his annual checks for millions of dollars, he would probably suggest that we, too, do not resist errors, but let them work in our favor.

*Alan Cohen is the author of many popular inspirational books, including the bestselling **The Dragon Doesn't Live Here Anymore** and his new meta-physical thriller **Linden's Last Life**. Listen to Alan's weekly radio show *Get Real on Hay House* at www.hayhouseradio.com. For more information about Alan's books, programs, or his free daily inspirational quotes via email, visit www.alancohen.com, email info@alancohen.com, or phone 1-800 568-3079.*



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April is Alcohol Awareness Month

When many people think of alcohol abusers, they picture teenagers sneaking drinks before high school football games or at unsupervised parties. However, alcohol abuse is prevalent within many demographic groups in the United States. ness.

In 2007, more than one fifth (23.3 percent) of persons aged 12 or older participated in binge drinking at least once in the 30 days prior to taking SAMHSA's National Survey on Drug Use and Health (NSDUH). This translates to about 57.8 million people. The rate in 2007 is similar to the rate in 2006 (23.0 percent).

To recognize the serious problem of alcohol abuse, April is designated “Alcohol Awareness Month.”

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