

Together AAZ



Inspiring Success On The Road To Recovery

January 2012

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My Mother's Addiction

The Ripple Effect of Addiction & Recovery

AS TOLD BY DANA NEVES

My mother was the center of my world when I was young. When I was seven years old I watched her fall apart before my very eyes which redefined the only solid foundation my family knew. My dad did his best, worked hard to provide for the family, but my mom was supposed to be the glue that keeps it all together. Her addiction to pain medication due to a medical condition changed everything. A reality no one could see coming before it was too late, and it seemed there was no turning back.

Even then, I wished for something better for my mom and our family. Unfortunately, the anger and shame I felt about her addiction, and the effect it had on the entire family took us in another direction.

Play it Forward to Here and Now

My name is Dana and I am a recovering addict with six years of sobriety. I walked the same destructive path of addiction as my mom — in my own time. I experienced the same powerlessness my mom felt by choosing drugs and alcohol over the biggest loves of my life. The text definition of this disease has a hard time conveying the ripple effect that one person's addiction has not only on themselves spiritually, emotionally, physically, and mentally, but for the family and loved ones who are along for the ride. Today looks different, but I did not get here without a fight.

Rewind and Connect the Experience to My Own

My mom struggled with an addiction to narcotic pain killers for years. In junior high I remember her leaving home to get help and my initial reaction was one of anger and embarrassment. Living in a small northern Arizona town, word spread quickly. I vowed to never be like her. But in reality, my older brother and I were headed in the same direction at a much younger age.

Fresh out of treatment, my mom's first shot at recovery opened up the dialogue no one wanted to face about the disease that runs on both sides of my family. No one liked hearing this...not even my dad. As a family, we did not support her in her recovery and I was not going to let her label me as an alcoholic.

The teen years were a defining moment in my life. I began using alcohol and marijuana not realizing then how effective it was in covering up my raw emotions. Using lit a fire inside me the very first time as I experienced my first buzz. It felt amazing; I was funny and felt at ease with myself and others. I was not worried about becoming an alcoholic. I just liked the way it felt.

In high school I attended school regularly and made good grades. I managed to function with occasional drug and alcohol use without too many consequences. That was up until I tried Meth my sophomore year. Immediately I was addicted. While I was going down deeper,

my brother was falling apart, too. My mother also relapsed soon after. Fortunately my sister lived above this influence and chose a brighter path.

Just like so many people who start using drugs at an early age, I know I was at the tipping point. I could have made the choice to ask for help, overcome the peer pressure, find something else to be passionate about and focus on my future. It was all there waiting for me. I managed to keep grades good enough for a full scholarship to Northern Arizona University. I brought my addiction to Meth with me and within a few months everything started to spiral out of control. I ended up pregnant, dropped out, and moved back home.



My Mother's Addiction continued page 9

When Legal Meds Cause a Relapse

Hazards of some prescription and over the counter medicines

By Robert W. Mooney, M.D.

For those in recovery, preventing relapse is top-of-mind. For many, however, relapse can be triggered in relatively innocent, unsuspecting ways through the reaction some pharmaceuticals have on their brains. For example, alcoholics know to stay away from alcohol, but do they understand the need to steer clear of Tylenol® PM or Benadryl® — medicines that are perfectly OK for non-addicts?

What makes the chances of an unintentional relapse more frightening is that it is not necessarily associated with large doses of drugs. Even exposure to minimal amounts can trigger an allergic sensitivity.

So how are those in recovery to know? Sometimes it can be an innocuous situation such as going to the dentist or having surgery. It can even be as innocent as taking an over-the-counter medication to relieve the symptoms of a common cold.

Drug and alcohol addiction is basically a kind of allergic response to chemicals that change brain activity and reward systems. The brain's response to these chemicals can be immediate, such as instant cravings for similar drugs. Or, it can be more gradual — thinking and perceptions become altered in such a way that motivation for sobriety decreases and addicts return to old patterns of behavior closely

linked to their original substance use. That is why it is important to understand the impact of some pharmaceuticals and hazardous chemicals on patients and their sobriety.

What's a hazardous substance in recovery? Essentially, a hazardous chemical is any drug that is associated with relapse. Of course, alcohol is the No. 1 offender, but the others can be divided into three distinct categories:

- **Street narcotics:** frequently abused, illegal and recreational in nature.
- **Prescription medications:** available only with written instructions from a doctor or dentist to a pharmacist. These include Seroquel®, Adderall, Vicodin, Xanax® and Lexapro.
- **Over-the-counter drugs:** sold without a prescription and found in almost every corner drug store, such as Tylenol® PM, Benadryl®, NyQuil, Robitussin® DM and Stackers.

Unfortunately, even though a doctor may prescribe these drugs or patients may not have had previous experience with them, it doesn't change the affect on the brain.

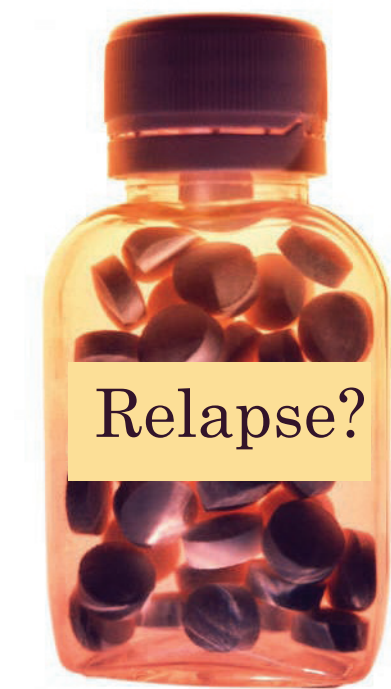
The most innocent medical event can trigger a relapse. Scheduled medical procedures, in particular, present challenges for

those in recovery. It is paramount that patients discuss their experiences as a recovering alcoholic or drug addict with their physicians or dentists, focusing on their special sensitivity to any mood-altering substances, which include medications given before, during or after surgery.

Doing so will help recovering patients avoid any unnecessary risk of relapse. This does not mean that doctors or dentists are responsible for their patients' sobriety — they aren't. But there are things they can do to make it easier for patients to get through the procedure with their sobriety intact.

Before Surgery: Instead of ordering sleeping pills on the evening before or a mild tranquilizer on the morning of a procedure, seek non-pharmacological ways to ensure that patients' emotional states do not interfere with their surgery.

During Surgery: Being put to sleep with general anesthesia is like being passed out drunk. The brain just does not see the difference. If appropriate, consider local anesthesia or an epidural. If an alternative is not medically possible, just remember that it is not unusual for an alcoholic or addict to require higher doses for general anesthesia. Patients



should be prepared for their personalities, including their judgments, to be altered for approximately three months.

After Surgery: This is when most addicts end up in trouble. At this point, their brains will probably be convincing their bodies that

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publisher's note



I Am My Mother's Daughter

By BARBARA NICHOLSON-BROWN

Each January we dedicate our feature to a story of hope — and this month is no exception. Reading Dana Neves story, “My Mother’s Addiction” resonated with me on a very personal level. I was flooded with memories of how my mom’s alcoholism became another member of our family — an unwanted one at that. I too, remember saying at an early age, I’m never going to be like her. And of course I followed directly in her footsteps.

Maybe the only difference between us was I wasn’t raising a family.

I was much too selfish to consider bringing anything else into my life but booze, drugs, in search of the next high. I believed I was going to be young forever, and I was indestructible. While the consequences I suffered were many — and the remorse and guilt I felt that every time I came to out of another stupor was larger than life — I kept telling myself I wasn’t the “one” with the problem.

Fortunately my mom, who is now entering her 86th year hasn’t had a drink in well over 30 years and I will be approaching my 22nd anniversary in June. It’s amazing.

While the tumultuous years with my mother’s alcoholism and my own just about destroyed us both, for the last 21 years our relationship is the relationship I always wanted to have with her. Today my sister and brother feel very blessed she is still with us. I am very proud to be her daughter.

Thank you Dana for sharing your story of hope with us.

A New Year a day at a time

I’ve never been big on making New Year’s resolutions, because I am never good at keeping them. It’s easier for me to live by what’s proven to work — taking it a day at a time. And for anyone new in sobriety, living in the 24 hours we have within our view might be the way to approach 2012. There were probably many a New Year’s Eve when I announced I wouldn’t be drinking in the coming year — and that pronouncement didn’t last more than a day or two. Making a commitment to sobriety happened for me in month of June, not on a January 1st. When it comes to alcoholism or staying sober even for one day is pressure enough in the very beginning. So even if you’re tiptoeing around the idea of changing

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NEWS

Phoenix Children's Hospital Offers Free Child Abuse Prevention Class

One in four girls and one in six boys will be sexually abused before their 18th birthday. Fewer than one in 10 will ever tell.

With the recent news of child abuse hitting the airways across the country, Phoenix Children's Hospital will host a free Stewards of Children child abuse prevention class on Wednesday, January 11th, from 2 p.m. to 5 p.m. at the Rosenberg Medical Plaza, Cohen Conference Center, 1920 E. Cambridge Road, located on the Phoenix Children's Hospital main campus.

Phoenix Children's is eager to take action against child sexual abuse by educating the community on how to prevent this epidemic in real time. The award-winning prevention training, Stewards of Children, is proven to change beliefs, actions and attitudes towards child sexual abuse. The training was developed by Darkness to Light, a national non-profit organization dedicated to the prevention of child sexual abuse. The organization has trained over 2,200 Facilitators in 47 states and 10 countries. Over 173,000 adults have been trained in Stewards of Children since its implementation in 2005.

Stewards of Children is a three-hour workshop designed to educate adults on how to prevent, recognize and react responsibly to the reality of child sexual abuse and emphasizes child safety as an adult's responsibility. The training is **FREE** and is open to the public. Parents, youth sports organizations, coaches, camp counselors, youth service organizations, teachers, school personnel and faith centers are encouraged to attend. Each participant will be inspired to take personal responsibility in preventing this epidemic. Stewards of Children facilitates discussion about the incidence and consequences of abuse, and presents information about child protection policies and reporting mandates. The training includes an interactive workbook and companion brochure, *7 Steps to Protecting Our Children*. Participants are strongly encouraged to register by January 5th. For more information or questions about the class, contact Marcia Stanton at **602-933-3342** or mstanto@phoenixchildrens.com. (*Darkness To Light - D2L is a national non-profit, 501c3, dedicated to the prevention of child sexual abuse through public education and awareness.*)

New report shows treatment admissions for abuse of prescription pain relievers have risen 430 percent from 1999-2009

A new report shows that while the overall rate of substance abuse treatment admissions among those aged 12 and older in the U.S. has

remained nearly the same from 1999 to 2009, there has been a dramatic rise (430 percent) in the rate of treatment admissions for the abuse of prescription pain relievers during

this period. The report by the Substance Abuse and Mental Health Services Administration (SAMHSA) shows that the rate of treatment admissions primarily linked to these drugs rose from 10 per 100,000 in the population in 1999 to 53 per 100,000 population in 2009.

The rise in treatment admissions related to the abuse of prescription drug pain relievers occurred in every region of the country, but was highest in the states of Maine, Vermont, Delaware, Kentucky, Maryland, Arkansas, Rhode Island, and West Virginia.

The report finds that while the overall rate of substance abuse treatment admissions has remained virtually the same for the U.S. during this period (759 per 100,000 population in 1999 versus 753 per 100,000 population in 2009) there have also been significant changes in the rates involving specific substances of abuse and various regions of the country.

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For example, the rate for admissions primarily related to marijuana disorders has climbed 33 percent — from 102 per 100,000 population in 1999 to 136 per 100,000 population in 2009. Nearly all areas of the nation experienced this sharp rise except for the Mountain region, particularly the states of Idaho, Montana, Colorado, Nevada, and Utah.

On the other hand, the admissions rate for the treatment of primary cocaine abuse dropped by 34 percent during this same period — from 107 per 100,000 population in 1999 to 71 per 100,000 population in 2009. This drop was experienced throughout every region of the country.

"While some aspects of substance abuse treatment admissions have changed — meeting the overall need remains an essential public health priority," said SAMHSA Administrator Pamela S. Hyde. "The increasing numbers of people entering treatment for prescription drug abuse is the latest indicator of the severity of the problem. Concerned family members or friends who think a substance abuse problem may exist should seek help. Treatment is effective and people recover."

SAMHSA offers an on-line treatment locator service that can be access at www.samhsa.gov/treatment or by calling **1-800-662-HELP (4357)**.

SAMHSA is a public health agency within the Department of Health and Human Services. Its mission is to reduce the impact of substance abuse and mental illness on America's communities.

Experts Question Parents' Use of At-Home Drug Tests for Teens

A growing number of parents are using at-home drug tests for their teens, even though some experts in adolescent drug use do not recommend them, according to the *Palm Beach Post*.

NEWS continued page 13



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Is Patience an Acquired Virtue?

By LARRY SOLOMON

Now that the Christmas season is behind us perhaps we can take a moment to relax a little bit. (Until that first credit card bill comes in the mail.) But looking back at the busy season, I'm sure we can all name several situations where our patience was significantly tested. We struggled with deciding what gifts to buy. We all have those one or two family members that are almost impossible to buy for. We wonder if we can afford to purchase all the gifts we would like. Then there is the adventure to the mall or the store. There we encounter hundreds of irritated and impatient customers and clerks. Also, don't forget the long lines at the post office where we erroneously thought we could quickly drop off some packages in the middle of the day and ended up having to work overtime to make up for the hour and a half lunch break.

How well did you maintain patience during the holidays? Did you encounter any of the difficulties listed above? Honestly, were any of them unexpected?

We have all heard the saying "patience is a virtue." But what exactly does that mean? Webster defines patience as, "An ability or willingness to suppress restlessness or annoyance when confronted with delay." The definition of virtue is, "a good or admirable quality or property."

Patience is not something we are born with

It actually contradicts our natural tendencies. The survival mechanisms in all of us have no concept of patience. Our nature is to get what we desire at the moment we desire it. You may call it "instant gratification." Wikipedia describes an interesting scientific aspect of patience. "In evolutionary psychology and in cognitive neuroscience, patience is studied as a decision-making problem, involving the choice of either a small reward in the short term, or a more valuable reward in the long term. When given a choice, all animals, humans included, are inclined to favor short term rewards over long term rewards. This is despite the often greater benefits associated with long term rewards."

When most of us think about instant gratification, we tend to think in terms of consuming (food or drink) or acquiring (receiving objects of desire.) Individuals in recovery will easily relate to the notion that gratification must be delayed in order to receive the long-term benefits of recovery.

The first step in acquiring patience is expanding your perception of instant gratification. Instant gratification is not just about food, drink or things. Instead instant gratification is centered on time, or timing.

Many years ago a group member of mine made a statement. She said, "I keep waiting for God to give me patience." I had to reply, "Isn't that the very definition of patience... waiting? It seems to me you already have patience, you simple have a misconception of what patience is." She went on to describe that situations in her life were causing significant anxiety and that is why she was feeling impatient. I responded that is where her misconception lies. Patience is not the absence of anxiety. It is the ability to persevere through the anxiety. Just like courage is not

the absence of fear. It is the ability to work through the fear.

Patience is an acquired virtue

Just like anything worth gaining the process is painful. Getting into physical shape requires hard work. The old saying "no pain, no gain" is true. It is the same with gaining patience. It requires experiencing anxiety where the only true relief is waiting until the situation plays out the way it is meant to be.

Here are some items that may help in your pursuit of patience:

- Expect plans to not go according to plan
- Remember that instant gratification is about time and timing
- Allow the anxiety to occur and run its course
- Know things work out the way they were meant to be

Did any of your impatience over the past holiday season reap you any rewards? Earlier in this article it was asked if any of the difficulties you experienced were unexpected. We gain in wisdom when we embrace the idea that things are just not going to go the way we would like. In other words a wise individual will expect things to go wrong. A wise individual will also accept unexpected delays as a part of life. Take an inventory of your impatience over the last few weeks. Even though things didn't go as planned, did they work out anyway? That is the key to understanding long-term rewards in regards to time, or timing. Eventually everything works out the way it was meant to be.

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The Power of Giving It Away

Researchers say giving has powerful effect on health

By SUZANNE RISS

When Stephen Post was 13, it wasn't unusual for him to drink a six-pack or two of beer while hanging out with friends on the beach. "I was drinking heavily at an early age, and so was everyone around me," he says. Losing two of his favorite uncles to alcohol-related illnesses when he turned 15 changed all that. "I realized I had alcoholism on both sides of my family," Post says. "I saw where it could lead. I quit drinking and never went back."

His mother was quick to suggest new ways he could spend his time. "When I'd feel sad or lonely, she'd tell me to go do something for someone else," he recalls. So he'd rake leaves for a neighbor, help someone put canvas over a boat or run errands for an elderly couple across the street. "I'd come back home feeling pretty good," he says. "No more isolation or malaise. I felt gratified."

Today, Post is a leading authority on altruism and bioethics, studying the profound impact giving has on our health and well-being. "Giving is the most potent force on the planet," says Post, Ph.D., director of the Center for Medical Humanities, Compassionate Care and Bioethics at Stony Brook University. "It's as good for the giver as it is for the receiver. We're happier, healthier, and live a little longer if we're generous." We'll also be more successful in recovery, research shows.

"Giving back is essential to recovery," says the psychologist Donna Wick, executive director of the Freedom Institute, a not-for-profit resource center in New York City for those affected by alcohol and drug dependence. "Alcoholics Anonymous was founded on the belief that to keep it, you have to give it away. That means that if you want to remain sober yourself, you need to reach out to someone else and give service to help them get sober." Indeed the sponsorship model is based on the notion that the act of helping someone else recover is fundamental to maintaining your own sobriety.

The helper's high

What many in recovery have discovered to be true is now being recognized by science, with new research showing that giving back has far-reaching health benefits, and can influence recovery success rates. It can lower stress and depression, and is associated with higher levels of satisfaction in life. A number of studies show that giving affects our brain chemistry. Scientists believe that altruistic behavior releases endorphins in the brain, producing a positive feeling known as the



"helper's high" or the "glow of giving."

A 2010 online study by United Health-care found that 78 percent of respondents said that volunteering helps with recovery; 89 percent said it improves their sense of well being; and 96 percent said it makes them happier. "Volunteers have less trouble sleeping, less anxiety and less helplessness and hopelessness," says Post. "It would be difficult to identify a pill or vitamin with such a pronounced self-reported impact on so many lives."

The connection between helping others in AA and improving rates of recovery was the focus of research by Maria Pagana, Ph.D., an assistant professor of psychiatry at Case Western Reserve University School of Medicine. In her study of people with 16 to 25 years of continuous abstinence from alcohol, helping others in general was rated as "significant" in maintaining sobriety. Rating even higher was the benefit that came specifically from helping other alcoholics in AA.

This 2010 study was an extension of her earlier research showing that AA-related help dramatically cut the risk of relapse during the year following treatment. Pagana's interviews with AA members with more than 20 years of sobriety showed that AA-related helping was very important during early and long-term recovery. Among the service opportunities measured in her study were both concrete acts of helping in AA meetings, such as being the coffee maker or door greeter or handing out the daily reading from the Big Book, as well as personal giving, such as being a sponsor or sharing your recovery experience, strength and hope with the group. The study found that the likelihood of recovery from alcoholism over the course of a year was twice as great if you helped others. Among those who helped other alcoholics, 40 percent avoided taking a drink in the year following treatment. Only 22 percent of those not helping were able to abstain from alcohol.

Give it away to keep it

"For alcoholics and addicts who are in programs like Alcoholics Anonymous and Narcotics Anonymous, there's a special urgency about giving," says John MacDougall, director of spiritual guidance at Hazelden, a not-for-profit alcohol and drug addiction treatment center based in Center City, Minnesota. "My own recovery is a gift, not an achievement. If I don't care enough about the next alcoholic or addict to share the gift with him or her, then my own gift will probably slip away."

The impact giving can have on recovery is so powerful that one of the first things Rebecca Gladding does when she meets patients struggling with addiction is ask if they have a service commitment. "It's one of the best predictors of success in recovery," says Gladding, M.D., a clinical instructor and staff psychiatrist at the UCLA Stewart and Lynda Resnick Neuropsychiatric Hospital. "It means having to show up. It gives you a sense of community. You know that even if you're struggling, you can still help others." Gladding encourages her patients to give their time in a way that's meaningful to them, whether it's at an animal shelter or at a local food pantry. The result is greater serenity as well as a sense of purpose. "It can give you a reason to get out of bed in the morning," she says.

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recovery, giving back can serve as a lifeline to regaining your sense of self, Resnick says. "Individuals suffering from alcoholism tend to have low self-esteem and feel that they have caused problems for themselves and others," says John Rooney, emeritus professor of psychology at La Salle University in Philadelphia. "Giving back provides the confidence needed to succeed. If, as is the case in AA, they're aiding others who have problems associated with alcohol, they have the additional incentive of wanting to set an example for them."

Hard-wired to give

Why does it feel good to give? It turns out our brains are hard-wired to want to give to others, says Jordan Grafman, Ph.D., a scientist who has examined how and where altruism originates in the brain. "Those brain structures that are activated when you get a reward are the same ones that are activated

when you give. In fact, they're activated more," says Grafman. In one study, Grafman, director of the Traumatic Brain Injury Research Laboratory with the Kessler Foundation Research Center in New Jersey, used MRIs to study the brain structures of people who were giving to charities. The volunteers could either donate and it wouldn't cost them personally or they could donate and it might cost them some money, explains Grafman.

The researchers weren't surprised that when people received money, it lit up structures deep in the brain associated with the release of the chemical dopamine, which is known to trigger feelings of pleasure and reward. But it surprised the team to see that when the volunteers donated to charities, it lit up the brain's reward circuits even more than receiving cash. "The regions of the brain associated with rewards and the good

GIVING IT AWAY continued page 13

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Bobbe McGinley, Clinical Director

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“Fix My Kid!”

By JENNIFER BRUMMET, LPC AND LORI SORENSEN, Family Support Coordinator
Valley Clinical Services/Youth Evaluation and Treatment Centers

“I want you to just fix my kid.” If I had a nickel for every time I heard that statement from a family member, I’d be the wealthiest clinician out there. Unfortunately, for our youth, we cannot just simply “fix a kid.” As the old saying goes, “it takes a village,” and in the case of substance abuse treatment and recovery, this also holds true. I want to start out by telling you a true story of how a family came to grips with the idea that they too would need to be part of the treatment and recovery for their teen. Through the family’s eyes, the journey to recovery can be long, scary, embarrassing, and lonely.

“I was in disbelief when I found that my child was involved in using substances that can be harmful. Sometimes, wondering why, and how. Things started to disappear, including money, jewelry, bicycles, and anything else he could trade for his next high. I would send him off to school, only to find out he ditched, and was picked up on yet another charge, and I was required to be put through the extra responsibilities of court hearings, UA drops, meetings with Probation, and counseling.

As a parent, it seemed a lot to take on, especially when it is the kid who caused all of this (or so I thought). It became hard to talk to people about our lives, thinking we must be the only ones dealing with these things, and everyone would have thought I must have been a bad parent to have my child involved in such things. When others kids were excelling in school, my child had no credits, and no ambition. I tried to figure out where I went wrong. If only I had done this or that differently. I blamed the other parent, even if they haven’t been there for years. I sometimes covered up for my kid, so he didn’t have to serve more detention time, or go at all. It was so heartbreaking to see this kid who was my baby in handcuffs.

When the counselors asked personal questions about my life, it made me feel as though they thought I had done something wrong. Why did it matter we sometimes had violence going on in our home? Why were they so concerned if I yelled at my kids? Of course I yelled; my kid was stealing for heaven’s sake! And just because our other relatives had used drugs, what did that have to do with anything? My boy was so little when that happened, he couldn’t have remembered it anyway. And why did I have to go these groups for him? He was the one on probation, not me; it just felt like there was no hope.

As time went on, a lot of time — I learned many things. I learned that all of the things that had happened in our family can contribute to his use of drugs. I learned that the past use of family members can have an impact on the way he saw what was acceptable. I learned that being honest with counselors about what is really going on at home can be useful information. I learned a lot about myself, and I learned the road he was traveling was affecting everyone around him, including myself. By closing my eyes to some of the things that were happening, only made it worse. When he pushed my buttons, and I gave up and gave in, it seemed easier. I learned maybe I was giving in out of guilt; guilt I didn’t even know I felt. All of it was very tiring. I learned the road to recovery can be very tiring, and how to support him, while still setting firm expectations and boundaries as a parent — as much as it pained me to hold him accountable. Then, I finally realized maybe I could use some support. As I started to listen more, look at what he needed, listen to his point of view without giving in or covering up for him, we started to talk more. We found a school he wanted to attend. I agreed to “try” to be involved in the things he was interested in, even if I wasn’t.

It was a long journey, and has taken time to learn to trust him again, and for him to learn to respect me, even though there are days that I wait for the other shoe to drop, it is OK, because I think it made us stronger,

and closer. It may not be what we wished for, but it happened. As I learned all of these things, I realized we can only move forward. I urge all parents to be actively involved in the treatment with their child, because the most important thing I learned is with patience and hard work there really is hope.”

Research continually shows that in order to make sustainable change, the environment one lives in must change along with the person in treatment. If we simply ship our youth off to a treatment program or facility, and they return to the same environment in which their problems began, the likelihood of their changes sticking is minimal. Parents, caregivers, and extended family are the key to successful change and hold a significant amount of power in the process of change. A commonly used analogy in the family systems world uses baking. “The cake that comes out of the oven is more than the eggs, flour, oil, baking soda, and vanilla that make up the parts or elements of the cake. It is how these elements combined to form something larger than the ingredients that make the cake.”

Taking a look at all the working parts of the family is sometimes the most difficult task facing family members. Looking at what role parents, caregivers and other family members have played in the addiction cycle and how they may be unknowingly allowing the cycle to continue is often times scary. Just remember that change, unlike fixing, is a process and there will be ups and downs. Here are a few ways families can support their teens throughout the course of treatment and recovery:

1. **Do not love your child to death** — set realistic expectations and boundaries, and stick to them.
2. Take an honest look at your family of origin; are there patterns of addiction in your family? What skills have you learned to manage these patterns of addiction?
3. Share with your teen how their addiction is directly affecting you and the rest of the family.
4. Take a look at what the function of the drug or alcohol use maybe for your teen, and what are other ways you can support your teen in filling this function?
5. Create opportunities for your teen to experience success — outside of drugs or alcohol, what does your teen enjoy doing (sports, music, art)? Support them in finding their passion and ways to achieve a sense of mastery in their lives.
6. Participate in their treatment — find a program for your teen that focuses not only on the individual with the addiction, but also integrates the main players in your teen’s support system.
7. Be an active participant in the development of your teen’s relapse prevention plan. This way you will know how to support your teen when relapse or slips happen, because they will.

Above anything else, families hold the power to praise their teen for the successes in their lives; if these successes go unnoticed, then what are these kids working towards?

Remember that change is a process.

So the next time you hear (or if you are a parent, say) “just fix my kid,” take a moment to see how you have the ability to affect change and make these teens’ futures brighter than their pasts.

Valley Clinical Services offers strength-based counseling services with a family-centered focus for children, adolescents and adults to reach a better tomorrow. They are licensed by the State of Arizona and offer services for children three-years of age through adulthood. For more information: www.valleyclinicalservices.org or call 480-661-1075

Relationship Renewal for 2012

Conflict is an inevitable part of any marriage.

By Bobbe McGinley

Successful couples do not necessarily have fewer problems; rather, they have greater problem-solving strategies. Here are 15 strategies couples can use in the renewal of their relationships. Although these can be used with third-party counselors, they can also be accomplished with two partners.

The major consideration in interpersonal conflict situations is: "How can we make a better deal with each other?" The primary purpose of negotiation is a new agreement between you. This goal may be markedly different in the beginning. Your initial motivation may be to punish each other or defend yourself from being caught or accused. Many couples simply want to avoid the conflict altogether, because they view confrontation as a dirty word.

Conflict strongly tends to feed on itself when it is not confronted. Because the term confrontation is often controversial, a definition is in order. Confrontation requires you to pay attention to something you think is important. It does not mean having a shoot-out or screaming match. It does not mean pinning the blame tail on the donkey. It does not mean all-out war or making the other person lose face. It does not imply hostile, unpleasant, recriminating, or a tension-producing experience. It can in fact be a healing, freeing-up exchange in which you both come to understand yourself and partner better. You can then better agree on how to get along in the future. It can be a time of forgiveness for both. It can release pent-up energy in order to make it available for accomplishing goals.

When (And When Not to Intervene): Here is a checklist for deciding if it is timely to use some of the following Renewal Strategies. 1) Readiness: Are you capable of working through the situation effectively? 2) Commitment: Are you willing to do what it takes to improve the relationship? 3) Influence-

ability: Will you be open and responsive to each other's needs and points of view? 4) Accessibility: Can you make contact and commit to follow-up with each other?

Logistics for the Exchange: 1) These interventions need to take place on neutral ground. Privacy, a lack of interruptions, and no turf dominance are clear requirements. Obviously, having children, friends, or others around will adversely affect the interaction. 2) The initial session should not last more than 90 minutes. This can be a pressure situation, and there is a need to limit the amount of time that the parties in the conflict will talk with each other. If possible, schedule several times together to explore different suggestions.

A Potpourri of Methods: Here are ways to help prime the pump in assisting you to explore and improve your relationship. 1) Fantasy. Each of you tells the other what you imagine about each other. 2) I assume that you know. Each of you takes turns testing whether the other knows something that the speaker assumes that he or she knows. 3) I – You- We. Each of you takes a turn making three statements: One begins with I, one begins with you, and one with we. 4) Lists. Each of you makes good news/bad news behavior lists for what you have seen of the other in the least amount of time. Then take turns on the bad news lists, paraphrasing (each of you repeats in your own words what the other person is saying), until you achieve a sense of closure. 5) More/less/right amount. Each of



you makes the following requests: What I need more from you, what I need less from you, and what I am getting the right amount from you. 6) Fear, ogres. Each of you shares your best case scenarios for the relationship if the conflict is not managed more effectively. 7) Hopes, dreams. Each of you shares your best-case scenarios, the dream-come-true, if your relationship went to a higher level of mutual enjoyment. 8) Puzzle-

ments. Each of you makes the statement, "What puzzles me about you is..." 9) Reflection of feeling. Each of you feeds back the emotion that the other is experiencing and/or expressing. 10) Resentment/appreciation/request. Each of you discusses what you resent about the other, explores the characteristic that is simultaneously admired, and then

makes a request of the other. 11) Role clarification. Each of you identifies and discusses your marital expectations of the other. 12) Role reversal. Each of you plays the other for a few minutes as a form of feedback. Tell each other how well each of you did as the other partner. 13) Think/feel. Each of you takes a turn making statements that begin with, "Right now, I'm thinking..." and "Right now, I'm feeling..." 14) The time I knew I was in love with you. Each of you relates to the other again, although you may have said it countless times, the moment/event that convinced you of love for each other. See if you can recall something different or relate it somewhat differently than before. 15) Share peak experiences and times alone or together when magic happens!

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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EVENTS CALENDAR

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

JAN. 4—St. Luke's Behavioral Health Center Clinical Breakfast Series. 8:00-9:00 a.m. "Music Therapy Drumming, Experience It!" Behavioral Health Center Auditorium, 1800 E. Van Buren. **1 CEU.** Breakfast, networking. **FREE. 602-251-8799.**

JAN. 9-13 – Tucson – Cottonwood Tucson – InnerPath Women's Retreat. This five-day retreat has been designed especially to meet the needs of women who are re-evaluating their relationships, their priorities, and their sense of self. 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.

JAN. 16-20 & FEB. 20-24 – 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.

JAN. 21 — AUG. 20, 2012—HOPI QUILTS—Unique Yet Universal. Experience this cozy exhibit of Hopi quilts! Twenty inspiring examples from the 1970s to today demonstrate adaptation and use of the old American tradition. This exhibit is made possible by the generosity of Beatrice A. Kabler and by a grant from The Joseph and Mary Cacioppo Foundation. Arizona State Museum is located on the University of Arizona campus in Tucson. www.statemuseum.arizona.edu

JAN. 24—AURORA LUNCH & LECTURE SERIES—Aurora West, Tuesday, 11:30 a.m. - 1:30 p.m. Topic: **Hoarding.** Aurora East, Tuesday, **February 28.** 11:30 a.m. - 1:30 p.m. Topic: **Treating a culturally diverse population.** Information contact Erin Boyd **623-344-4416** or email erin.boyd@aurorabehavioral.com

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

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.

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.**

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Events continued page 16

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My Mothers Addiction from page 1

Life Now on Pause

Now a mom myself at the age of 19, my son was my sole motivation for staying clean. I got into a nursing program at a community college, a job on the side to pay my bills. I had my own apartment. It was my plan for a fresh start with my baby.

Lured back again to wanting a social life, I started going out with friends and drinking. My parents were helping to take care of my son and following a long day, I chose to go out instead of going home to care for my son. Soon enough, my addiction was out of control. I was scared to tell my parents what was really going on and I could not stop using. The downward spiral cycle was quick and destructive. And, I was pregnant with my second child.

I tried so hard to stay sober but I just could not do it. My parents were keeping a close eye on me but I would run off and get high any chance I got. I hated myself for that. I lied all the time and I was so afraid of what my parents would say or do. I managed to clean up as much as I could and had my son. He was so beautiful and I loved him immediately. This time around, however, my addiction had progressed to the point where I was not able to stop using the way I was able to with my first baby.

My mother tried to help even though it was both of us who still needed it. She took me to a 30-day program for treatment but I just wasn't "done" yet and clearly not ready to stop using. As a result, my parents let me know they were willing to take care of my children but I had to go. Out of money and stuck on pause, I started stealing to support my habit. I ached for my children but never went to see them.

I ended up going to jail and did not comply with probation or anything else when I was released. I continued to use and went down deeper. This was beyond what I could ever imagine and I looked as horrible as I felt. Every time I started to sober up I would start feeling sad and cry for my children. I just wanted to die. I did not want to kill myself but I did not want to live anymore. I was fleeing an abusive relationship and just started praying for God to lead me in the right direction. Finally I had hit rock bottom.

I found out that I was pregnant with my third child when I ended up back in jail. I did not know how I was going to change my life but this time I desperately wanted to. I prayed a lot and vividly remember describing to God the place that I would like to go if I was sent to treatment. Soon after, I was court ordered to six months of treatment but the challenge was finding a treatment program that would take a pregnant woman.

Starting to Believe in Miracles

I was connected to a program at Community Bridges, Inc. (CBI) called the Center for Hope. When I got there, I could not believe my eyes. It looked like the place that I had described in my prayer. I was tired and broken. I don't know how long it had been since someone had looked at me like I was worth a chance, but the staff at Center for Hope did. I was ashamed of myself for getting pregnant again and did not feel like I deserved to have another baby. But those incredible women looked at me like I was worth it and taught me I did deserve not only this baby, but all of my children.



Dana and her family today

It took several months for my head to clear up from all the drugs I had taken but I started learning about my addiction and how to live a life in recovery. Soon after I entered the Center for Hope, my two-year-old son moved into the Center with me. I am grateful that I was given the chance to be sober and bond with him. I had a healthy baby girl while I was there and I learned how to be a better parent and manage two young children. I was a participant for one year and felt strong and healthy when I left. My older son then moved in with me and I was finally able to be the mother I was meant to be.

Moving forward in Recovery

In my transition from the Center for Hope, there was still a lot to do in becoming completely self-sufficient and caring for my family. I focused on staying connected to outpatient services and needed to address my former legal issues that were major barriers to finding employment. The next sign of hope came through an employment opportunity that opened up at Community Bridges answering phones in their crisis unit. The job stability gave me the chance to work on building my new life and also opened new doors at the company.

During this time in my recovery, my mother's addiction had taken a turn for the worse. With both my brother and I out of the picture, my mother was forced to address her own addiction. She was not doing well and I was able to help her guide her through the process of getting help at a CBI detox program called Arizona Bridge to Recovery (ABR). This was a big change for the better and she has remained sober. I started realizing that our family dynamic was changing simply by me living a life of recovery and not playing the same role that I used to. This was the first time that I truly understood the importance of family support rather than judgment.

My brother was also working on his recovery while in prison. Yes, his drug use led him down the wrong path but it finally gave him a chance at sobriety, too. I told him about the Peer Support Program at CBI and soon after he was released, he started his new life on the right path and now works for the company doing great things for others who need help.

So Here We Are

Our family has experienced healing. Addiction had ravaged our lives but it does not have a hold on us now. This is the first time since I was a young child that my mother, brother, and I have been sober together.

Six-years ago I was unemployed, homeless, and addicted. I have worked very hard

My Mothers Addiction continued page 15

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RELAPSE from page 1

they need relief—spelled **N-A-R-C-O-T-I-C-S**. Besides the physical discomfort, patients may seem anxious, irritable, or unable to sleep, and it will be very tempting to treat these symptoms with a variety of medications that could be hazardous to their recovery. So before getting a prescription, remember: The Phenergan® for nausea, the Xanax® or Ativan for anxiety, the Trazodone, Ambien® or Benadryl® for sleep or even Ultram for pain can all trigger a compulsion for more.

The ideal but often impractical solution is to keep patients in a controlled environment until medications are no longer needed. Sending them home with a prescription can be dangerous. In the rare cases where narcotics are required for pain control, it may be best to use a medication that most are hesitant to administer. Giving a more potent narcotic for a shorter period of time is less risky than using a milder drug for a long time. Addicts often admit that Tylenol, Motrin or Toradol

actually worked as well as narcotics in most cases following a procedure.

How can someone educate his or her healthcare provider? Start with a frank conversation and ask that a history of addiction be flagged on your medical record. Most providers will not always know what may be hazardous to recovery, so it is your responsibility to learn a drug's effects before taking it. You may need to contact a doctor with special training in addiction, such as one connected with an alcohol or drug rehabilitation center.

Robert W. Mooney, M.D., is an Addiction Psychiatrist and Medical Director at Willingway Hospital, an alcoholism and drug addiction treatment center in Statesboro, Georgia.



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Keeping New Years Resolutions

By DR. DINA EVAN

One of the greatest gifts we have as human beings is that we get to begin again in each moment, in each day and on each New Year. We get to do that by making a new choice. Nothing you have done in the past means anything can hurt you, the moment you make a new choice. That is very powerful. Since we are creating our reality with each new choice, you get to have a great impact on creating the life, the body, the joy you want to have, the moment you make that new choice — if you follow through. Maybe, there is a deep place inside that knows this, and perhaps that's why we make New Years resolutions.

However, for me, this is just one more place where if we are not careful, we can cheat on ourselves in life. I believe in personal responsibility. Your ability to respond to your own life in an emotionally adult way is the number one requirement on the path to consciousness. Think about it, nearly every problem we experience in life, as adults is because we have failed to take responsibility.

Look at your own life

Be excruciatingly honest with yourself. What problems can you identify that originated in the past from not taking responsibility immediately, or at all? I bet it's 90 percent or higher. Isn't one of the reasons why most resolutions are not kept? We believe our problems are always someone else's responsibility.

It's time to grow up. The exponential growth of the human race, our issues of obesity, addictions in every form, financial instability and child abuse in the country demand action. Our over consumption of planetary resources must be addressed immediately. After all, once this exponential trend is noticed, according to some scientists, we have very little time left to tip the growth curve and correct it.

What is interesting is that most of our New Years Resolutions are based upon excess — excess spending, drinking, eating, sex or whatever. When deciding on your New Year's resolutions, it is easy to be swept up in hopeful excitement. As the clock ticks away the final minutes of the old year, the excitement can be intoxicating. You may earnestly believe that you're going to tackle your goals effortlessly. But, after the initial rush of New Year's celebration fades and reality sets in, that trip to the gym, or push back from the table, or leaving your dysfunctional relationship seem insurmountable. According to *TIME* magazine, while 65 percent of people who make a resolution kept their promise for at least part of the year, 35 percent never even make it out of the gate. Indeed, when you wake bleary-eyed on the first day of a New Year — or decade — resolutions to “cut back” and “moderate” seem both an excellent idea and an impossibly hazy dream.

According to Hinda Dubin, M.D., a clinical assistant professor of psychiatry at the University of Maryland School of Medicine and psychiatrist at the University of Maryland Medical Center, the key to achieving even your most lofty goals is to get started immediately. Don't wait a day or two.

“Action precedes motivation, not the other way around,” said Dr. Dubin. “People often think they should wait until they are motivated to start doing something good for themselves. They say, ‘I'll start that diet or fitness program when I'm really well rested and have a lot of energy’. But it doesn't work that way.”

Dr. Dubin says that instead of waiting for inspiration to act on your goals, you need to take action first and inspiration will follow. Your initial action doesn't have to be anything big. Just by putting on your sneakers



“People often think they should wait until they are motivated to start doing something good for themselves.”

and hopping on the treadmill for 10 minutes, you will make that energy you are “waiting” for materialize.

Once you initiate an action and take the first step, you have changed the energy into a more positive supportive place — even the smallest of actions — you pick up momentum and you realize, ‘Hey, this isn't so bad,’ and it becomes a lot easier to keep moving forward and to stay motivated.

There is a 1, 2, 3 simple mindfulness process I give my clients. First, when you are about to break your promise to yourself, identify the feeling that is under that desire. For instance you might be feeling, “ I am never going to have food I enjoy again.” So, the feeling under the desire to break your promise is fear, **fear of feeling deprived**.

Step two, ask whether that fear is a now fear or an old fear and assign a percentage to it. For instance, you might say, “Oh that is a familiar feeling from my childhood, when other kids could eat whatever they wanted and Mom made me stay on my diet. So Let's say 70 percent of what I am feeling is about the past.” Remind yourself you already survived the past and you're just fine. Now let's look at the truth of the last 30 percent. Is it true that you will never be able to eat foods you enjoy? No!

Step three, is to make a new decision or reframe the issue. Now that you know the fear is just that, a fear, you can say to yourself, I will promise to eat foods that I enjoy in a healthy way when I am off my diet and for right now I am doing something wonderful for myself. Breathe into that and you will start to feel the anxiety leaving you.

Courage is the discipline to act on values rather than satisfying an immediate impulse. So, how do we strengthen the muscle that has courage and accepts personal responsibility? Here's the bottom line — Believe in your own strength and capabilities. Look behind you at all you have over-come in your life and ask yourself, “Can I live through giving up sweets or leaving an abusive relationship?” Chances are you have tackled and won much harder challenges.

The more you sincerely believe you are capable of meeting the challenge, the more relentless you will be in facing, pushing through, and overcoming that challenge. The biggest win is that with every small successful step, your self-esteem grows and you have more confidence with which to take on even bigger challenges.

Happy New Year and happy January Resolutions!



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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AZ Office of Problem Gambling	800-NEXTSTEP
AWEE	602-258-0864
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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
St. Lukes Behavioral	602-251-8535
Step Two Recovery Center	480-988-3376
Teen Dating Violence	800-992-2600
TERROS	602-685-6000
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Sex Addicts Anonymous	520-745-0775
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What Will You Make of It?

2012

By ALAN COHEN

Finally. **2012 is here.** After many years of anticipation, sensationalism, foreboding, titillation, and wild prophecies, we've reached the end of the Mayan calendar. The era of momentous astrological configurations. World upheaval. Apocalyptic destruction. Dissolution of the world as we know it. Mass landing of UFOs. The spiritual ascension of humanity. The dawn of a new age. And on and on and on. . .

Prophets, authors, soothsayers, shamans, and Hollywood have had a field day predicting, explaining, and dramatizing the events to come. Will this year be a turning point in human history? Massive suffering leading to spiritual resurrection? The annihilation of evil and the restoration of virtue? The second coming of Christ? A redux of the Y2K dud? Just another year?

I have a prediction in which I am quite confident: 2012 will be what you make of it.

Your whole life is what you make of it, and 2012 is no exception. Your thoughts, feelings, attitude, words, and actions will determine your experience and the events you attract. What you want and expect to happen will happen. If you are immersed in the Hollywood terror version of 2012, watch out. If you value the upliftment of humanity, transformation will ensue. If you expect just another year, so it will be. Your pen is scribing the novel of your world. What will you write?

The universe is brimming with infinite parallel realities. All events and experiences that have ever existed, do exist, will exist, or could exist, already exist. In one reality, the 2012 earth will be blown to smithereens. In another, the planet will be transfigured to heaven. In another, it will be the same ole' same ole. A dozen different movies are playing under one roof of the multiplex of life, and you sit in the theater that matches the ticket you paid for. In one room a love story is unfolding. In another, social and political drama keeps viewers on the edge of their seats. In another, bombs are exploding and the walls are shaking. One theater, many shows.

Just as in the multiplex, you are free to exit one theater and enter another. If you're tired of the terrorist movie, you can watch a romance instead. If you've had it with drama, you can pick a comedy. If the horror movie gets too dark, try a kid's feature. The theater manager will tell you that you have to stay where you have been sitting, but you can move if you want. Every reality is self-reinforcing, insisting that you keep playing by the rules it dictates. But the rules change from reality to reality. If you have the guts to change theaters, everything changes with you. A

Course in Miracles reminds us, "I am under no laws but God's."

The Course offers a profound prophecy about how the world will end. "The world will end in an illusion, as it began. Yet will its ending be an illusion of mercy. The illusion of forgiveness, complete, excluding no one, limitless in gentleness, will cover it, hiding all evil, concealing all sin and ending guilt forever. . . The world will end in joy, because it is a place of sorrow. . . The world will end in peace, because it is a place of war. . . The world will end in laughter, because it is a place of tears."

Werner Erhard noted that the world coming to an end would be the best thing that could happen, because the world as we know it has not been working very well. The institutions and systems to which we have looked for security are not serving their purpose, and need to be replaced by systems that actually help people. But we have to let go of what is not working before we can step into what would work better. We have to trust the process of transformation. Two caterpillars sat on the ground looking up at a butterfly flittering above the trees. "You'll never get me up in one of those things," one caterpillar

remarked to the other.

The irony, of course, is that the caterpillar already is one of those things. While you and I envision a world transformed, we may be so steeped in the identity of who we have been and the "reality" of how things have been that the idea of living a better life in a new world may seem fantastic, even ludicrous or frightening. Yet the butterfly is so much freer than the caterpillar that any caterpillar in his right mind would be exhilarated to step into the dreamliner.

2012 will be the year of just such a transformation if we choose to make it so. Leave the hoo-ha to Hollywood and create the year you would have. Perhaps the end of the Mayan calendar signals that we will move beyond the limits of time as we have known it, and dwell in a consciousness free of time and space. Perhaps the changes we experience in and around us are the runway on which we take off to soar through skies we once only looked up at, but are now ready to explore.

All end times lead to beginning times. Now there's a prophecy we can live with.

Alan Cohen is the author of many popular inspirational books, including *Enough Already: The Power of Radical Contentment*. Join him 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.

Free Drinks!

Every person has a fixed number of “free drinks,” that is, having a drink of alcohol and nothing bad happens.

By DR. MARLO ARCHER

At my first therapist job, when I was 26, a more experienced counselor shared her ideas about alcohol and not only have I never forgotten, but over the next 17 years, I have seen evidence over and over again of the truth of her description.

She said that every person has a fixed number of “free drinks,” that is, having a drink of alcohol and nothing bad happens. No one gets hurt, you don’t black out, you don’t get arrested, you just get a little loose, have some fun, and all is well.

She went on to say that the only problem is that you don’t know how many “free drinks” you get and when yours are gone, they’re gone forever. Every single drink after all your freebies are used up, will cost you something. Something bad will happen, you’ll go into addiction, you’ll lose your sense of judgment, you’ll make terrible mistakes, and it’s no longer any fun, not really at least.

She continued on to say the really weird thing is that some people have thousands of free drinks. It seems they can get drunk every other weekend and nothing bad ever happens! They have fun, they keep their jobs, they don’t get caught drunk driving, and when they need to be somewhere important, they always make it.

Meanwhile, some people only seem to have a couple hundred free drinks. They try drinking in college, they like it a little too much, fail all their classes, and drop out of school. Then, rather than being able to learn from the experience and leave alcohol alone, they keep on using it and develop alcoholism — leaving them without a college degree, working a dead-end job and being miserable by the time they’re 40.

The Sad Truth

She concluded by telling me the sad truth is some people don’t get any freebies. Their cosmically-assigned number of free drinks is zero. Zip. Nada. With the first drink they take, bad stuff starts to happen. They drink too much, get raped, crash their car, kiss their friend’s boyfriend.

Or worse, nothing observably bad happens.

They have a few drinks, feel socially more outgoing with a confidence they didn’t have before. So they dance and flirt and have a spectacular time and fall in love — with alco-

hol. They don’t know it yet, but the alcoholism they were given at birth in their genes, has already been activated and every single drink they have from that point forward, only takes them further down the rabbit hole. Some can appear as if there is no problem for many many years, but that doesn’t change the fact that the problem is already there....only they haven’t noticed it yet.

As parents ask themselves how far is too far to let a kid keep drinking when you know they’re drinking, the first question to ask yourself is how many free drinks do you think your kid have? Do you already know that they come from a line of problem drinkers? If so, it’s possible the number of free drinks they have is actually zero and that by the time you become aware of their drinking, they already have a serious problem.

If drinking has never been a problem in your life or any of your family members, then ask yourself if bad things are already starting to happen to your drinking kid. Have they lost relationships because of the drinking? Jobs? Friends? Failed classes? Do they just look bad? Have they been arrested or fined? Do they have mystery injuries? Are they lying? Has their personality changed? If any of those, or any other signs of trouble are true, there’s a fine chance they’ve already used up their free drinks and are on a path of destruction.

If, on the other hand, you catch your 17-year-old “A” student, come home tipsy one night, you confront them, they confess, crying, they seek comfort from you while they throw up, and they, and their friends speak openly with you about what a giant mistake drinking was, and you don’t see behavior like that again until graduation night, your kid has probably just used up several of their freebies, and speaking with them openly can encourage them not to tempt fate to find out how many more they might have



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

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Facebook provides first-of-a-kind service to help prevent suicides

The Substance Abuse and Mental Health Services Administration and the National Suicide Prevention Lifeline collaborate with Facebook to help those in crisis

Facebook is announcing a new service that harnesses the power of social networking and crisis support to help prevent suicides across the nation and Canada.

The new service enables Facebook users to report a suicidal comment they see posted by a friend to Facebook using either the Report Suicidal Content link or the report links found throughout the site. The person who posted the suicidal comment will then immediately receive an e-mail from Facebook encouraging them to call the National Suicide Prevention Lifeline **1-800-273-TALK (8255)** or to click on a link to begin a confidential chat session with a crisis worker.

The National Suicide Prevention Lifeline 1-800-273-TALK (8255) or www.suicidepreventionlifeline.org/ is a toll-free suicide prevention hotline network comprised of 152 local crisis centers. The Lifeline is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Link2Health Solutions, a wholly owned subsidiary of the Mental Health Association of New York City (MHA-NYC). The Lifeline provides free and confidential crisis counseling to anyone in need 24/7 and has answered over 3 million calls since its launch in 2005.

“We’re proud to expand our partnership with Lifeline, and to provide those in crisis with even more options to seek help,” said Facebook’s Chief Security Officer, Joe Sullivan. “The Lifeline’s commitment to suicide prevention has enabled people on Facebook to get fast, meaningful help when they need it most, and we look forward to continuing our work with them to help save lives.”

“Facebook and the Lifeline are to be commended for addressing one of this nation’s most tragic public health problems,” said Surgeon General, Regina M. Benjamin, MD, MBA, who serves with Sullivan on the National Action Alliance for Suicide Prevention.

“Nearly 100 Americans die by suicide every day – 36,035 lives every year. For every person who is murdered, two die by suicide. These deaths are even more tragic because they are preventable. We have effective treatments to help suicidal individuals regain hope and a desire to live and we know how powerful personal connections and support can be. Therefore we as a nation must do ev-

everything we can to reach out to those at risk and provide them the help and hope needed to survive and return to productive lives with their family, friends, and communities.”

Crisis center workers from two centers in the Lifeline network, the Boys Town National Hotline and Goodwill of the Finger Lakes’ 2-1-1/LIFE LINE, will be available 24 hours a day, seven days a week to respond to Facebook users opting to use the chat. The Lifeline currently responds to dozens of people each day who have expressed suicidal thoughts on Facebook.

“We have been partnering with Facebook since 2006 to assist at-risk users and are thrilled to launch this new service,” said John Draper, Ph.D., the Lifeline’s project director and MHA-NYC Vice President of Behavioral Health Technology. “Although the Lifeline on average handles 70,000 calls per month, we have heard from our Facebook fans and others that there are many people in crisis who don’t feel comfortable picking up the phone. This new service provides a way for them to get the help they need in the way they want it.”

About the National Action Alliance for Suicide Prevention

The National Action Alliance for Suicide Prevention (Action Alliance) is the public-private partnership advancing the National Strategy for Suicide Prevention. The Action Alliance envisions a nation free from the tragic experience of suicide. The Action Alliance was launched by the U.S. Department of Health and Human Services’ Secretary Kathleen Sebelius and former Secretary of Defense Robert M. Gates on September 10, 2010, with input and support of many public and private sector stakeholders. For more information, see <http://www.actionalliance-forsuicideprevention.org>.

SAMHSA is a public health agency within the Department of Health and Human Services. Its mission is to reduce the impact of substance abuse and mental illness on America’s communities.

**DRIVE HAMERED...
GET NAILED**

The kits, which sell for between \$17 and \$35 at pharmacies, can put the parent-child relationship at risk, according to the American Academy of Pediatrics (AAP). The medical group has recommended that parents not use these tests at home.

“If kids really want to use drugs, they’ll get around the drug testing — we know they can do it,” Dr. Sharon Levy, Chair of the AAP’s Committee on Substance Abuse, told the newspaper. “There is a time and place for drug testing. Whether it should be used at home is an open question.”

She says that parents who suspect their child is using drugs should take the child to a physician, counselor or mental health professional. “Use this as a teaching moment,” she said. “It’s an opportunity to have a really good conversation with your kid.”

Financial Stress May Lead Older Adults to Drink and Smoke More

Financial stress may lead older adults to drink and smoke more, according to a study of more than 2,300 adults over the age of 65. Men and people with less education appear to be most likely to drink and smoke in response to money worries, according to ABC News.

Between 1992 and 2006, the researchers found 16 percent of study participants had increasing financial problems. Three percent of participants reported increases in heavy alcohol consumption (more than 30 drinks a month), while one percent said they smoked more during this period.

Men who had financial concerns were 30 percent more likely to begin drinking heavily, compared with men without money worries. Women, and those with higher education levels, were more likely to reduce their drinking when they were troubled about finances.

“If the current global financial crisis leads to increases in experiences of financial strain among older adults, alcohol and smoking problems can also be expected to increase in this population,” the researchers write in the Journal of Studies on Alcohol and Drugs.

Financial problems can be particularly stressful for older adults, lead author Benjamin Shaw said in a news release. “They are out of the workforce, and they might feel like they have less time to recover or generally have less control over their financial situation.”

U.S. House Votes to Ban Synthetic Drugs Including “Bath Salts” and “Spice”

The U.S. House voted on December 8 to ban more than 30 synthetic drugs, including “bath salts” and “spice.” The Synthetic Drug Control Act would make it illegal to manufacture or dispense the drugs, ABC News reports.

The bill would also give the Drug Enforcement Administration (DEA) more authority to put temporary bans on potentially hazardous drugs as they are being investigated. The bill passed by a vote of 317 to 98, according to the news report. The bill will now move to the Senate.

Rep. Charlie Dent of Pennsylvania, who introduced the bill, said in a statement that he first learned about the dangers of new

synthetic drugs from his constituents. “Most shocking to me was the realization that these dangerous compounds could be purchased legally in stores across the country,” he said. “I knew then it was time for Congress to move to ban the sale of these emerging synthetic drugs, which have thus far demonstrated no medicinal value.”

Earlier this fall, the DEA announced it was temporarily banning three synthetic stimulants that are sold as bath salts. The ban makes it illegal to possess and sell these chemicals or the products that contain them.

U.S. Government Takes Steps to Reduce Medicare-Related Prescription Drug Abuse

The U.S. Department of Health and Human Services (HHS) announced it will tell Medicare prescription drug plans to withhold payment to pharmacies when they detect signs of suspicious activity related to narcotics and painkillers. The move is aimed at reducing Medicare fraud, Reuters reports.

If an insurance plan suspects fraud, it should withhold payment until it verifies the claim is valid, HHS urges. The department also is calling on doctors to write prescriptions for potentially addictive painkillers in supplies of less than 30 days. According to an HHS news release, the Government Accountability Office found that in 2008 an estimated 170,000 people enrolled in Medicare received prescriptions from five or more doctors for drugs that are often abused, such as OxyContin and Percocet.

Nearly three in 10 people between ages 57 to 85 use at least five prescriptions, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Between 1997 and 2008, the rate of hospital admissions for conditions related to prescription medications and illicit drug use rose by 96 percent among people ages 65 and 84; for people 85 and older, admissions grew 87 percent. SAMHSA notes medication misuse and abuse can cause a range of harmful side effects, including drug-induced delirium and dementia.

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POWER OF GIVING IT AWAY from page 5

feeling you have when you get something, like money, were the same areas that were activated when you give,” says Grafman. “In fact, they were even more activated when giving than receiving.”

Giving also affected areas of the brain that are not activated by receiving. These areas are rich in oxytocin, often called the “cuddle hormone,” that induces feelings of warmth, euphoria and connection. It’s released when people bond. “If these brain activations can be a guide, you’re going to get more pleasure when you’re giving than when you’re simply receiving,” Grafman says. He thinks this activation has something to do with the delayed nature of altruism. The result of giving doesn’t manifest itself right away—there could be a time delay of minutes or weeks or even years. “The part of the brain that’s activated, the prefrontal cortex, helps store know-ledge,” he says. “It shows people have foresight about how their gift will be used and the benefits others might get down the line.”

Grafman sees in this research evidence of an opportunity for people in recovery to break old habits and substitute new, healthier behavior. “Our findings suggest that you have a temporary advantage when giving, since for most of us, it’s rarer than receiving,” he says. “As a result, the brain activity when you give will also be greater.” Grafman likens this time of giving to a door being opened. “It’s a time when you have an edge into those brain structures to modify their affiliation with behaviors,” he says. “Brain structures that were a slave to drinking, for example, can find a substitution, another reward, such as being of service and giving.” Indeed, our brain is wired in such a way that good behavior will want to be repeated. “We’re hard-wired to repeat behavior that’s rewarding,” Grafman says.

A message of hope

MacDougall, the director of spiritual guidance at Hazelden, puts the giving practices he preaches to work in his own life. His wife of 35 years, who has retired, often travels for weeks at a time to visit family. “After two weeks, I start to get lonely, down and irritable,” he says. “Nothing perks up my own recovery like a service commitment.” For MacDougall this often involves paying a visit to a local detox facility housed in an old jail. “The people there were arrested for drunk and disorderly conduct, or were passed out some place,” he says. “They are there to detox safely.” MacDougall shares his own story of recovery, and gets an immediate lift. “I carry a message of hope, and the people there really appreciate it,” he says. “Nothing works as effectively in giving me a boost in mood. It’s like alchemy.”


Post writes about how his own job loss forced him and his family to relocate from a city they loved to unfamiliar territory in his new book, The Hidden Gifts of Helping: How the Power of Giving, Compassion, and Hope Can Get Us Through Hard Times. Feeling out of place and uprooted when he

took a job in a new state, he and his family put into practice the principle of giving. “My wife volunteered at a little school across the street, our son volunteered at a hospital, and I helped build homes,” he says. “We did things to create meaning and get our minds off our own anxieties. It really worked. One of the best ways to get rid of anger and grief is to actively contribute to the lives around us.”

For some, taking the step to give to others is part of a journey to recovery since empathy is not fully developed in many people who drink or use substances, says Wick of the Freedom Institute. “Part of the disease is that it’s difficult for an alcoholic who is active to imagine anyone else’s world than their own,” she says. “They’re deeply engaged in a relationship with an addictive substance and there’s very little room to see someone else’s experience, to have a deep human relationship or to feel someone else’s pain.” As a result, an active alcoholic or ad-dict typically gets more and more isolated. This can change during recovery, when the act of reaching out and helping someone can help build skills to reconnect to the world of human experiences and relationships, Wick says. “Bill W started AA by reaching out to someone because he felt he needed to help another alcoholic so that he wouldn’t slip and start drinking again. You stay sober by sharing your story and recovering your sense of self.”

Though the body and brain can recover from the effects of alcohol in about a year, the psyche can take longer to recover, Wick says. “Most addicts have a great deal of shame about their experience and typically think of themselves critically and harshly. They don’t have a lot of self esteem.” As you help other people, you start to rebuild a sense of who you are and of your value, she explains. “When you’re in recovery, you give back to stay sober,” Wick says. “Once you’re sober, the act of giving service helps people start to build healthy relation-ships.” She notes that building nurturing relationships is fundamental to anyone’s sense of self worth. “You start to see yourself in someone else’s eyes as helpful,” Wick says, “and as you internalize your new sense of who you are and your value, you get better at having relationships. You realize you are worthy of being loved.”

Suzanne Riss is a writer and editor who specializes in women's issues. Most recently she was Editor-in-Chief of Working Mother magazine. Her first book, The Working Mom Survival Guide, was published by Weldon Owen in October.



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Season of Change

By JuLynn Ravenscraft
Remuda Ranch Programs for Eating Disorders

A new year is here once again, and that means we leave the old year behind, whether we feel ready or not. The change of the calendar year is a tangible marker of the inevitability of change. We cannot prevent it, yet it is not always comfortable. The struggle to make or accept change is a common topic in my work with patients with eating disorders. When I hear of someone being “stuck” in their recovery process, it is usually due to one of two reasons: feeling unable to make the necessary changes or feeling afraid to make the necessary changes.

For those who are feeling unable to make positive changes, I’d like to share with you with the story of a young elephant that was chained to a stake in the ground at a young age. The little elephant tried with all his strength to get free, but the chain was too strong. After many failed attempts to break free, the elephant began to think, “I’ll never get myself free, no matter how hard I try. The chain is stronger than I am.”

As time passed, the elephant matured and gained the strength necessary to free himself, yet he was still chained to the same stake. Although he was now capable of breaking free, he did not. Why? He had resigned himself to living life with the chain and he gave up even trying to gain freedom. He made up his mind long ago that things would never change. So they didn’t.

Do you see how the old pattern of thinking prevented change from happening? When you feel as though you “can’t” make the changes in your life necessary for recovery, I encourage you to use the skills you have learned and not allow an old, defeated way of thinking prevent you from finding freedom in recovery.

It is completely normal to feel some fear as we make changes in our lives. Fear of missing the “old” or “safe” behaviors may stand in the way of pursuing new behaviors. We often need to grieve the old before we can completely embrace the new. Even if the “old” was not pleasant, we may feel a sense of loss as we leave it behind to move forward.

Author Judith Viorst puts it this way: “...*losses and gains, we have seen how often they are inextricably mixed. There is plenty we have to give up in order to grow...We cannot become separate people, responsible people, connected people, reflective people without some losing and leaving and letting go.*”

Be assured that recovery will mean letting go of some things, but that new and better things will take the place of that which is lost.

I encourage you to reflect, journal, or take inventory of the changes that are taking place in your life right now. Which ones are exciting for you, and which ones fill you with fear? What changes are you hoping to make for yourself in the new year? Reach out to someone and share your thoughts. May you be blessed with peace as you enjoy this season of change!

Remuda Ranch is licensed, behavioral health hospital system that focuses specifically on eating disorders with co-occurring behavioral health illnesses. Since 1990, more than 10,000 individuals have turned to Remuda Ranch for inpatient and residential treatment for eating disorders. Visit www.remudaranch.com or call 888-685-3745



LIFE 101

By COACH CARY BAYER www.carybayer.com

If You Hide, Then Speak

Hide and Seek is one of the earliest games we learned as small children. We delighted in trying to find our parent, or sibling. So universal is this game, that even cats and dogs play it with us. As good as the game of is to play with those in your life, that’s how bad the game of “Hide and No Speak” is to play with those in your life.

Hide and No Speak is the name I’ve given to the unconscious communication pattern adopted by so many people when they feel ashamed or guilty about something they said, didn’t say, did, or didn’t do, and go into a communication hideout. I’ll give you an example from my own personal life.

My wife and I had a wonderful relationship with a talented gardener who tended our flowers with tender loving care. When Spring had sprung, and she hadn’t come by, as she always did in the past, to nurture our garden in its time of annual rebirth, we were quite surprised. So we called her to find out why and to set up a time for her to do just that. We got her voicemail, so we left a loving message to that effect. We didn’t hear back from her that night, as we normally would have. We didn’t hear back from her the following workday or night, for that matter. And ditto for the day after, the day after that, and the day after that. Somewhere in the middle of that period of silence, we called once again, got voicemail once again and left a message inquiring if she was okay, because it wasn’t like her to ignore our calls. That one, too, was met with silence.

Perplexed, we called our friend who had recommended this gardener in the first place. That’s when we learned that this young woman, who was great at bringing flowers to life, was a few months away from bringing a child to life. Her advancing pregnancy was keeping her from doing the hard physical labor of planting, weeding, and nurturing that gardening requires. Fair enough. But why didn’t she simply tell us?

That’s where Hide and No Speak enters the discussion. Our gardener was still doing some gardening, but not as much, due to the strain it was taking on her condition. She had to choose which clients she would continue to work for, and which ones she would drop. We have a lovely garden, but it’s relatively small next to some of the massive ones that she was working on. So she chose by size, and ours fell off her routine. But—and here’s the amazing part, the Hide and No Speak part—she never communicated that to us. She simply stopped

working for us, and stopped returning our calls. Silence.

Feeling guilty or ashamed—I can’t say with certainty because she still hasn’t communicated with us for two months and counting—she hid and didn’t speak. Each day that she didn’t return our call, and each time we called and she didn’t return that call either, just added to the guilt and shame. And so she hid some more and went into silence more.

The mature way around Hide and No Speak, of course, is to come out of hiding and start speaking. It takes courage to do so. It takes courage to own up to previous hiding and to apologize for it. Most people who are victimized by Hide and No Speak are all too willing to forgive such behavior if given the chance. But most people who engage in Hide and No Speak never own up, and never surface. Instead they’re forced to write off the relationship, whether it’s a friendship or one of the business variety.

Scan the Rolodex of your relationships—or contacts list of your smart phone—and see if there are people in your personal or professional life who you are in Hide and No Speak mode with. See if you’d be willing to step up and own your incommunicado behavior. If you do, you’ll be set free of untold guilt and shame, and you’ll feel very relieved. You may even re-gain a friendship or a client to boot.

Cary Bayer is a coach, specializing in helping people create breakthroughs in their finances, careers, relationships, and sense of purpose. For more visit <http://carybayer.com>.

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My Mothers Addiction from page 9

to transition off of state assistance programs, clean up my credit, and purchase my first home. Today I am married; I have three beautiful children, a successful career, and a desire to impact the community. My brother and I also help to run a Chicano/Chicana support group through Community Bridges.

My oldest son is now fifteen-years-old and a source of inspiration in his own special way. He is active with a youth peer leadership group for the Mesa Prevention Alliance and openly shares his personal life experience of having an addicted mom. He had to endure the ups and downs but together we have rebuilt a family that celebrates recovery and embrace all that life has to offer. Today, he is helping to educate other youth about the dangers of drugs and alcohol and how to focus on living above the influence.

Together, we are celebrating the gifts of recovery and family is the strongest piece of that. Miracles do come true. Recovery is Possible.

Community Bridges is grateful that Dana was willing to share her personal story that highlights the ripple effect of addiction and recovery on individuals and their loved ones. She is a source of inspiration to so many people and we are proud of her. If you know someone who needs help getting sober, we are here to help.

Celebrate Recovery ~ Believe in Yourself ~ Inspire Others 24/7 Access to Care Line- 877-931-9142

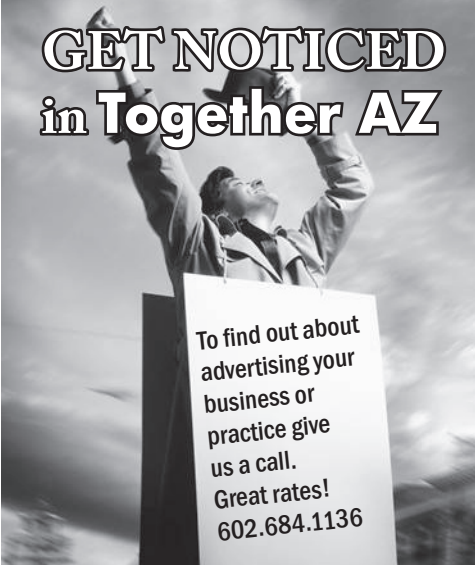
SAMHSA announces a working definition of “recovery” from mental disorders and substance use disorders

A new working definition of recovery from mental disorders and substance use disorders is being announced by the Substance Abuse and Mental Health Services Administration (SAMHSA). The definition is the product of a year-long effort by SAMHSA and a wide range of partners in the behavioral health care community and other fields to develop a working definition of recovery that captures the essential, common experiences of those recovering from mental disorders and substance use disorders, along with major guiding principles that support the recovery definition. SAMHSA led this effort as part of its Recovery Support Strategic Initiative.

The new working definition of Recovery from Mental Disorders and Substance Use Disorders is as follows:

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

“Over the years it has become increasingly apparent that a practical, comprehensive working definition of recovery would enable policy makers, providers, and others to better design, deliver, and measure integrated and holistic services to those in need,” said SAMHSA Administrator Pamela S. Hyde. “By working with all elements of the behavioral health community and others to develop this definition, I believe SAMHSA has achieved a significant milestone in promoting



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Where healing starts and the road to recovery begins.

greater public awareness and appreciation for the importance of recovery, and widespread support for the services that can make it a reality for millions of Americans.”

A major step in addressing this need occurred in August2010 when SAMHSA convened a meeting of behavioral health leaders, consisting of mental health consumers and individuals in addiction recovery. Together these members of the behavioral health care community developed a draft definition and principles of recovery to reflect common elements of the recovery experience for those with mental disorders and/or substance use disorders.

In the months that have followed, SAMHSA worked with the behavioral health care community and other interested parties in reviewing drafts of the working recovery definition and principles with stakeholders at meetings, conferences and other venues. In August 2011, SAMHSA posted the working definition and principles that resulted from this process on the SAMHSA blog and invited comments from the public via SAMHSA Feedback Forums. The blog post received 259 comments, and the forums had over 1000 participants, nearly 500 ideas, and over 1,200 comments on the ideas. Many of the comments received have been incorporated into the current working definition and principles.

Through the Recovery Support Strategic Initiative, SAMHSA has also delineated four major dimensions that support a life in recovery:

- **Health: overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way;**
- **Home: a stable and safe place to live;**
- **Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and**
- **Community: relationships and social networks that provide support, friendship, love, and hope.**

Guiding Principles of Recovery

- **Recovery emerges from hope:** The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.
- **Recovery is person-driven:** Self-determination and self-direction are the foundations for recovery as individuals

define their own life goals and design their unique path(s).

Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds ? including trauma experiences ? that affect and determine their pathway(s) to recovery. Abstinence is the safest approach for those with substance use disorders.

Recovery is holistic: Recovery encompasses an individual’s whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery

Recovery is supported through relationship and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person’s ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change.

Recovery is culturally-based and influenced: Culture and cultural background in all of its diverse representations ? including values, traditions, and beliefs ? are keys in determining a person’s journey and unique pathway to recovery.

Recovery is supported by addressing trauma: Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.

Recovery is based on respect: Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination — are crucial in achieving recovery.

For further detailed information about the new working recovery definition or the guiding principles of recovery please visit: <http://www.samhsa.gov/recovery/>

SAMHSA is a public health agency within the Department of Health and Human Services. Its mission is to reduce the impact of substance abuse and mental illness on America’s communities.

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
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
Scottsdale Intervention	480-588-5430
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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REAL ESTATE

LaRae Erickson	602-625-9203
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Events from page 8

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.

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Employment Opportunities.

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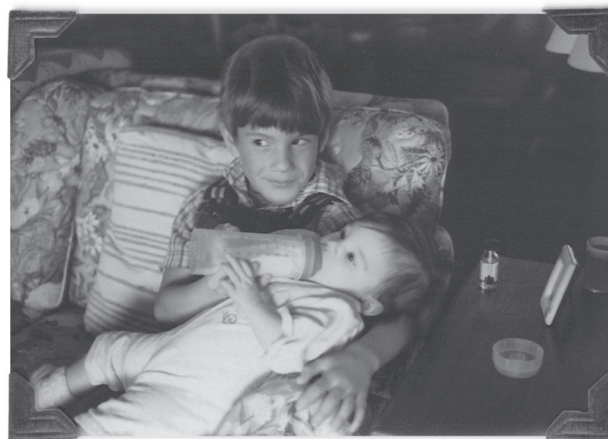
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