

Together AZ



Inspiring Success On The Road To Recovery

February 2012

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Recovery: What’s a Coach Got To Do With It?

By Bill Ryan BRI-1, RAS, CLC

*I*n our world today, getting sober may be easier than staying sober. Talking about addiction recovery has finally come out from under the rug, yet mainstream media’s myopic view of addiction is still focused on celebrity mishaps in tabloids and analysis on TV talk shows. It’s no secret ‘sensationalism’ sells newspapers and increases ratings. Getting the attention tuned to recovery success stories still has a way to go.

For any newcomer it’s the “living part,” after treatment or detox — where things get tricky. Joining and becoming part of a 12 step fellowship has worked since Dr. Bob and Bill Wilson met some 70 plus years ago.

It was recommended when I first got sober to find a sponsor, and truthfully I didn’t know what that meant. I was hesitant to ask anyone, because my pride kept me from “looking as if I didn’t know.” I soon overcame that mistake and was introduced to a woman whom I still consider instrumental in making my first few years of recovery bearable — and eventually fun. Today, in addition to having a 12 step sponsor, many people are choosing to enhance their growth with a recovery coach.

We wanted to share with you reasons why someone might choose to have a coach through an interview with our colleague, Bill Ryan. Bill is not only a recovery and life coach and sponsor of many; he is also an addiction specialist and interventionist.

—Barbara Nicholson-Brown, Publisher



What is a Recovery Coach and how do they differ from a 12 step sponsor?

The first thing to understand is that a recovery coach is not affiliated with, or a representative of any 12 Step program. Coaches act as advocates for any and all programs, depending on the needs of the person — basically what they and the recovery team believe will work best for a successful start on the path to recovery.

Just like sponsors, coaches are not paid to take anyone through the 12 Steps. Nor do they demand anyone work a program to stay clean and sober. This is a decision that must be made by the addict or alcoholic. If they truly want help, they will need to commit themselves to

doing the work. Any responsible member of a 12 Step fellowship would never accept money to do what is clearly defined as service work. It is the joy of giving back what has been so freely given to them.

As is the case with many of the best addiction treatment professionals, a majority of recovery coaches are members of 12 Step programs themselves. They have a true understanding of abstinence and recovery, based on their own experience. To quote a phrase from the basic text of Narcotics Anonymous: “the therapeutic value of one addict helping another is without parallel.”

A sponsor is a person who has been abstinent for an extended period of time and

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Some Reflections on Suffering

By Jeffrey C. Friedman, MHS, LISAC

*I*n 1911 the pioneering psychoanalyst Carl Jung wrote, “All neurosis is a substitute for genuine suffering.” Jung’s insight of a century ago may have some value for us today since the conditions from which the readers of *Together AZ* recover — disorders like alcoholism, other chemical and behavioral addictions, depression, anxiety and trauma — are neuroses. Neuroses are a category of disorders that include the ways the nervous system can respond to stress and trauma as well as the myriad of maladaptive behaviors we resort to in our attempts to evade the pain of living. So often, the ways we choose to escape our inescapable suffering end up creating a landslide of trouble - a landslide that can sweep away careers, families, even lives.

Sooner or later, many of us realize that our self-generated pain has reached an existential watershed. We see that our ego-generated suffering finally outweighs that of accepting the unavoidable pain of being human. This is the crossroads many of us find ourselves at as we take our first tentative steps in recovery. And if we are fully able to engage in the recovery process, and if we are gifted with a little grace, our suffering may be transmuted into spiritual awakening and emotional resilience. Such a transformation can occur in the context of

treatment, a religious or spiritual experience, or by the more mundane and gradual two-steps-forward-one-step-back trudge familiar to members of the 12 step groups.

Readers of *Together AZ* may think that a commentary on suffering is an unusual offering for a publication whose focus is hope and whose motto is “inspiring success on the road to recovery.” But suffering is a subject to which my mind often turns. I suspect that the reason I think about suffering so much is that I make my living as a behavioral therapist. I work in a field where I have regular contact with people who are in pain - and I am professionally obligated to help them find ways to suffer less. If there is a single skill that expresses the most artful practice of helping others, it may be the ability to empower those with whom we work to find within themselves the flexibility, acceptance and courage to be with their suffering more presently and mindfully, and by taking this brave path, to hurt less. Those few who have a special genius for helping others this way are especially blessed. They make great therapists too.

Therapist Potency

Now I am a decent therapist but not a great one. I know this because I work with some truly gifted therapists and every day I see



them doing something that I can never quite pull off. With their words, their silences, their gestures and their stillness; but ultimately by their wise, calm and powerful presence, these truly skillful ones create healing insight and heart’s ease in those with whom they work. After years of walking among and studying the qualities of great clinicians, I have come to a conclusion about what makes people like these so singular. It is something called

therapist potency. All great healers have it and a rare few have it in spades.

In the field of counseling the term potency is used to describe a vital quality that Native Americans have for millennia known as medicine. Medicine, sometimes referred to as mojo, is a kind of intrinsic spiritual power, an innate wisdom and presence that is one with the possessor’s being. Medicine, in this

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publisher's note



Asking for Help

By BARBARA NICHOLSON-BROWN

I can only speak for myself, when it comes to hesitation in asking for help, though I've made great strides since I first got sober. Somewhere ingrained in my brain were thoughts like, "If I ask for help, I won't appear smart enough, or, I'll look weak," and so on.

All of this nonsense was ego based, coupled with insecurities, shame and my fear of, "If you find out who I really am, you'll reject me." I know many recovering addicts who have thought and still think the same way. Thank God, I took steps out of my comfort zone, got real—and asked.

Once the realization hit that a fulfilling life awaited and that I owed it to myself to give it all I've got, is when people starting showing up who were to become my "teachers."

After a commitment to staying sober was integrated into my life, only then was I determined to make positive changes to improve myself and give back to those around me.

When I was in the throes of my disease I didn't care *about much*, let alone trying to be a good, honest person with integrity who wanted to help someone else. I was selfish and extremely narrow minded — all I focused on was where the next drink was coming from.

Without asking for help we won't receive it, no one can read our minds.

John Bradshaw to speak at Recovery Expo

Though months away, the 7th Annual Art of Recovery Expo will be held this September

22 at the Phoenix Convention Center. We are excited to announce John Bradshaw as Keynote Speaker.

For the past four decades, John Bradshaw has combined his exceptional skills as the role of counselor, author, management consultant, theologian, philosopher, and public speaker, becoming one of the leading figures in the fields of addiction/recovery, family systems, relationships, spiritual and emotional growth, and management training.

John brought the phrases *dysfunctional families* and *inner child* into mainstream society. His dynamic training and therapies are practiced all over the world. He currently leads workshops around the country, and is a Senior Fellow at The Meadows treatment program in Wickenburg, AZ. John has truly touched and transformed the lives of millions. He was elected by a group of his peers as 'one of the most influential writers on emotional health in the 20th Century.'

We will keep you posted as we move forward for another enriching event.

As Always We're Grateful

Thank you to everyone who contributed to this issue and welcome to our newest advertisers Sundown M Ranch, InterlockAZ and The Franciscan Renewal Center.

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NEWS

38 Million American Adults are Binge Drinkers, CDC Says

The Centers for Disease Control and Prevention (CDC) say 38 million American adults are binge drinkers, and most of them are ages 18 to 34. In a new report, the CDC says that while binge drinking is more common among young adults, those age 65 and older who binge drink do so more often — an average of five to six times a month.

Binge drinking is defined as men who have five or more drinks in one sitting, and women who have four or more drinks at one time, *HealthDay* reports.

Binge drinking is responsible for more than half of the 80,000 alcohol-related deaths each year in the United States, and accounts for about three-fourths of the more than \$200 billion in costs from alcohol abuse, according to the CDC.

“Binge drinking causes a wide range of health, social and economic problems and this report confirms the problem is really widespread,” CDC Director Thomas R. Frieden, M.D., M.P.H. said in a news release. “We need to work together to implement proven measures to reduce binge drinking at national, state and community levels.”

The CDC found binge drinking is more common among people with household incomes of \$75,000 or more. However, binge drinkers with household incomes of less than \$25,000 have the largest number of drinks per sitting—an average of eight to nine drinks.

Researchers Seek to Predict Stress-Induced Substance Abuse Relapse

With more than two thirds of people relapsing after starting treatment for substance use disorders, researchers are looking for ways to predict a person's susceptibility to return to drug or alcohol use. Researchers at the Yale Stress Center in New Haven, CT, are developing biological markers of recovery to predict who will relapse, and when.

Having validated markers to measure a person's risk of relapse could help doctors better predict who is at highest risk and tailor treatments for them, says Rajita Sinha, PhD, Director of the Yale Stress Center. For instance, a doctor might recommend an extended stay in residential treatment, or more intense behavioral treatment for patients who are likely to relapse.

While much is known about the effects of stress on addiction, much less is understood about how stress affects a person's risk of relapse and jeopardizes recovery, according to Dr. Sinha. “When the regions of the brain involved in regulating stress are not working well, it increases a person's vulnerability to relapse,” she says. “We want to find those neural and biological measures that predict whether this will occur.”

She and her colleagues are testing a number of biological measures of stress in people with various substance use disorders, including cocaine addiction and alcoholism. They are studying patients who are discharged from inpatient substance abuse treatment, to see if and when they relapse. The researchers are looking for links between relapse and biological markers including high levels of the chemical cortisol and high blood levels of a protein called brain-derived neurotrophic factor (BDNF), as well as brain atrophy in specific regions of the brain.

In a recently published study in the Archives of General Psychiatry, Dr. Sinha found several markers of increased risk of alcohol relapse, including high morning levels of the hormone corticotrophin. Another recent study, published in Biological Psychiatry, found high levels of BDNF in cocaine-dependent patients was predictive of an early relapse.

Dr. Sinha's lab is also studying treatments to reduce stress-induced substance abuse. One recent pilot study found an older drug for hypertension called prazosin appears to decrease stress-induced alcohol craving. “We are also identifying newer drugs that could help those most susceptible to stress,” she notes. “But first we need to validate biological

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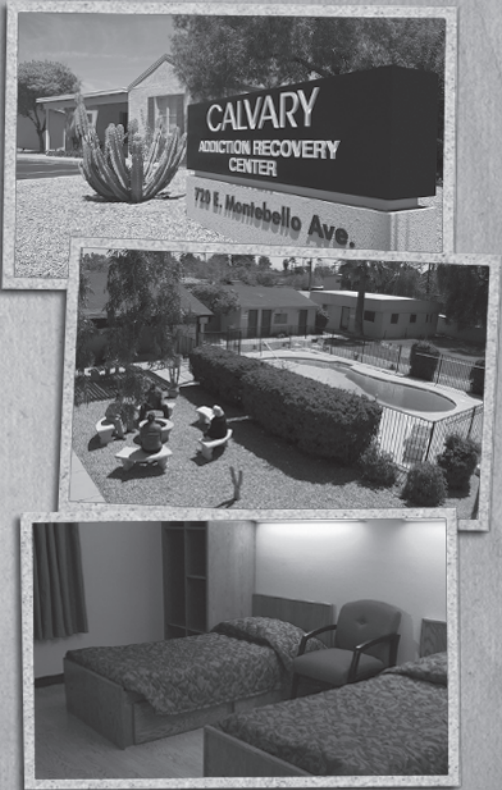
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markers so we know who will benefit from these treatments.”

Prescription Drug Abuse Results in One Death Every 19 Minutes in U.S.

One person dies every 19 minutes from prescription drug abuse in the United States, according to the Centers for Disease Control and Prevention (CDC). An estimated 27,000 unintentional drug overdose deaths occurred in 2007, UPI reports.

The rise in unintentional drug overdose deaths has been driven by an increase in use of opioids, the CDC notes in the Morbidity and Mortality Weekly Report. For every unintentional overdose death linked to opioids,

nine people are admitted for substance abuse treatment, 35 people go to the emergency room, 161 report drug abuse or dependence, and 461 report non-medical uses of opioids.

The rate of opioid misuse and overdose deaths are highest among non-Hispanic whites, men ages 20-64, and poor and rural populations.

The National Response to this Crisis

At the national level, the White House Office of National Drug Control Policy establishes policies, priorities, and objectives for the nation's drug control program to reduce illicit drug use, manufacturing, and trafficking; drug-related crime and violence; and


drug-related health consequences. In May 2010, President Obama released the National Drug Control Strategy, which outlined the Administration's science-based public health approach to drug policy. In 2011, the strategy was expanded to place special focus on certain populations, such as service members and their families, college students, women and children, and persons in the criminal justice system.

When developing a national approach to address prescription drug overdose, any policy must balance the desire to minimize abuse with the need to ensure legitimate access to

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Phenazepam: The Russian Benzodiadepine

By LARRY SOLOMON, M.A, L.P.C, L.I.S.A.C.

Phenazepam is a benzodiazepine that was first synthesized and produced in Russia in 1975. It remained relatively unknown for decades outside of Russia where it was used sparingly to treat anxiety, insomnia and as a pre-medication for oral surgery. In 2007 it began to appear in Europe. It made its appearance in the United States in 2010 where it was found as the primary ingredient on a sheet of blotter prints thought to be LSD. Two deaths associated with phenazepam were also reported in 2010.

As with all benzodiazepines, phenazepam increases the effect of the GABA neurotransmitter by modulating the receptor site. However, there are several things that make phenazepam unique. The difference between a therapeutic dose and an overdose is a very narrow margin. Overdose can occur by taking only 10% more than the therapeutic dose. Also, phenazepam is currently not a controlled substance in the United States. It is not legal to market it as a drug or include it in a food product, but it is not scheduled by the DEA. Because no benzodiazepine falls in the DEA's Schedule I or II it cannot be considered a controlled substance. All benzodiazepines are categorized as Schedule IV drugs. All of these factors contribute to the possibility of phenazepam becoming a designer drug sold under the label "not for human consumption."

It is available as a powder, tablet and a liquid. Because of the different available forms of phenazepam it can be administered in a number of ways. It can be snorted, administered orally, rectally, transdermally and by inhaling. The liquid form can be placed on blotter paper or a sugar cube. Cigarettes can also be dipped in the liquid. Again, because the difference in a "therapeutic" dose and an overdose is very small, the chances of overdose are increased by the different forms of the drug. For example, snorting an amount comparable to a "normal" line of cocaine would result in an extreme overdose of phenazepam.

Another dangerous aspect of this drug is the 2-3 hour duration between administration and sensing the effect. The user may redose after 30 minutes thinking he did not take enough to achieve the effect. By the time the drug begins to take effect the user has consumed a significant overdose of this drug. A measured therapeutic dose is reported to last up to 60 hours. When used therapeutically it is recommended that phenazepam only be taken for thirty days. This includes the time to taper on and off of the drug.

Overdose

As with other benzodiazepines, an overdose on the one drug is generally not lethal. However, most individuals who would choose to abuse this uncontrolled substance



will likely consume other drugs and alcohol. The combination of any other substance with phenazepam can prove fatal.

Symptoms of overdose on phenazepam alone include; dizziness, loss of coordination and drowsiness. These symptoms are similar to alcohol intoxication. More severe overdoses include severe double vision, delirium and extreme psychosis. These more severe cases are said to last for days or even weeks.

One report describes someone who inaccurately "guessed" at the dose, spent two days flat on his back unable to move.

Another report describes an individual who a snorted a "cocaine-size" line and had a week-long psychotic episode. At the end of the week he had absolutely no memory of the incident.

In September 2010 an 18 year old in Georgia died after consuming a combination of phenazepam and oxycodone. Three other individuals were hospitalized who were involved in the same incident.

Another death was reported in October 2010 in West Virginia. A 42 year old man was found dead after consuming phenazepam in combination with poppy tea (opium). Both of these deaths indicate that a benzodiazepine overdose quickly becomes lethal when used in combination with opiates.

Because phenazepam is available in various forms, the three hour delay of effects, the urge to redose, the loss of inhibition and the lethality in combination with other CNS depressants or opiates make this a very dangerous drug which should be regulated by the DEA sooner than later.

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sense, cannot be taught. It's a quality that a person either has or does not have. Real medicine, is an impossible to fake expression of one's authenticity and wisdom. It is evidence of how one lives his or her life and, but more pointedly, how skillfully they deal with their own existential suffering. Those with special courage to be present with their emotional pain can bring great power to the work of helping others. It seems as if their ability to suffer well empowers their work with other sufferers. Conversely, those who are unable to summon the resolve to sit with their personal pain too often approach helping relationships in a manner that can come off as nervously cheerful — filling the air with psychobabble, pseudo-therapeutic vagaries and self-conscious, well-meaning platitudes. This manner of therapy rarely works well with a client who comes to the helping dialogue with any degree of grounding and self-awareness. And the therapeutic relationship can go badly awry when a client's medicine turns out to be stronger than that of the counselor. Someone of the ilk of the Apache warrior Geronimo, a man of legendary medicine, if subjected to this kind of weak therapeutic approach would certainly be unmoved.

If Geronimo was not one to suffer fools, he was known to suffer well. Growing to manhood in a harsh and unforgiving desert environment, Geronimo bore great difficulties in a way that embodied the highest of Apache values — perseverance, selflessness and a willingness to endure privation and pain. A brave and rigorous walk strengthened Geronimo's body and imbued his soul with a power and presence that, even today, is admired by all who know his story.

Born Goyathay in 1829 in what would one day become Arizona, Geronimo earned his nom de guerre the ferocious, old fashioned way. While leading an attack against a superior force of Mexican soldiers who had just days before murdered his wife and three children, Goyathay ignored a hail of deadly musket fire to make repeated knife attacks against panicked soldiers who went down screaming desperate pleas to their heavenly patron, St. Jerome (Geronimo!). Getting one's moniker from the dying utterances of one's enemies, I think, imparts a certain gravitas to a person. If the history of the Southwest tells us anything, it tells us Geronimo was that ghetto.

Considering the way in which Geronimo brought potent medicine to the battlefield, we who hope to bring a special healing power to the work of helping others might do well to consider a cogent fact: how we walk may be more central to that effort than how we talk. Our ability to live a mindful, measured and compassionate life, rather than what we think we might know about recovery, could be the key to empowering any care we might offer. For those of us who have chosen a healing profession, the extent to which we are able to sit presently and courageously with our own emotional pain may be the ultimate measure of our professional ability. A psychiatrist can help patients through the artful prescribing of mood-regulating medicine. But we counselors can't prescribe pills. We either bring our own mojo to the therapeutic relationship or we arrive empty handed.

If an effective helper cannot become one in an environment of ease and comfort, and if we each must find our medicine in the way we handle our own suffering, then those of us who practice the healing arts can scarcely avoid the idea that we too must suffer well if we hope to do good.

“Our ability to live a mindful, measured and compassionate life, rather than what we think we might know about recovery, could be the key to empowering any care we might offer.”

But, sadly, suffering does not always perfect the sufferer. We all know people who, overcome by their own pain, have turned only meaner and more irritable as a result. To achieve therapeutic potency, must those of us who enter the helping professions run the risk of being scorched by our own pain? If the answer to this question is yes - and I think it might be - then it may behoove anyone whose calling is to help others to approach their own suffering mindfully and skillfully, and informed by a spiritual practice in which they have faith.

But for those who prefer a more vivid answer, the closest thing I have so far found came on an evening a few years ago when I was vegging in front of the TV, not really paying attention. I was jolted into presence when I heard a guy speak a simple declarative sentence; but it is one that I will take to my grave. A San Francisco AIDS worker who had endured the worst years of that city's HIV epidemic was being interviewed on the news. He had spent over a decade working 20-hour days giving palliative care to hundreds of dying AIDS patients. Soft spoken and slight, I had to lean in a bit to catch his words. When the interviewer, with a tone of respect rare to news shows, asked the guy from what magic place he summoned the strength to sacrifice so much attending to the final physical and emotional needs of terminally ill young men and women, he paused thoughtfully before saying in a calm and even voice, “Sometimes, when the heart breaks, it breaks open.”

I would love it if I could truly wrap my brain around that kind of spirit; that brand of bravery, selflessness and modesty. But then I'm the decent — not gifted therapist. The old Apache would have gotten it though. Separated by a century and a thousand miles, one warrior surely would have recognized another. Geronimo knew strong medicine when he saw it.



Jeffrey C. Friedman, MHS, LISAC is a primary therapist at Cottonwood Tucson, a 50-bed inpatient behavioral health treatment center located in Tucson, Arizona. He is a summa cum laude graduate of The School of Human Services of Lincoln University (PA). Jeff's work at Cottonwood includes treating chemically dependent and disordered gambling patients, lecturing on the neurobiology of addictive and mood disorders, and presenting workshops on a range of behavioral health issues at counseling conferences throughout the United States, Europe and Asia. His articles have appeared in Together AZ, Counselor Magazine and Addiction Professional.

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Individual sessions are available mornings, afternoons and evenings, Monday through Friday, and require an appointment. For all counseling services, a suggested donation is appreciated as the ministry is self-sup-

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Grounded in the concepts of peace and human dignity, the Franciscan Renewal Center Counseling Ministry provides an opportunity for its volunteers to serve others. As “wounded healers,” the Ministry has the privilege and responsibility to actively participate in healing those who reach out for hope and care. The presence of this Ministry is a response to a call of solidarity with those who are poor and emotionally wounded.

See the event section on page 8 for a list of support groups currently being offered. For more information for you or your clients, call Monday through Friday mornings, 8:30 to 12:00 Noon, Judith McHale, MA, LPC, Counseling Director, 480-948-7460 x 134.

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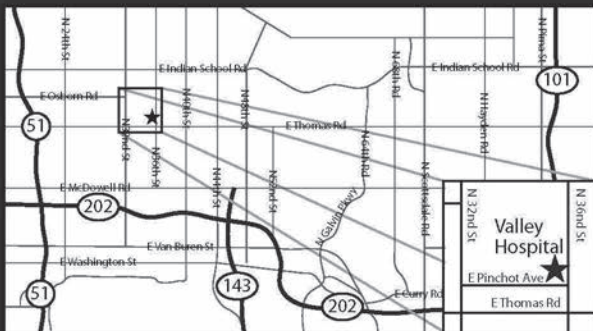
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What Language of *Love* Do You Speak?

By BOBBE MCGINLEY, MA, MBA, CADAC, LISAC, NCGC II

Most of us have learned different “languages” relative to the communication of love. An understanding of different ways of sending and receiving the expression of love can help couples increase empathetic appreciation of one another.

In working with couples over the years, I have found there seems to be five languages of love, including words of affirmation, quality time, receiving gifts, acts of service, and physical touch. At the end of this article an experiential activity based on seven questions to assist couples in applying the general concepts to their personal relationship is included.

One primary reason for relationship challenges is simply that people speak what is referred to as different love languages. For example, each member of a partnership initially learned the language of their parents and siblings, which became one’s native tongue. Later, we may acquire additional languages, which become secondary. Communication across cultural lines requires learning to speak that language.

So, too, it is with respect to love. Your personal emotional love language and the language of your spouse may be as different as English is from Japanese. No matter how hard you try to express love in English, if your spouse understands only Japanese, you will never understand how to love each other. Therefore, if we want effective communication of love with others, we must learn their primary love language.

Our Emotional Love Tank

We all have an “emotional love tank.” With a hurting couple, their emotional love tank gauges are on or close to empty. This causes misbehavior, withdrawal, and harsh words. This is the time when many couples seek counseling or spiritual guidance. With a full love tank, couples should be able to create a safe emotional climate where it is possible to deal with differences, resolve conflicts, and feel secure in their mate’s love. Understanding the love languages and learning to speak the primary love language of one’s spouse can fill a couple’s emotional love tank.

There are five emotional love languages, each having numerous dialects. This means there are many ways to express love within a love language. They are as follows:

1. **Words of affirmation:** Verbal compliments, words of appreciation and encouraging words requires empathy and seeing the world from your mate’s perspective; kind words — the way we speak and humble words — making requests rather than demands.
2. **Quality time:** togetherness — doing something together and giving full attention to the other person; quality conversation — sympathetic dialogue in which two individuals are sharing their experiences, thoughts, feelings, and desires in a friendly, uninterrupted context; and (c) quality activities — which may include anything in which one or both of you have an interest, when the emphasis is not on what you are doing but on why you are doing it.

3. **Receiving gifts:** gifts and money — it is a thought expressed by actually obtaining a gift and giving it as an expression of love, with gifts being the visible symbols of love; and gifts of self — being there when your mate needs you as a physical presence in a time of crisis.

4. **Acts of service** called social interest. It involves doing things you know your spouse would appreciate, baby-sitting, grocery shopping — Saturday errands.

5. **Physical touch:** holding hands, kissing, embracing, sexual intercourse, back/shoulder massages, and other physical touch.

To help you discover your own primary love languages, you can respond to the following seven questions titled *Language of Love Experiential Activity*:

1. What does your spouse/mate do or fail to do that hurts you most deeply? (The opposite of what hurts you most is probably your love language.)
2. What have you most often requested of your spouse? (The thing you have most often requested is likely the things that would make you feel most loved.)
3. In what ways do you regularly express love to your spouse? (Your method of expressing love may be an indication of what would also make you feel loved.)
4. What would be an ideal spouse to you?
5. What would they be like?
6. Write down what your primary love language is, followed by the other four love languages in their order of importance. Then meet with your partner and discuss what you guess is his or her primary love language. Tell each other what you consider to be your primary love language.
7. Finally, practice speaking your partner’s love language. For 3 weeks, ask your spouse three times each week, “On a scale of 0 to 10, how is your love tank today?” If their love tank is not full, then ask, “What can I do to help fill it?” This action is then reversed so both partners have the opportunity to check the other’s love tank.

The expression of love takes many forms. This article with the experiential activity is meant to assist couples in better understanding each other’s personal expressions of love.



Bobbe McGinley MA, MBA, CADAC, LISAC, NCGC II, is a nationally known speaker, author, presenter and trainer, consulting many different industries about Problem Gambling. She currently serves as their Gambling

Program Consultant. Call 602-569-4328 or visit www.actcounseling.com.



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Beyond Bullying: “Weightism” as a Weapon

By DR. DENA CABRERA, Clinical Psychologist

The topic of weight is in the news a great deal these days. With weight loss being the number one New Year's resolution and the promotion of sales for gym memberships and equipment, you can't escape it. A new campaign was even launched to fight obesity. A recent organization's campaign “Stop Sugarcoating” which aims at trying to increase parental awareness of childhood obesity has captured nationwide attention (www.strong4life.com). However, instead of helping children and families, this campaign has the potential to do more harm than good. These ads shame youth who are overweight and reinforce societal prejudice against children who do not have an “ideal” body type. By publically exposing these kids in such a way, it actually lends to legitimizing cultural “weightism,” and public bullying of overweight kids. We know bullying is a problem. What is covered to a lesser degree are the untold numbers of young people throughout our country who are stereotyped and criticized on a daily basis because of their weight. This is extremely troubling as weight bullying can profoundly contribute to shame, depression, anxiety, learned helplessness, and low self-esteem in young people.

Research indicates that 60 percent of bullying or teasing about weight comes from family members. Perhaps the thought process is that if a child is joked with, or lovingly teased, for being overweight by family members, it will result in weight loss. Unfortunately, the exact opposite is the case. Evidence suggests that when kids are teased about their weight, they are more reluctant to exercise or engage in physical activity, due to the fear of being ridiculed. This perpetuates the cycle of lack of exercise and undoubtedly inhibits a child from engaging in group sports. A child is more likely to turn to food for comfort, exacerbating the problem further.

The bottom line is that bullying is abuse, no matter to whom it is inflicted. And when it concerns a child's weight, it can be particularly devastating. Children, who are bullied about weight in their preteen years, are highly susceptible to developing negative self image and body dissatisfaction, which can last into adulthood.

Additionally, a child may feel abandoned and vulnerable because few people will actually defend a child that is being teased about their weight. Although our culture is highly sensitive to taunts about sex, religion or race, if anything, “weightism” is not only accepted, but on the rise. Indeed, it is considered by many to be the last form of socially acceptable prejudice. The negative comments about size and shape we routinely hear in the media often go without comment or objection.

Low self-esteem and body dissatisfaction aren't the only ramifications of early bullying, especially for females. The shame and embar-

“Low self-esteem and body dissatisfaction aren't the only ramifications of early bullying, especially for females.”



rassment felt by overweight girls can lead to an eating disorder. In fact, at Remuda Ranch, patients often report that the bullying they received as a child led to extreme dieting, which eventually led to anorexia or bulimia.

Here are the steps we can take to reduce bullying in today's world:

Families should create an environment of “Zero Tolerance” and understand that bullying of anyone at any time for any reason is unacceptable. If a parent suspects a child is the victim of bullying, they should rally support from teachers, school administrators, and counselors. If it continues, then steps should be taken to involve legislators for change.

Parents are key in creating a home environment that fosters healthful eating and physical activity. The last thing any parent wants to see is a child being teased or ridiculed, especially when it can be avoided. If you are a parent, you have a tremendous amount of power when it comes to what your child eats and the amount of activity that child engages in. If warranted, harness that power today and help your children to have a healthier and more balanced life. We all have to work together.

As far as the ad is concerned, social responsibility starts with pulling the ads, and then advocating messaging that are positive and will do no harm. To help initiate change in the current climate of weightism, and make the real changes needed to help children and families undergoing struggles with bullying and learn steps to truly help them.

For more information, please visit us at www.remudaranch.com or 1-800-445-1900.



Dena Cabrera, Psy.D. is a licensed psychologist and has been on staff at Remuda Ranch Treatment Centers for 11 years. Dr. Cabrera is an expert in the psychodiagnostic assessment and treatment of eating disorders.



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EVENTS CALENDAR

HAVE AN EVENT? CLASSIFIED? Email us: aztogether@yahoo.com Submissions accepted one month prior to event.

FEB. 1—St. Luke's Behavioral Health Center Clinical Breakfast Series. 8:00-9:00 a.m. Frank Saverino, M.Ed, LPC presents "Latest Approaches with ADHD," Behavioral Health Center Auditorium, 1800 E. Van Buren. 1 CEU. Breakfast, networking. FREE. 602-251-8799.

FEB 20-24, MARCH 26-30 – Tucson – Cottonwood Tucson – InnerPath Beginnings & Beyond Retreat. This five-day intensive retreat is tailored to meet the needs of those individuals who want to make healthy changes in their lives. **Facilitated by Rokelle Lerner.** Visit www.cottonwoodtucson.com or call Jana at 520-743-2141 or email at jmartin@cottonwoodtucson.com for information and registration.

FEB. 28. Sex Addiction Therapy: A Treatment. 7:00 – 8:30 p.m. **Model for Couples in Recovery.** Jeff Schultz, LPC, CSAT and Francesca Schultz, LPC. Franciscan Renewal Center 5802 E. Lincoln Drive, Scottsdale, Contact: Sharon Pollei. 866-922-0951 (928-684-6807 local) spollei@themeadows.com No registration required.

MARCH 5— 2012 Symposium "Hope for Problem Gambling." National Problem Gambling Awareness Week. Conference presented by *Arizona Office of Problem Gambling.* Black Canyon conference Center, Phoenix. Registration information at: www.problemgambling.az.gov.

ON GOING SUPPORT
Emotional Healing Journaling Workshop Monday night from 6:30-8pm at my office- 9401 W. Thunderbird Road. Suite 186. Peoria, AZ. \$20 per week. Includes a copy

of Good Things Emotional Healing Journal; Addiction workbook. Elisabeth Davies, MC. (602) 478-6332. www.GoodThingsEmotionalHealing.com

Franciscan Renewal Center Support Groups: Divorce, Separation and Significant Relationship Endings. Deals with the pain of divorce, separation, and relationship endings in a positive, healing way, among supportive and caring people. Mondays, 6:30 – 8:00 p.m. *Facilitators: Judith McHale, MA, LPC and Tom Mitchell, Ph.D, LPC.* **GRIEF Support.** For individuals grieving the loss of a loved one. Tuesdays, 5:30 – 7:00 p.m. *Facilitator: Sylvia Hernandez, LICSW and Judith McHale, MA, LPC.* **DEPRESSION Support.** Helps with issues surrounding depression, stress and anxiety. Every other Tuesday (call counseling office for dates), 6:30 – 8:00 p.m. *Facilitator: Mike Finecey, MA, LPC, LISAC.* **GESTALT THERAPY Support.** Gestalt Therapy is an existential and experiential psychotherapy that focuses on the individual's experience in the present moment and the environmental and social contexts in which these experiences take place. This group will help attendees acquire the tools to make self-regulating adjustments that enhance their lives. Wednesdays, 6:30 – 8:00 p.m. *Facilitators: Deborah Weir, MC, LPC and Barry Evans, MC, LPC.* Franciscan Renewal Center, 5802 E. Lincoln Drive, Scottsdale. 480-948-7460. www.thecasa.org

Pathway presents CHOICES. Teen workshop/support group, activities night open to all teens ages 12 to 21. 480-921-4050 or email: zeebies@msn.com. Gilbert location.

Incest Survivors Anonymous ISA meeting in Phoenix—Freedom Hall (corner of 12th Street & Highland). Gloria, 602-819-0401.

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

COTTONWOOD TUCSON. Ongoing Alumni Meeting: the first Wednesday of each month 6:00-7:30 p.m. on the **Cottonwood campus in Tucson.** 4110 W. Sweetwater Drive. Come early at 5:00 p.m. for dinner. Contact Jana Martin 520-743-2141 or email jmartin@cottonwoodtucson.com

TUCSON—ARTS Anonymous a 12 step program for creative people. Fridays, 5:30 p.m. First United Methodist Church of Tucson 915 E. 4th Street. Tucson. Alison 520-203-7763.

(ACOA) Adult Children of Alcoholics and Dysfunctional Families. Saturdays 4:00 p.m. First United Methodist Church of Tucson 915 E. 4th Street. Tucson. Alison 520-203-7763.

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

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

Overeaters Anonymous is a 12 Step program that deals with addictions to food and food behaviors. OA has 18 meetings scheduled throughout the week. For more information call 520-733-0880 or check our web site www.oasouthernaz.org

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

Pills Anonymous—Tues: 7:00 p.m., Glendale Community Church of Joy, 21000 N. 75th Ave. Tuesday: 7:00 p.m., Mesa- Open Discussion. St. Matthew United Methodist Church, 2540 W. Baseline Road Room B. 14, Mesa. Jim 480-813-3406, Meggan 480-241-0897. Wed: 5:30 p.m. North Scottsdale Fellowship Club, Room 3, 10427 N. Scottsdale Road, Thurs.: 7:00 p.m., Phoenix, Desert Christian Church Rm. D-2, 1445 W. Northern. Janice 602-909-8937.

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

Events continued page 14

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Recovery Coach from page 1

they are prepared to support a newly abstinent member. The sponsorship idea is an integral part of all anonymous programs, and is part of its social support network. A Sponsor is an individual volunteer from a 12 step program such as Alcoholics Anonymous, Narcotics Anonymous, Gambler's Anonymous, Sex Addicts Anonymous, Overeaters Anonymous, and so on.

It's important to remember, sponsors are not to be viewed as life coaches, marriage counselors, financial advisors or best friends. If they are sincere in their efforts, the main objective is helping the newcomer understand the disease, to guide in the process of step work, assist in cleaning up the wreckage of the alcoholic or addicts past, and help them become productive members of society.

Whether a sponsor is the leader of a Fortune 500 company or is unemployed, if they have long term sobriety and can help another along the way, that's what matters. Unlike a Recovery Coach, a sponsor's part is helping their sponsees remain abstinent through meeting attendance, service and 12 Step work.

A recovery coaches job might include guiding you to the appropriate 12 Step fellowship. They help you stay on track with a variety of options and can work with you for a pre-determined number of days, weeks, months or more.

A coach supports someone in creating and living a vibrant, superior life and isn't limited to using the 12 Steps. They work with you on your dreams and develop plans to help you effectively reach your full potential.

What are the principles and beliefs of a Recovery Coach?

The focus of coaching is the development and the implementation of strategies to reach goals for enhanced performance and personal satisfaction. Recovery Coaching may address specific personal projects such as life balance, job performance and satisfaction, or general conditions in a client's life, business or profession. Coaching utilizes personal strategic planning, values clarification, brainstorming, and motivational techniques.

Recovery Coaching is personalized one-on-one support for people in recovery. Services include assistance and support while integrating your 12 step recovery program, which can include abstinence monitoring, financial or budgeting assistance, and other practical recovery support. Coaching also helps produce results in people's careers, schooling, businesses, or organizations – while keeping the main focus on recovery.

Working with other treatment professionals, a coach assists in meeting the client needs by exploring how community, family, and business supports can best be utilized to maintain ongoing recovery by developing an action plan to address resistance and barriers. An important part of the coaches job is to match the client with the best resource for their individual needs while providing accountability for the client to follow through with all areas of the plan of action. Low motivation, procrastination, or the fear of success are just a few blocks that may be preventing someone from living to their true potential. There may also be external walls that stop addicts from meeting their own needs when it comes to budgeting, housing, employment, time management, physical exercise, and socialization.

“A recovery coach is not a psychotherapist, counselor or consultant. The difference is, coaches don't offer treatment for addiction or mental health problems. Coaches neither assess addiction nor diagnose.”

Recovery Coaches can fill the “void,” meaning the coach can coordinate between treatment centers, a 12 step sponsor, doctors, courts, parents, clergy, and therapists.

Coaches have a clear understanding of the many barriers that prevent some alcoholics and addicts from defining, joining, and remaining in healthy environments. Everything is drastically different for a newly clean and sober person and much will need to be changed — inside and out. In addition to individualized and specialized goal-setting and skill-building, a coach can provide an invaluable service for those resistant to remaining abstinent from drugs or alcohol, not only for their own health and stability, but for those who must do so due to family, medical, legal or contractual obligations. If you're just out of treatment or detox, having a recovery coach can help protect the investment you've made in yourself.

A Recovery Coach can help you structure daily activities, discover peace of mind and help you find ways to enjoy a sober life. Anyone in early recovery can benefit greatly from having a professional relationship outside the 12 Step rooms — especially when that someone is a coach who has been there. For families, many are more comfortable knowing their loved one has the added attention and facilitation of a coach along with a therapist and sponsor.

Weekly goals are set to meet individual strengths and weaknesses. With a coach, clients will start to take action more readily, be less distracted, follow-through on tasks quicker, become aware of what drains their energy, develop a new awareness about themselves, and create positive momentum with tasks and challenges. All of which produce a feeling of accomplishment, building self-confidence.

Coaches work with individuals at all stages of recovery. Whether the person is contemplating or confused about getting clean and sober; is leaving residential treatment, currently in sober living, in an out-patient or day-patient program, in their own home, in the process of transitioning from sober living/ treatment to their own home, or has recently relapsed. A coach isn't limited by a single lens. They work with you on your dreams and goals and assist in effectively finding solutions with you.

What qualifies someone to be a Recovery Coach?

First let me make it clear — a recovery coach is not a psychotherapist, counselor or consultant. They differ from therapists and counselors, although there are many excellent

Recovery Coach continued page 10

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therapists and counselors who are also certified recovery and life coaches. The difference is coaches don't offer treatment for addiction or mental health problems. Coaches neither assess addiction nor diagnose. If the individual is experiencing mental health problems or seeking help for psychological or emotional pain, the coach may advise that they work with both a coach and a therapist.

While no state or federal legislation exists that requires coaches to have special training or licensing, the best coaches are highly trained and committed to ongoing education.

Coaching involves helping another person identify and take action toward important professional and personal goals. It incorporates technical, interpersonal, and managerial skills. Rather than acting as a "healer or fixer," a coach serves as a facilitator in helping clients attain their full potential. The goal of a coach is to help clients tap into and actualize their deepest vision of who they are — which lies at the very essence of their being. Coaches believe that everyone has their own answers inside, and by offering support and encouragement each individual will find the answers that work for them.

If a person in recovery retains a coach, do they still work with their 12 step sponsor?

Yes. It's very important for the client to continue to work with a 12 step sponsor. As we discussed earlier the role of a coach focuses on the client's life other than working the 12 steps. Professional coaching is an ongoing relationship that focuses on you taking action toward the realization of your vision and goals. In essence, they are a partner in your quest for fulfillment and success.

How does someone find a Recovery Coach?

There are many resources available. Some avenues are researching the internet for sober/recovery coach academies, schools or institutions in your area. Many treatment centers, sober living facilities and therapists are great referral sources. Personal recommendations from friends or colleagues who have worked with a recovery coach are good options. Do your research and ask the right questions.

A professional and experienced Recovery/Life Coach can make the difference in helping to make profound life changes for individuals, families and organizations.

They facilitate these positive changes through meeting one-on-one, telephone conferences, SKYPE, or in group support sessions, with challenging assignments, heart to heart communication, and by asking powerful questions. The client can, if they apply themselves — have reduced stress, gain motivation to succeed, unlock a sound appreciation of their own strengths and weaknesses, have the ability to manage their time and resources to a better advantage, and gain stronger self-confidence and self-esteem. When one has a clear view of the obstacles and learns ways to overcome them, they create a balanced view of life, and experience a deeper touch in relationships with others— most importantly with themselves.

I believe we "all" have the answers inside of ourselves and that an experienced and trusted coach can assist the client in helping them "find" and also "remind" them of what we are ultimately here to do — as unique fully empowered individuals.



Bill Ryan has been involved in the field of chemical dependence both professionally and personally for over 30 years. Since 1977 when he began his own personal healing he has helped carry the message of recovery to countless

people around the world through public speaking, seminars, workshops and written publications.

His unique combination of success in his own recovery, extensive business and professional experience make him especially well-suited to facilitate professional workplace, family or individual coaching sessions, as well as interventions. For more information contact him at 602-738-0370 or email wtryans@yahoo.com.



By DR. DINA EVAN

I have never really believed that you fall in love instantly. You could conceivably fall into lust, or trip mindlessly into passion — but love, real love, takes time — like cooking the perfect soufflé.

Love creeps gently into your insides when you glance her way and see the sun gently reflecting off locks of red hair cascading haphazardly over her shoulder.

- Love is behind his eyes that seem to see forever.
- Love wells up in your throat when you flip play on the answer machine and hear his sultry voice telling you to "come straight home!"
- Love smiles through lathered up faces, tucked in towels and hangs gently mid-air in tunes that are hummed early in the morning.
- Love grabs you like gentle thunder in the middle of an orgasm, in the middle of laughter, in the middle of dinner.
- Love walks into the room definitively beside you, not searching, roving or seeking something fantasized, but not yet found.
- Love is being present, profoundly here, solid and alive.
- Love is the connection, the commitment, the ecstasy and relief of right union.
- Love creates a direct path to Spirit parts, head parts, heart parts and girl parts and boy parts.
- When I was very young, I thought I'd fall into love repeatedly. Really, I was only practicing to be in love once.
- When you are older you become the love, and then give that to each other. When you become the love, there is no separation between who you are and what you feel and no way to give less than your best.
- If you still feel you are looking for the best, you have not yet found love.
- Love is a surprise because it's never what you thought it was and it never comes when you wish it would.
- Love can take a break when the words seem hard to find, but love never goes very far away and always comes back to resolve the issue.
- Love believes there will always be a resolve and love chooses not to sleep until we find it.
- Love reaches across the distance either we create, when we feel a need to protect ourselves and persistently, ever so gently pulls us toward each other.
- Real love demands integrity. It tests each of our ability to stay present, aware and truthful.
- When we are both being love, we are able to cradle the child in each of us, respect the adult in each of us and encourage the Spirit in each of us.

- Love is only able to flourish in truth. True love is about being really present, authentic and willing to risk honesty, solidity, sanctuary and grace.
- Love is in anything real. You can hear love in Chopin, Beethoven, Puccini, Grobin, Streisand and Brightman.
- Love is about taking care of yourself and committing to your own growth so that your partner is not grieved, or required to spend time cleaning up the mess from your lack of awareness.
- Love is about embracing weaknesses together, talking together; tearing up together and trying to do it better together.
- Love is about believing not just enduring.
- It's about devotion, not just affinity.
- It's about passion, not just fondness.
- It's about soul deep connecting, not just sex.
- It's about Beingness, not just bodies.
- It's about wanting those you love to be the best they can be for themselves, not just for you.
- Mature love is a sacred thing. Some think it only comes once in one's lifetime. I believe it can come to anyone who wants it badly enough, with anyone they choose. Real love can be in the middle of every relationship we have, with everyone we know.
- Real love never just happens. It is created, moment-by-moment, day-by-day, year-by-year.
- Love is about your willingness to discover your own capacity for forgiveness, compassion and integrity.
- It is created with respect for each other's beliefs, with support for each other's goals and with inspiration for each other's dreams.
- When you have love, there is nothing else you need.
- When you are really in love, the grass is never greener and the questions disappear.
- When you become love you have done what you came here to do.
- Love is not an instantly falling into thing. Love is a feeling fully, failing and forgiving, filling up and flowing over, finding you and finding me — a slowly becoming a forever thing.



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



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 - Adult Inpatient
 - Child/Adolescent Inpatient
- CHEMICAL DEPENDENCY

 - Adult Outpatient
 - Adult Inpatient Detox
 - Adolescent Outpatient

- OTHER SERVICES
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 - Momentum – outpatient treatment for long-term mental illness

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Call 602-251-8535 or 800-821-4193 to schedule an appointment for a free assessment.
stlukesbehavioralhealth.com



When You Need Help

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AZ NicA	480-990-3860
Alcoholics Anonymous	602-264-1341
Al-Anon	602-249-1257
ACA	602-241-6760
Anasazi Foundation	480-892-7403
Aurora Behavioral Health	623-344-4400
AZ Office of Problem Gambling	800-NEXTSTEP
AWEE	602-258-0864
Banner HELP LINE	602-254-4357
Bipolar Wellness Network	602-274-0068
CCARC	602-273-9999
Cocaine Anonymous	602-279-3838
CoDA	602-277-7991
COSA	480-232-5437
Commun. Info & Ref	602-263-8856
Community Bridges	480-831-7566
Cottonwood de Tucson	800-877-4520
Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
Crystal Meth Anonymous	602-235-0955
Emotions Anonymous	480-969-6813
EVARC	480-962-7711
Gamblers Anonymous	602-266-9784
Greater Phx. Teen Challenge	602-271-4084
Grief Recovery	800-334-7606
Heroin Anonymous	602-870-3665
Magellan Crisis Hotline	800-631-1314
Marijuana Anonymous	800-766-6779
The Meadows	800-632-3697
Narcotics Anonymous	480-897-4636
National Domestic Violence	800-799-SAFE
NCADD	602-264-6214
Nicotine Anonymous	877-TRY-NICA
Our Common Welfare	480-733-2688
Office Problem Gambling	800-639-8783
Overeaters Anonymous	602-234-1195
Parents Anonymous	602-248-0428
Psychological Counseling Services (PCS)	480-947-5739
The Promises	866-390-2340

Rape Hotline (CASA)	602-241-9010
Remuda Ranch	800-445-1900
Runaway Hotline	800-231-6946
Scottsdale Intervention	480-588-5430
Sexaholics Anonymous	602-439-3000
Sex/Love Addicts Anonymous	602-337-7117
Sex Addicts Anonymous	602-735-1681
SANON	480-545-0520
Sober Living of AZ	602-478-3210
Suicide Hotline	800-254-HELP
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Step Two Recovery Center	480-988-3376
Teen Dating Violence	800-992-2600
TERROS	602-685-6000
Valley Hosptial	602-952-3939
WINR	480-464-5764
Workaholics Anonymous	510-273-9253

TUCSON

Alcoholics Anonymous	520-624-4183
Al-Anon	520-323-2229
Anger Management Intervention	520-887-7079
Co-Anon Family Groups	520-513-5028
Cocaine Anonymous	520-326-2211
Cottonwood de Tucson	800-877-4520
Crisis Intervention	520-323-9373
Information Referral Helpline	800-352-3792
Half-Way Home	520-881-0066
Narcotics Anonymous	520-881-8381
Nictone Anonymous	520-299-7057
Overeaters Anonymous	520-733-0880
Sex/Love Addicts Anonymous	520-792-6450
Sex Addicts Anonymous	520-745-0775
Sierra Tucson	800-842-4487
The S.O.B.E.R Project	520-404-6237
Suicide Prevention	520-323-9372
Surv. of Incest Anonymous	520-881-1794
Tucson Men's Teen Challenge	520-792-1790
Turn Your Life Around	520-887-2643
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The Book of Deservingness

By ALAN COHEN

As we proceed into 2012 we must be clear on our vision of who we are, the goals we hold most sacred, and what we deserve. In the Jewish religion, at the outset of the New Year adherents offer each other the blessing, “May you be inscribed in The Book of Life,” meaning, “May you live healthfully and joyfully during the coming year.”

The Book of Life contains a chapter called The Book of Deservingness. Its appropriate blessing might be, “May you know deep within your soul that you deserve to have all the good things your heart desires.” Abraham-Hicks explains that there are two key elements to achieve any manifestation: desire and deservingness. When you seek to attain any goal, Abraham suggests that you focus on two questions: “Why do I want this?” and “Why do I deserve this?” When you are clear on those two answers, all the good that is yours will come to you.

Here are three true stories from The Book of Deservingness:

(1) I occasionally visit a lovely retreat center, Harbin Hot Springs, near Calistoga, California, where some of the best massages on the planet are generously doled out. I used to go to Harbin for three or four days to renew myself before or after a lecture tour. During that period I would usually sign up for one massage. Soon after I arrived one day I went to the massage register to record my name in the blank for my massage ap-

pointment. Looking through the schedule of signups, I noticed that one fellow had signed up for a massage every day for three days. The idea of doing this struck me as a revelation — a person could have a massage three days in a row if he wanted! I had never even considered this possibility, since on some subconscious level I considered so much pleasure to be gluttonous or self-indulgent. But when I saw that this fellow had dove into the very heart of the pleasure machine, I realized that such an act was doable — and I really wanted to do it to. I gleefully registered for massages three days in a row, and went on to love every minute of them. I don't remember that fellow's name, but if I did I would thank him profusely for serving as a mind stretcher and helping me inscribe myself in The Book of Deservingness.

(2) I was presenting a seminar on prosperity when a woman raised her hand and posed this dilemma: “I am a Red Cross fundraiser. After a hurricane or flood I swing into action and raise millions of dollars in a short time to aid the victims. Meanwhile I'm struggling with my own finances and I have hard time paying my rent and other bills each month. Why is that?”

I thought about her situation and told her, “When you know that you deserve to have your rent and bills paid as confidently as you know that the disaster victims deserve to have their needs met, you will raise the funds for your own important needs.”

(3) My coaching client Ted has served

as a firefighter for 25 years. Recently he told me that he is retiring and he would like to move with his wife from New Hampshire to Florida. The couple is tired of the cold New Hampshire winters and ready for some sunshine. “We've made an arrangement to rent a Florida home for a month this winter,” he told me. “We'd really like to stay for three months,” he admitted.

“Then why don't you stay for three months?” I had to ask.

“That seems like a lot to ask,” he answered shyly.

I told Ted, “You have been saving people's lives for 25 years. You've courageously burst into burning buildings and rescued adults, children, their pets, and possessions. Many people are more grateful to you than most other people in their lives. Don't you think someone who has offered such service deserves to have three months in the sun — let alone the rest of your life?”

“When you put it like that, it makes sense,” Ted replied. “I'll stretch the one month to three,” he added.

We all have a part of our mind that feels limited to a one massage only; other people deserve, but not me; one month but not three mentality. To step into our true deservingness, we must question that limit and find reasons for our greater deservingness, reinforced by models of those who are manifesting what we desire and demonstrating that the bigger vision is possible and doable.

Many predictions for 2012 are

linked to the Apocalypse. While the word has many dark connotations, its literal meaning is “the lifting of the veil,” the drawing aside of the curtain of illusion and the revelation of the greater truth. One of the most formidable illusions under which we have suffered is the illusion of unworthiness. That illusion is written nowhere in the Book of Deservingness. Perhaps we would all do well to take that volume from the shelf, dust it off, and give it a good read. You might just find your name in it.



Alan Cohen is the author of many popular inspirational books, including his newly-released *Enough Already: The Power of Radical Contentment*. Join Alan for his life-transforming Mastery Training this summer, and on his weekly Hay House Radio show, Get Real. 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 1-808 572-0001.

Spring Flings?

By DR. MARLO ARCHER

Spring is approaching and with it, renewed energy. Dormant plants shoot up and produce brilliantly-colored flowers. Bees buzz about frantically pollinating and helping plants produce fruit. Insects, birds, and animals start families that will come to fruition in upcoming weeks and months, and then there's teenagers.

By second semester, Freshmen have learned their place in the high school society. They've made friends, they know where all the classrooms are, they have an idea of how hard they have to work to get acceptable grades and how much free time that leaves them to horse around. Although some Freshmen will already have experimented sexually, the first year in high school can be the time when some kids will have their first more serious boyfriend or girlfriend, and may lose their virginity.

Sophomores have it all under control

They have a year beneath their belts and are closing in on a second completed year of high school. They have engaged in the clubs and organizations that interest them, they have made some lasting friends, and they really have a sense of who is all attending their school. If they had their eyes on someone who got away from them last year, they may be pretty invested in not letting that happen again. If hesitancy to be sexually active was a factor, there's a good chance they won't let that hold them back if they get a second chance at "the one that got away."

Juniors are totally in the groove

They can probably do a lot of their work in their sleep. They have figured out how to balance school, home, social, and work obligations, and they often have serious, serious relationships, and I mean, serious. I'm talking the kind that last for over six months. For kids that age, that seems like a lifetime. There is much talk of love and of having found their perfect match, and of being together forever. If they're not already having sex regularly, they at least believe they're ready to or are thinking about it. They may be planning "just the right time" for it to happen.

Seniors are poised on the edge

They are almost out the door, but they still have a long way to go. As much as they can't wait to experience all the joy and excite-



"Alcohol greatly reduces inhibitions, allowing people to do lots of things they would not do under more sober conditions."

ment that adulthood has to offer, they are just as scared to take on all the responsibilities and uncertainty that adulthood carries with it. Kids that have maintained serious relationships over the summer and have passed one-year anniversaries are tossing around the idea of marriage or having kids or both. Some avail themselves of birth control and some do not. Some end up pregnant and some do not. Some terminate the pregnancies and others do not. The future of two youngsters can change in the blink of an eye. We tend to focus primarily on the girl, but a young man involved in a pregnancy has difficult decisions and consequences as well.

A comedian observed that alcohol bottles contain warning for pregnant women and remarked that if it weren't for alcohol, a lot of women wouldn't be pregnant in the first place. This is so true for teens. Alcohol greatly reduces inhibitions, allowing people to do lots of things they would not do under more sober conditions. In addition to the health risks of alcohol, don't overlook the sexual risks of



Marlo Archer is licensed psychologist serving kids, teens, and families, married and parenting couples, and individual adults. For more visit www.darmarlo.com.

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these medications, and its implementation must bring together a variety of federal, state, local, and tribal groups. The Administration's plan for addressing prescription drug abuse, Epidemic: Responding to America's Prescription Drug Abuse Crisis, which was released in April 2011, includes four components: education, tracking and monitoring, proper medication disposal, and enforcement.

The majority of health-care providers receive minimal education regarding addiction and might be at risk for prescribing an addictive medication without fully appreciating the potential risks. Therefore, the first component of the plan calls for mandatory prescriber education. This would require prescribers to be trained on appropriate prescribing of opioids before obtaining their controlled substance registration from the Drug Enforcement Administration (DEA). Parents and patients also must be educated about the dangers and prevalence of prescription drug abuse and how to use prescription drugs safely. To achieve this, the plan calls for a public/private partnership to develop an educational campaign directed at parents and patients.

The second component of the plan calls for prescription drug monitoring programs to be operational in all states and mechanisms to be in place for data sharing. As of May 2011, 35 states had operational monitoring programs, and 13 additional states had passed enacting legislation.

The third component, proper medication disposal, is essential because the public lacks a safe, convenient, and environmentally responsible way to dispose of medications that are no longer needed. DEA is drafting rules to provide easier access to drug disposal. In support of medication disposal efforts, DEA held National Prescription Drug Take-Back Events in 2010 and 2011. During the first two such events, approximately 309 tons of

drugs were collected at over 5,000 sites across the country.

The fourth component calls on law enforcement agencies to help decrease prescription drug diversion and abuse. The majority of prescribers are responsible, but unscrupulous persons continue to operate outside of legitimate medical practice. These persons must be held accountable, and the plan outlines specific actions the federal government can take to help law enforcement agencies effectively address pill mills and doctor shopping.

The CDC says the two main groups at risk for prescription drug overdose are the nine million people who report long-term medical use of opioids, and the roughly 5 million who have used opioids without a prescription or medical need in the past month.

Family History of Alcoholism May Affect Teens' Decision-Making

A family history of alcoholism may affect teenagers' decision-making, researchers at Oregon Health and Sciences University have found. They discovered these adolescents have a weaker brain response during risky decision-making compared with teens without such a family history.

The researchers studied 31 teens ages 13 to 15. Of these, 18 had a family history of alcoholism. All of the teens' brains were scanned using functional magnetic resonance imaging, to examine responses during an activity that mimicked the TV show Wheel of Fortune. The game presented risky and safe probabilities of winning different sums of money.

In the teens with a family history of alcoholism, the researchers noted that two areas of the brain responded differently, UPI reports. These brain areas are important for executive functioning, which guide complex behavior through planning, decision-making

NEWS continued page 13

Consider the Senses

Beyond Calories, Fat Grams and Nutrients

By LISA MACDONALD, MPH, RD, Director of Nutrition Services at Cottonwood Tucson and Executive Chef, RICHARD SERNA

In the field of nutrition, the focus tends to be on calories, fat grams, and hopefully, nutrients. What about the senses? Eating is one of the most sensual things we do. It involves the way food looks, sounds, smells, tastes and feels. Have you ever finished a meal knowing you have eaten enough, but you just feel as though you need something else? Or you are craving something that you are disallowing, like chocolate. So you try eating carrots, you try eating an apple, you try eating yogurt, but you end up eating the chocolate anyway. These experiences are likely related to sensory satisfaction. If your senses are not taken care of during a meal or snack, chances are you will not be satisfied regardless of how much you have eaten or how healthfully you have eaten. It is important to know what satisfies your senses. Believe it or not, consciously satisfying the senses will help to self moderate intake.

The most important and influential consideration when choosing something to eat is the taste of the food (notice that it's not calories, fat grams and nutrients). Chefs I have worked with have been known to say "Anyone can make anything taste good with salt, sugar, butter or cream." Utilizing healthy cooking techniques means cutting back on or eliminating those items. Flavor has to

be found somewhere else. Taste and flavor is not the same thing. Taste is a component of flavor. In addition to taste, flavor includes smell, texture, visual appeal and sound. Our first experience of food is smell and vision (interesting side note; visual appeal is particularly important for cold food because cold food tends to lack aroma). Tapping into the other sensual aspects of food is helpful when cooking in a health conscious fashion. Chef Serna's recipe for gazpacho is a great example of a healthy recipe packed full of sensory experiences. Visual appeal comes from the red tomatoes. Texture comes from the crunchy onions, cucumber, celery and jicama as well as the tender tomatoes. The vinegar, garlic, basil and onions offer intense smell and taste." By the way, this recipe is low in calories and full of nutrients as well.

Lisa MacDonald, MPH, RD is the director of Nutrition Services at Cottonwood Tucson. Lisa is a Registered Dietitian with expertise in nutrition education, weight management and eating disorders. She has worked in a managed care organization, a public health agency and in the health and wellness/spa setting. Lisa is committed to scientific integrity and the "non-diet" approach to weight management. Visit cottonwooddetucson.com.

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and response control. This group of teens showed weaker brain responses during risky decision-making, compared with teens who did not have a family history of alcoholism.

The researchers conclude in the journal *Alcoholism: Clinical & Experimental Research*, "Atypical brain activity, in regions implicated in executive functioning could lead to reduced cognitive control, which may result in risky choices regarding alcohol use."

Many States Receive Failing Grades in Lung Association Report on Anti-Tobacco Efforts

Many states received failing grades on the latest American Lung Association report card rating tobacco control efforts. Forty-three states and the District of Columbia earned an "F" for funding smoking-prevention programs at less than half the levels recommended by the Centers for Disease Control and Prevention (CDC).

Alaska was the only state that funded tobacco programs at the CDC's recommended levels, *Bloomberg Businessweek* reports. Overall, states' collective spending on anti-smoking programs dropped 11 percent last year, and only Vermont and Connecticut raised cigarette taxes. Eight states rejected cigarette tax proposals, while New Hampshire decreased its cigarette tax 10 cents per pack, according to the report, the State of Tobacco Control.

"At a time when our country is trying to get a handle on health-care spending, this is an enormous expense that could be avoided by investing in effective tobacco-prevention and cessation programs and policies," said American Lung Association President and Chief Executive Officer, Charles Connor.

The report covered four policy areas: cigarette taxes, smoking bans, tobacco-prevention spending and cessation coverage. Four states—Delaware, Hawaii, Maine and Oklahoma—received passing grades in all four areas, while six states—Alabama, Mississippi, Missouri, South Carolina, Virginia and West Virginia—failed in all four categories.

The federal government made some progress in tobacco control, by beginning to offer comprehensive smoking cessation benefits to millions of federal employees and their families, the report noted. The federal government also announced it will give states partial reimbursement for smoking cessation counseling services for Medicaid enrollees through state toll-free phone quitlines.

What's Next?

"Shake and Bake" Formula for Making Meth Leads to Influx of Burn Patients in Hospitals

A new method of producing methamphetamine called "shake and bake" is leading to an influx of burn victims in the nation's hospitals, the Associated Press reports.

A person making meth using this technique combines raw, unstable ingredients in a 2-liter soda bottle. If the cap is removed too soon or the plastic is accidentally punctured, the bottle can explode, causing serious damage or even death.

Up to one-third of patients in some burn units were injured while making meth, according to an AP survey. Most did not have health insurance. Treating meth-related burns costs an average of \$130,000 per patient—60 percent more than other burn patients.

The costs of meth-related burns are overwhelming some hospitals, and have contributed to the closure of some burn units, the article notes. At least seven burn units have closed in the last six years, in part due to treatment of uninsured patients, including patients with meth-related burns.

Burning meth labs are nothing new. But in the past, people usually were able to escape. With the new shake and bake method, a person making meth holds the bottle close to the face, causing burns if there is an explosion.

Shake and bake is popular because it requires less of the cold medicine ingredient pseudoephedrine than the older method. It also takes less time to make, is less expensive, and is easy to hide in a backpack.

Incidents related to meth production, including seizures of labs, dumpsites or chemical and glassware, increased to 11,239 in 2010, after falling to 6,095 in 2007, according to the Drug Enforcement Administration.

GOT NEWS?

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The Recovery Chef

ITALIAN GAZPACHO (Makes 2 cups)
Presented by Cottonwood Tucson

- 4 each — ripe tomatoes (peeled, de-seeded and chopped)
- 1 Tbsp red onion (finely diced)
- 1 Tbsp cucumber (peeled, deseeded and finely diced)
- 1 Tbsp jicama (peeled and finely diced)
- 2 Tbsp celery stalk (finely diced)
- 1 Tbsp red bell pepper (finely diced)
- 1 Tsp cilantro (chopped)
- 1 Tbsp red vinegar
- 1 Tbsp olive oil
- ½ Tsp freshly squeezed lemon juice
- 4 Tbsp tomato juice
- 2 Tbsp tomato paste
- ½ Tsp fresh minced garlic
- 1 Tsp sugar
- Pinch salt and pepper

Instructions:

Remove the core of each tomato and make a small X at the bottom. This will help the skins peel while boiling. Add the tomatoes to a pot of boiling water for about a minute or until the skin starts to peel back. Remove the tomatoes and add to an ice bath to stop the cooking process and to help remove the skins faster. Once the tomatoes are peeled, dice into quarters and remove the seeds. Rough chop and add to the blender with remaining ingredients. Blend on low to desired consistency.

For Garnish

- 1½ Tbsp red onion (finely diced)
- 1 ½ Tbsp cucumber (peeled, deseeded and finely diced)
- 1 ½ Tbsp jicama (peeled and finely diced)
- 1 ½ Tbsp celery stalk (finely diced)
- 1 ½ Tbsp red bell pepper (finely diced)
- 1 Tbsp fresh basil (thinly sliced)

Add the garnishing vegetables to mix in the soup after it has been blended to give texture and body. Makes 2 - 1 cup servings. Enjoy. *All Nutritional Facts estimated by ESHA Research SQL Food Processor Programs



Chef Richard Serna serves as executive chef at Cottonwood Tucson. Cottonwood is a dual diagnosis rehabilitation facility that wanted to foster a holistic approach to recovery. As any chef knows, health begins with what you eat. Richard has completely revitalized the culinary program at Cottonwood in only two years.

He became sous chef for Chef Cary Neff at Miraval Life in Balance Spa, which was voted the number one spa in the world while he was there. Next he was the sous chef at Enchantment Resort in Sedona. He ran the sushi bar at AJ's Fine Foods, attended the culinary program at Pima Community College, and did his internship at the Anaheim Hilton.

Nutrition Facts

Serving Size (420g)
Servings Per Container

Amount Per Serving

Calories 180 Calories from Fat 70

% Daily Value*

Total Fat 8g 12%

Saturated Fat 1g 5%

Trans Fat 0g

Cholesterol 0mg 0%

Sodium 35mg 1%

Total Carbohydrate 24g 8%

Dietary Fiber 4g 16%

Sugars 14g

Protein 4g

Vitamin A 20% • Vitamin C 130%

Calcium 6% • Iron 8%

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Saturated Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4



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Vitamin I.V. Bag	
Small (250cc)	\$35
Large (500cc)	\$45
Therapeutic/Detox Massage	\$60



EVENTS from page 8

Incest Survivors Anonymous—Survivors only. Freedom Hall, NW corner of 12th Street and Highland, Phoenix. Starting August 6, 11:15 a.m.-12:15 p.m. Information: Gloria **602-819-0401**

Depression/Bipolar Support Alliance Peer support groups. **480-593-4630**.

GA Meeting Sunday nights. ACT Counseling & Education. 5010 E. Shea, D 202, 6:30 to 8:00. Details call **602-569-4328**.

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

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

Sex Addicts Anonymous 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 Needs AA Meetings. Contact Cynthia SN/AC Coordinator 480-946-1384, email Mike at mphaes@mac.com

North Phoenix Visions of Hope Center—Recovery center for 18 or older enrolled in Magellan. 15044 N. Cave Creek Road #2. Phoenix. **602-404-1555**.

Survivors of Incest Anonymous. 12-step recovery group for survivors. Tucson Survivors Meeting, Sundays 6:00 to 7:15pm. St. Francis in the Foothills, 4625 E. River Road (west of Swan). Carlos 520-881-3400

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

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

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

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

GAM-ANON: Sun. 7:30 p.m. Desert Cross Lutheran Church, 8600 S. McClintock, Tempe. Mon. 7:30 p.m., Cross in the Desert Church, 12835 N. 32nd St., Phoenix, Tues. 7:00 p.m., First Christian Church, 6750 N. 7th Ave., Phoenix, Tues. 7:15 p.m. Desert Cross Lutheran Church, Education Building, 8600 S. McClintock, Tempe, Thurs. 7:30 p.m.

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

SEND YOUR EVENT LISTINGS to **aztogether@yahoo.com**



LIFE 101

By COACH CARY BAYER www.carybayer.com

Jumping to Conclusions vs. Jumping to Truth

Recently, I received a private message on Facebook from an author who accused me of having “low moral fiber.” She didn’t say why, she just insulted me right there in cyber space. Not knowing why she impugned my character, I inquired as to what motivated her attack. She then went on to explain her rationale: that I was conducting workshops that, she said, ripped off her book. Ah, at last, something specific.

So I went on the Internet to find out when she had published her book — a book, I might add, that I had never read a single page of, nor had I ever even seen. It turned out that her book was printed in February of 2009. The workshop of mine that she claimed that I developed as a rip off of her book, was launched in April of 2008. So, the facts are that I was publicly teaching my class nearly a year before her book ever became public. The workshop was also more than a year in development, so I had started creating the class at the end of 2006.

If it ever dawned on her to research when my first such class was introduced she never would have made such an accusation in the first place. A couple of minutes on the Internet would have revealed to her that my program had been available before her book was known to the world. Asking me a simple question like, “When did you introduce your workshop?” would also have told her that my teaching preceded hers. But she either never thought to do such things or just found it easier to jump to conclusions and accuse.

Aside from her lack of curiosity or intellectual laziness, there’s a dangerous strain of contentiousness that’s all too common these days. We see it in Congress on a daily basis; we’ve even heard a member of the House of Representatives heckle the President of the United States when he was addressing a joint session of Congress.

By jumping to conclusions, she reminded me of Christ’s parable about the builder who erects his home on sand. When rains and tide come it gets destroyed. So do accusations based on faulty premises.

What I found even more shocking than this author’s quick accusation against me was her unwillingness to respond to my Facebook message to her, which explained clearly that I had been public with my workshop nearly a full year before her book. Instead, she fell silent. While her Facebook postings were rapid when she was accusing me, they ceased once she learned the facts. It’s been nearly two weeks now. I have a strong feeling that



if you ask me two years from now if she has responded, I would probably have to say no.

What is the “Life 101” lesson in this story? Let me sum it up as follows:

1. Do your research before you accuse someone of something, especially if it’s as heinous as “low moral fiber.”
2. If you accuse someone of something only to discover that your accusation is wrong, you should quickly—I mean like in a New York minute — withdraw the accusation. And if you’ve shared your accusation of someone with others, you owe it to the person whom you’ve wronged to let the others know that you were wrong. In other words, be as quick to right the wrong as you were when you made the other person wrong in the first place. Said differently: be as attached to admitting that you’re wrong as you are attached to being right.
3. Sincerely and humbly apologize to the person whom you’ve wronged.
4. Jumping to conclusions makes great premises for sitcoms — see I Love Lucy— but they kill relationships.

Instead of jumping to conclusions, jump to research, and jump to finding out the truth. And if you’ve ever wronged someone in the past, jump to apologize.



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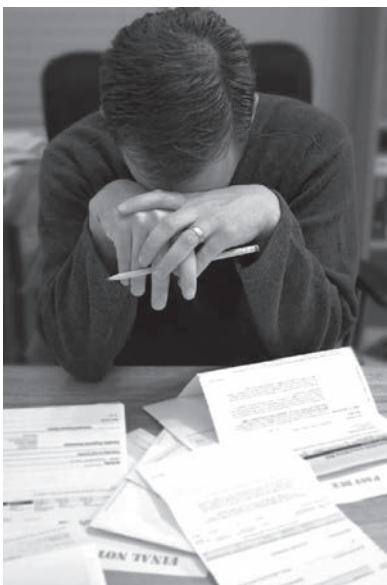
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The 5 Dumbest Things You Can Do if You Have too Much Debt



If you're struggling with too much debt, you're not alone. It seems as if the whole nation has a borrowing hangover. For years, credit was easy, and many people became overextended. But, we now live in an era of austerity and it's time to get our affairs in order.

Five Strategies to Avoid

The first piece of advice from experts in the financial field is to be sure you don't make your situation worse by making common mistakes.

- 1. Paying only the minimum payment on your debt, as this will result in the amount you owe actually growing, and your problems will only become worse.
- 2. Relying on friends and family, as this can damage relationships with the most important people in your life.
- 3. Unscrupulous credit counselors that demand cash upfront or high fees for help they promise, but don't deliver.
- 4. Using new, high-interest loans to pay off lower interest rate loans. While it may be easier to just have one payment, it will actually increase the amount you have to pay back.
- 5. Declaring bankruptcy— this can have permanent and severe consequences on your financial future. Avoid it if you can, especially when debt settlement may work for you.

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Where healing starts and the road to recovery begins.

Living vs. Surviving

Living versus surviving, what may you ask is the difference? Unfortunately, most of us are in survival mode. You know, rushing from day to day, week to week, barely noticing the changing seasons around us. It seems the year has just begun and now the kids are out of school for the summer. We'll complain about the heat and before you know it we're planning for the holidays.

Life passes us by as we meet our obligations, doing our jobs while "getting by" when it comes to taking care of ourselves. We squeeze in a few attempts at enjoying the moment but inevitably we're planning for tomorrow or rehashing yesterday.

For most of us, living a rich and rewarding life is our goal and in my professional experience, being present is the key. Listed below are practices I've observed in people who successfully remain present in their day-to-day lives.

- 1. Finding a purpose in life, something that inspires us to be more — It is hard to thrive without purpose.
- 2. Giving and receiving Love— Friends, family, companions and/or life partner.
- 3. Enjoy your work life — Learn what your interests are and pursue them.
- 4. Give as much as you take. Be it joy or of your time.
- 5. Making the most of each moment — not taking things for granted.
- 6. Be as interested in others as you are in yourself. For some, this is the other way around. We don't understand the difference between being selfish and being self-full.
- 7. Be close to family. Define who family is to you and embrace them.
- 8. Don't get engulfed in one thing. Balance achieved creates happiness. Beware of life being all about work, or children or yourself.

- 9. Keeping things simple.
- 10. Regrets. Keep them at a minimum.
- 11. Be healthy— physically, mentally, emotionally and spiritually.

My hope is that this article will inspire healthy conversations and assist each of us in evaluating our current situations. If you need help, stop and take time to talk with a friend, family member or a therapist. Make LIVING, and not simply surviving the highest priority on your list.

Ms. Veasey is a Psychotherapist and has been in private practice for 12 years working with clients struggling with mood disorders, self esteem, co-dependency, grief/loss, and relationships to food. Her personal and professional passion for working with compulsive emotional overeaters led to starting the CEO Program (Compulsive Emotional Overeaters) in 2010. Gigi also is the Owner/Executive Director of Alcohol Recovery Solutions, Inc. an outpatient clinic that assist adult struggling with substance abuse and dependency. Call 480-496-9760 or visit Bigsteptorecovery.com and Inspiredlifestrategies.com.

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Recovery Resources

RECOVERY SERVICES

ACT Counseling	602-569-4328
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
Bill Ryan, Interventionist	602-738-0370
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
Clean and Sober Living	602-540-0258
Clean Adventures	877-442-8767
Community Bridges	480-831-7566
Community Bridges Access to Care Line	877-931-9142
Cottonwood de Tucson	800-877-4520
Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
Complete Testing Solutions	480-507-2307
Decision Point Center	928-778-4600
Dr. Dan Glick	480-614-5622
Dr. Dina Evan	602-997-1200
Dr. Janice Blair	602-460-5464
Dr. Marlo Archer	480-705-5007
Dr. Mamiko Odegard	480-391-1184
English Mountain Recovery	877-459-8595
Franciscan Renewal Center	480-948-7460
Gifts Anon	480-483-6006
Glenstone Village	520-647-9640
Hospice of Arizona	602-678-1313
Intervention ASAP	602-606-2995
Geffen Liberman, LISAC	480-388-1495
Magellan of Arizona	800-564-5465
MASK	480-502-5337
The Meadows	800-632-3697
NAATP	717-392-8480
NCADD	602-264-6214
NotMYKid	602-652-0163
Pathway Programs	480-921-4050
Phoenix Metro SAA	602-735-1681
Promises	866-390-2340
Psychological Counseling Services (PCS)	480-947-5739
Remuda Ranch	800-445-1900
River Source-12 Step Holistic	480-827-0322
Run Drugs Out of Town	480-513-3909
Sage Counseling	480-649-3352
Seabrook House	800-761-7575
SLAA	602 337-7117
Sober Living AZ	602-478-3210
Sundance Center	480-773-7329
Sex Love Addicts Anonymous	520-792-6450
St. Luke's Behavioral	602-251-8535
Teen Challenge of AZ	800-346-7859
Turn Your Life Around	520-887-2643
TERROS	602-685-6000
Valley Hosptial	602-952-3939
WINR	480-464-5764

FINANCES / TAXES

First Arizona Credit	602-248-0203
Suzie Adams – Taxes	602-277-0521
Bernie Scarborough CPA	480-540-8628

LEGAL SERVICES

Dwane Cates	480-905-3117
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