

# Together AZ

Inspiring Success On The Road To Recovery

V.1 — No. 11 — August 2010



Grace would serve you tea  
by Alan Cohen



Break Free from Self Sabotage  
by Sophia Deborah Erez, M.S.



Let's talk about Ethics  
by Bobbe McGinley

## Join the Movement!

By CYNTHIA HENRY, COORDINATOR  
ARIZONA STIGMA REDUCTION COMMITTEE

### Are you crazy? That's insane!

How many times have you heard or even said these things out loud without realizing their meaning or how they may affect others? Using this type of language perpetuates stigma toward those with a mental illness. It is particularly damaging on many levels when this language is used in the media or in national ad campaigns, which call people "crazy," "insane" and put them in straight jackets if they don't purchase the product.

Further, such advertising compounds a concern that many in the behavioral health community have—that stigma toward individuals with behavioral health and addiction disorders will dramatically increase as access to treatment and supportive services become more difficult to obtain in today's economic situation.

The good news is, it does not have to be this way—there are many things you can do to fight back against stigma! Awareness, knowledge, inclusion and compassion go a long way in breaking down stigma.

Did you know the Arizona Department of Health Services has a statewide stigma reduction initiative?

The Arizona Stigma Reduction Committee is one of the ways this initiative is being fulfilled in our state. In our effort to promote inclusion and reduce stigma, we bring diverse groups of people together to explore perspectives and experiences around stigma through Arizona Dialogues. We also provide community awareness and education through our speaker's bureau with presentations including speaker's with first hand stories of the what  
*Join the Movement continued page 10*

# WAKING THE TIGER

By PETER A. LEVINE, PhD

*This article is excerpted from the book **Waking the Tiger: Healing Trauma**. It has been edited for length and content.*

## Waking the Tiger: A First Glimmering

**T**rauma was a complete mystery to me when I first began working with it. My first major breakthrough in understanding came quite unexpectedly in 1969 when I was asked to see a woman, Nancy, who was suffering from intense panic attacks. The attacks were so severe that she was unable to leave her house alone. She was referred to me by a psychiatrist who knew of my interest in body/mind approaches to healing (a fledgling and obscure field at that time). He thought that some kind of relaxation training might be helpful.

Relaxation was not the answer. In our first session, as I naively, and with the best of intentions, attempted to help her relax, she went into a full-blown anxiety attack. She appeared paralyzed and unable to breathe. Her heart was pounding wildly, and then seemed to almost stop. I became quite frightened. Had I paved the yellow brick road to hell? We entered together into her nightmarish attack.

Surrendering to my own intense fear, yet somehow managing to remain present, I had a fleeting vision of a tiger jumping toward us. Swept along with the experience, I exclaimed loudly, "You are being attacked by a large tiger. See the tiger as it comes at you. Run toward that tree; climb it and escape!" To my surprise, her legs started trembling in running movement. She let out a bloodcurdling scream that brought in a passing police officer (fortunately my office partner somehow managed to explain the situation). She began to tremble, shake, and sob in full-bodied convulsive waves.

Nancy continued to shake for almost an hour. She recalled a terrifying memory from her childhood. When she was three years old she had been strapped to a table for a tonsillectomy. The anesthesia was ether. Unable to move, feeling suffocated (common reaction to ether), she had terrifying hallucinations. This early experience had a deep impact on her. Nancy was threatened and overwhelmed and, as a result, had become physiologically stuck in the immobility response. In other words, her body had literally resigned itself to a state where the act of escaping could not exist. Along with this resignation came the pervasive loss of her real and vital self as well



**"Unresolved trauma can keep us excessively cautious and inhibited, or lead us around in ever-tightening circles of dangerous re-enactment, victimization, and unwise exposure to danger."**

as loss of a secure and spontaneous personality. Twenty years after the traumatizing event, the subtle and hidden effects emerged. Nancy was in a crowded room taking the Graduate Record Examinations when she went into a severe panic attack. Later, she developed agoraphobia (fear of leaving her house alone). The experience was so extreme and seemingly irrational that she knew she must seek help.

After the breakthrough that came in our initial visit, Nancy left my office feeling, in her words, "like she had herself again." Although we continued working together for a few more sessions, where she gently trembled and shook, the anxiety attack she experienced that day was her last. She stopped taking medication to control her attacks and subsequently entered graduate school, where she completed her doctorate without relapse.

At the time I met Nancy, I was studying animal predator-prey behaviors. I was intrigued by the similarity between Nancy's paralysis when her panic attack began and what happened to the impala described in the last chapter of my book. Most prey animals use immobility when attacked by a larger predator from which they can't escape. I am quite certain that these studies strongly influenced the fortuitous vision of the imaginary tiger. For several years after that I worked to understand the significance of Nancy's anxiety attack and her response to the image of the tiger. There were many detours and wrong turns along the way. I now know that it was not the dramatic emotional catharsis and reliving of her childhood tonsillectomy that was catalytic in her recovery, but the discharge of energy she experienced when she flowed out of her passive, frozen immobility response into an active, successful escape. The image of the tiger awoke her instinctual, responsive self. The other profound insight that I gleaned from Nancy's experience was that the resources that enable a person to succeed in the face of a threat can be used for healing. This is true not just at the time of the experience, but even years after the event.

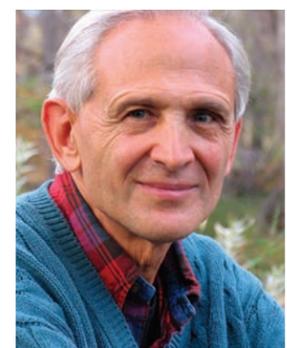
I learned that it was unnecessary to dredge up old memories and relive their emotional pain to heal trauma. In fact, severe

emotional pain can be re-traumatizing. What we need to do to be freed from our symptoms and fears is to arouse our deep physiological resources and consciously utilize them. If we remain ignorant of our power to change the course of our instinctual responses in a proactive rather than reactive way, we will continue being imprisoned and in pain.

Nancy became a heroine twenty years after her ordeal. The running movement made by her legs when she responded to the make-believe tiger allowed her to do the same thing. This response helped rid her nervous system of the excess energy that had been mobilized to deal with the threat she experienced during her tonsillectomy. She was able, long after the original trauma, to awaken her capacity for heroism and actively escape. Released from the debilitating effects that plague so many trauma sufferers, she was able to move on with her life. As the work developed I learned that the healing process was more effective if it was less dramatic, occurring more gradually. The most important lesson I have gleaned is that we all have the innate capacity to heal our traumas.

*Waking the Tiger continued page 12*

**ABOUT THE AUTHOR**  
PETER A. LEVINE, PhD



Peter A. Levine, PhD, Clinical Consultant for The Meadows, Melody House, and Dakota, has a background in medical biophysics, stress and psychology. He is the developer of Somatic Experiencing®,

a short-term naturalistic approach to the resolution and healing of trauma.

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# i · n · s · i · g · h · t · s

## Five Principles to Break Free from Trauma and Self-Sabotage

By SOPHIA DEBORAH EREZ, M.S.



Understanding how neurobiological effects of childhood trauma affect our adult relationships is the first step in healing. A trauma therapist shares five principles to break free from the automatic

responses that self-sabotage our lives. plates often include sensory information and cognitions coupled with physiological, affective, and behavioral responses that historically ensured our survival. The more complicated a person's trauma history, the more complex these templates are.

A loud sound, we jump. An approaching hand, we flinch. A hint of love or intimacy, and Sarah destroys it before it destroys her. Survive first and sort it out later.

Designed for evolutionary efficiency, this process happens in milliseconds, and Sarah reacts long before she understands what she is doing. Later she feels shame, which triggers feelings of low self-worth, which Sarah compensates for with cocaine, which triggers feelings of shame, and so on.

Eventually, Sarah did sort it out. Understanding the following principles helped Sarah to disrupt her cycle of self-harm. She found compassion for herself and the motivation to stay engaged in treatment.

responses that self-sabotage our lives.

The more we understand the neurobiological effects of trauma—and child abuse, including neglect, *is trauma*—the more we understand that our behaviors which cause us harm are often the result of biological adaptation to threat and not necessarily lack of willpower. When we learn to ask ourselves what it is we are doing to create safety in the present moment, miracles happen.

### A Case Study:

Let's take the example of 35-year old Sarah (name and details changed to protect identity), who abused cocaine and alcohol.

Sarah entered treatment after a seemingly benign argument with her boyfriend led to what she described as "a monumental meltdown." She ended the relationship with her boyfriend in an abusive manner, was fired from her job, and sank into a deep depression. Sarah wasn't willing to admit that she had a problem with chemical dependence, but she was willing to figure out "why I lose it and hurt all the people who are important to me." She was angry, defensive, and desperately trying to escape the shame she felt for her behavior. Sarah did not have much hope for herself.

Everything changed for Sarah when, with the help of individual trauma therapy, she acknowledged that the things she did that caused herself harm were actually her best attempt at creating safety in the present moment. Her troubling behaviors weren't the problem; they were a symptom of the problem: unresolved childhood trauma.

When Sarah was 8 years old, she returned from school to find that her "Nana," the caretaker she had known and loved since birth, had resigned without warning. Sarah's parents, who struggled with their own unresolved trauma, never discussed this loss with her. Unattended in her grief, young Sarah blamed herself for Nana's disappearance and developed the subconscious belief that loving someone leads to intolerable pain.

When sensing threat in the environment, the limbic system in our brain goes into action, searching for templates of past experience similar to our current situation. These tem-

Five principles to break free from trauma and self-sabotage:

1. **The behaviors we do that appear to sabotage our well-being are often our best attempt at creating safety in the present moment.**
2. **We do these things because, historically, they worked. Ironically, we know they worked because we are alive today and often struggle with how these behaviors are no longer helpful.**
3. **We cannot expect to stop utilizing the templates our nervous systems have learned to trust unless we have access to at least one other template that works just as well.**
4. **The healing process includes honoring what has outlived its usefulness, learning to pause when feeling threatened, and accessing healthier, more effective ways of sensing safety in the present moment.**
5. **The more moments we have of sensing safety in healthy ways, the more likely these "new" templates will become the default response in times of crisis and the more we learn to trust ourselves.**

Therapy and inpatient treatment can provide profound insight into automatic behavior responses and their causes while helping us

*SELF SABOTAGE continued page 3*

## publisher's note



## Identity Crisis

By BARBARA NICHOLSON-BROWN

When I first started attending 12 step meetings, I used to wonder why people kept identifying themselves as alcoholics or addicts. I mean, *really*, didn't they know why they were in the room, so why the need for the constant reminders? After a few weeks I finally had the courage to ask.

Of all the different opinions I was given, the one that resonated with me was simple.... it would be a way for me to feel part of the group. That no matter what my story was, I wasn't *that* unique, and in time, (hopefully) I would begin to feel more comfortable with my new life as a sober alcoholic, without shame, and ready to help someone else. Twenty years later, everyone who knows me, knows I am a woman in recovery.

But we are so much more than that what brought us through the doors. We are sisters and brothers, daughters and sons, mothers and fathers, employees and employers, wives and husbands. We're all ages, and races and sizes.

We are friends and family on this big journey. As Bill Brown always said, "We're all God's kids," with that in mind perhaps the identity crisis is averted.

### Waking the Tiger

A special thank you to The Meadows for providing us an excerpt from Peter Levine's, *Waking the Tiger: Healing Trauma*. *Waking the Tiger* offers a new and hopeful vision of trauma. *Waking the Tiger* normalizes the symptoms of trauma and the steps needed to heal them. People are often traumatized by seemingly ordinary experiences. Readers are taken on a guided tour of the subtle, yet powerful impulses that govern our responses to overwhelming life events. Bernie S. Siegal, M.D., author of *Love, Medicine & Miracles* and *Peace, Love, and Healing* said, "Every life contains difficulties we are not prepared for. Read, learn, and be prepared for life and healing."

### Attention Blog Readers

With all the talk about social media networking, advocate for mental health issues, actor and author, Christopher Kennedy Lawford now has an official blog, where readers can contribute their thoughts and ideas on the topic of addiction recovery. Read how you can become part of the conversation on page 6.

Enjoy this issue!

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**In gratitude and the memory of**  
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# relationships

By DR. DINA EVAN | WWW.DRDINAEVAN.COM

## And Then What?

**T**he moment you become a therapist and sit down with your first client, he or she will let you know how little you know. It's not deliberate or spiteful. It's just that no human being is the same, and no textbook formula will ever exactly fit any one person. In order to be a good therapist, you have to instantly get creative and forget much of what you've been taught, so that you can make room for the abundance of truths you will be taught by your clients.

For instance, one of my clients having gone through heinous child abuse and a grueling divorce, started drinking to numb her pain. Her drinking had gone on for several months, and being a person of deep convictions and morals, she was filled with dreadful shame about her behavior. A couple of weeks after deciding to check herself into a recovery program and become clean and sober, we talked about what she would do as the cravings and desire to numb out surfaced again. She hated the part of herself that had been lying; hiding and risking everything and everyone she loved.

One sure thing that has been proven over the years of doing therapy is that there is no part of us that is bad. There may be a part of us that is trying to get us out of pain, trying to keep us from facing the hardships in our life, or even a part that is keeping us in denial until we are strong enough to know the truth and deal with it in a safe way. So, this client and I decided to give the part of her that wanted to drink a voice, and we invited that part in for tea.

The dialog unfolds

Client: So why do you want to drink?

Drinker: It numbs the pain.

Client: Yeah, but then what?

Drinker: What do you mean?

Client: How do you feel when you are drinking?

Drinker: Awful, ashamed, disgusted with myself.

Client: And then what?

Drinker: And then, I want to drink more because I hate those damn feelings and I hate myself.

Client: How do you feel when you aren't drinking?

Drinker: Proud that I stopped, glad to stop lying and relieved that the hiding is over.

Client: It took a lot of courage on your part to check into that place and I could sure use

that kind of courage in my life right now. You have a powerful energy and I wonder if you'd be willing to use it to help us get through the hard times instead of drinking them away.

Of course, this dialog was longer and filled with a deeper discussion about the pluses and minuses of drinking— but you get the idea.

This kind of conversation goes on inside my client's heads a million or more times a week, and afterward, there are very often stops at Dairy Queen, Cold Stone or Starbucks at the end of these talks in lieu of a stop off at a Circle K.

Since this process was so effective for this client, I decided to start using it with other clients for their issues having to do with self-sabotaging, or self-destructive decisions. I automatically started using it with some of my issues...

and yes; indeed, we therapists have our own issues. It worked for me as well.

I started thinking how much easier it would be to simply ask the question, "And then what" before making any unethical decision or, any decision for that matter. If we really understood that every decision we make has only to do with our own character and our own path, and that ultimately we alone will bear the consequences, I wondered how our decisions might change.

Part of the reason this simple process is so effective, is that the moment we face a fear, or the opportunity life offers to do something unethical, or self-destructive, we instantly become stronger and bigger than the destructive energy and desire. The energy changes and the impetus is taken out of the desire to make a misstep. This process deals with the bio-chemical aspect of addictions and self-destructive behaviors as well, in that it creates a new neuronet in the brain that allows a space for alternatives, options and new choices. The biggest payoff, however, is that the part of us we often label evil or bad, becomes a best friend in the recovery process.

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

### SELF SABOTAGE from page 2

create new, chosen responses that honor ourselves and others. Commitment and effort are required to understand and change patterns of thinking and behavior. However, the return in peace of mind is a huge reward.

Sierra Tucson's Program for Sexual and Trauma Recovery helps many people find better understanding and new patterns for life. Specific groups for Trauma/Abuse or Sexual Compulsivity provide a safe environment to process experiences and create new ways of thinking.

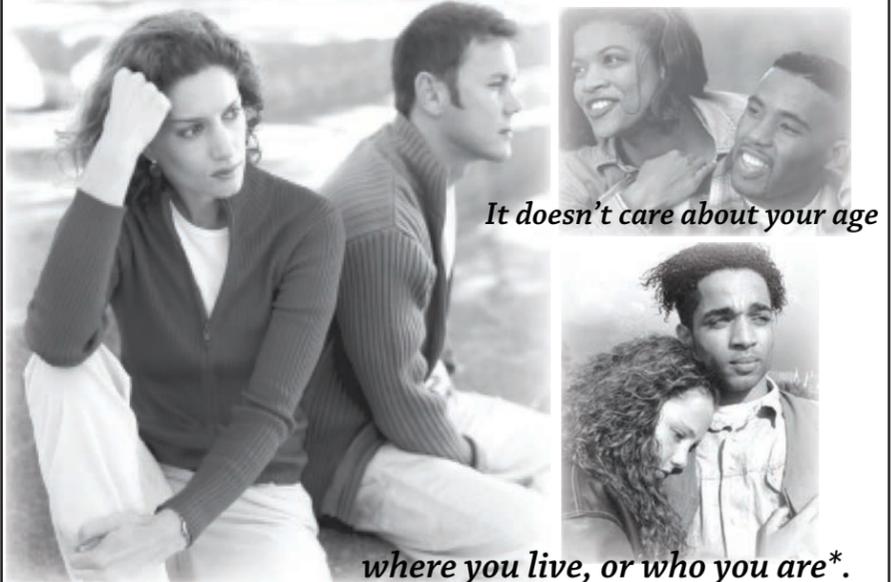
As Sarah began to work through her unresolved trauma, she learned that acknowledging what didn't go right in her childhood was not an excuse for her behavior but, rather, an opportunity to take responsibility for the wounded part of herself that was seeking safety. In doing so, Sarah became her own miracle.

*Sophia Deborah Erez, M.S., is a licensed therapist at Sierra Tucson. Combining neuro-*

*science, Attachment Theory, and the therapeutic modalities of EMDR and Somatic Experiencing®. Sophia helps adults who haven't always got what they need experience an integrated sense of safety so they may continue to grow and rediscover their full potential.*

*Sierra Tucson is a multi-licensed, accredited treatment center that is internationally respected as a leader in the treatment of addictions, behavioral disorders, and chronic pain. For over 25 years, Sierra Tucson has provided world-class treatment to thousands of people using some of the most progressive, effective therapies available. Its renowned Program for Sexual and Trauma Recovery provides integrated treatment for individuals suffering from the effects of abuse and trauma, post-traumatic stress disorder, and sexual compulsivity. For more information about Sierra Tucson, call 800-842-4487 or visit SierraTucson.com.*

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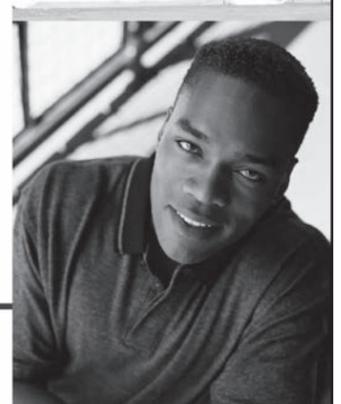
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# Ethics in the Counseling Profession

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

A critical stage in the development of any profession is the articulation of standards of competency and standards of ethical practice. Both are intended to protect the public from the power to do harm—as well as good— that is an inherent part of the professional role.

The addiction treatment field was slow in its development of ethical standards of professional conduct. Even when professional association certification bodies, and individual agencies developed codes of ethical conduct, they often represented little more than vaguely worded inspirational values, rather than explicit codes of professional conduct.

In the professional literature, scant attention was directed to ethical issues, and by 1985 there was still not a single text on this topic. On the front lines of service agencies, ethics consisted on two inconsistently followed maxims: “be careful about confidentiality,” and “don’t have sex with your clients—at least not while they’re ‘clients.’” Entering the mid 1980’s, the field had poorly developed ethical sensitivities, a weak foundation of ethical standards, no universally accepted model of ethical standards, no universally accepted model of ethical decision-making, and rare utilization of ethics-related disciplinary processes. The entire issue in the field’s early development focused on clinical ethics. It was virtually silent on ethical issues related to the business practices of treatment agencies. Those vulnerabilities would prove to be the Achilles Heel.

The ethical abuses that unfolded in the face of intensified competition were widespread and severe: unethical marketing practices, financially motivated and clinically inappropriate admissions, excessive lengths of stay, inappropriate re-admissions, excessive fees, and the precipitous abandonment of clients when they reached the limits of their financial resources. Treatment itself took on a more coercive quality, with a growing number of clients entering treatment under duress from courts, employers, schools and families. As competition tightened, some programs moved into questionable areas of specialized service, in an effort to sustain or increase patient census. Aggressively marketed programs for women, dual-diagnosis and cocaine treatment often masked the lack of significant expertise to conduct such services. Some programs’ migration beyond the boundaries of their education, training, and experience was further evidenced in their practice of embracing an ever-widening range of disorders under the addiction umbrella—conditions that ranged from codependency to eating disorders to sexual addiction.

As the insurance companies’ share of the cost of alcoholism treatment rose rapidly, insurance industry representatives began to focus closer scrutiny on the services they were paying for and the differences in costs between programs. Dan Anderson, former President of Hazelden, describes their conclusions: “Those paying for alcoholism treatment looked at programs whose costs ranged from \$135 a day to \$3,000, and on paper it looked like they were providing the same treatment. People began to ask, “My god, what kind of professional field is this?”

Efforts were made to respond to these growing breaches in conduct. In 1982, the National Association of Alcoholism Treatment Programs issued guidelines for promoting more ethical and responsible advertising of alcoholism programs. They called upon programs to refrain from criticizing alternative approaches, exaggerating success rates, and using advertisements that made recovery appear to be an easy process. There were also early voices of warning. By 1986, traditional treatment advocates such as James Kemper, Jr., were challenging the treatment industry to “get its act together.” Kemper warned that the rapid proliferation of treatment programs was creating a climate ripe for “fringe operators” and “grifters and thieves” who could do great harm to the integrity of the addiction treatment industry. Alarms also came in the form of the field’s first two texts on ethics: LeClair Bissell and James Royce’s *Ethics for Addiction Professionals* and William White’s *Critical*

*ETHICS continued page 12*

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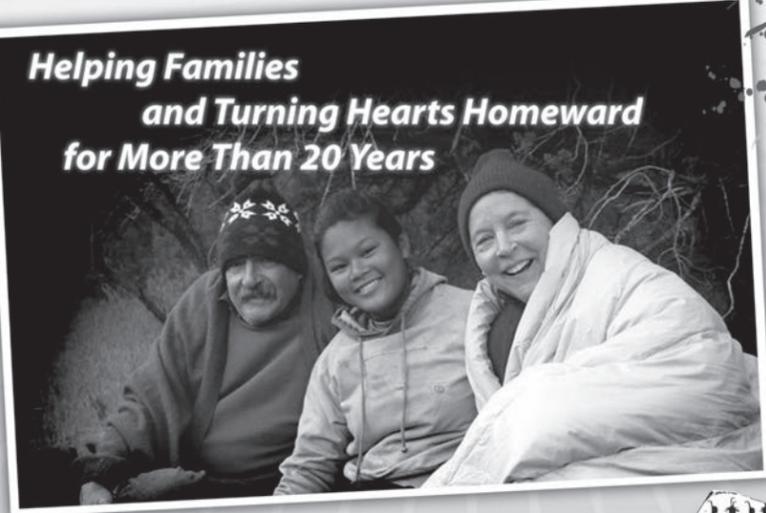
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# Down to Earth

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## Hot Dogs in Applesauce?

A childhood friend of mine, as an adult, mentioned eating hot dogs in applesauce and I interrupted her with an incredulous, “You ate what?!” She repeated it as if it were the most normal meal available and I told her it was not a popular choice. She was absolutely convinced that her experience was average and that I had an impoverished childhood, having never enjoyed hot dogs in applesauce.

I was already a licensed psychologist by that time and I assured her that I had a grip on what was normal to feed a child and that her experience was not normal. She did not believe me, despite our more than 30 years of friendship. I insisted I was right and she did the same.

Eventually, we each agreed to survey 50 people about whether or not they had ever had that combination and that we’d let the results of the survey speak for themselves. As she conducted her surveys, she got reactions ranging from disgust to hysterical laughter and she quickly abandoned the survey and just called her mother to ask her what the deal was with that dish.

Her mother calmly explained that when she cooked hot dogs, my friend would burn herself eating them when they were still too hot, rather than waiting for them to cool down. Eventually, the mother learned to put them in cool applesauce to reduce the harm my friend was causing herself.

My friend was appalled. Not only was she going to have to call me and tell me that I was right, she also had to accept that a favorite childhood dish of hers was just something her mother made up, not something she could reminisce about when other grown children began fondly recalling favorites.

Next my friend confronted her mother about why the mother didn’t just let the hot dogs cool down before giving them to her. Puzzled, she thought about it for a moment and then remembered that her own mother had been helping her and that when grandmother watched the child burn herself, she confidently suggested the “hot dogs in applesauce” solution and the young mother never questioned it.

It’s unfortunate that the grandmother wasn’t around to ask her where she got it

from, but hopefully you still get the picture.

***“I was already a licensed psychologist by that time and I assured her that I had a grip on what was normal to feed a child and that her experience was not normal.”***

Whatever you tell someone, if they respect you and think you know more than them, they’ll believe you, no matter how weird it is.

Children believe in Santa Claus and God because their parents say they exist. They believe in the Boogeyman and The Man with the Golden Arm because their older brother solemnly tells them ghost stories. They believe they aren’t good at math if their 3rd grade teacher says they aren’t. They believe they can’t get pregnant the first time if their older, sophisticated boyfriend tells them that’s true. They believe that marijuana is no big deal if their pretty, popular girlfriend smokes from time to time and still maintains her grades.

Because children, teens, and young adults will believe almost anything said with conviction by someone they admire, it is extremely important that parents, aunts, and uncles, grandparents, teachers, and other role models pay very close attention to the messages they send to children.

One off-handed remark could flavor a child’s opinion of himself for the rest of his life. Something meant as a joke could do long-term damage. A disparaging nickname, meant to be funny could erode self-esteem. A bit of flippant advice could get stuck in a child’s psyche until such time as evidence to the contrary becomes overwhelming or six months of therapy, whichever comes first.

*Dr. Marlo Archer is a licensed psychologist specializing in working with kids, teens, and their families. She can be reached at [www.drmarlo.com](http://www.drmarlo.com) or 480-705-5007. Follow Down To Earth Enterprises on Facebook or DrMarloArcher on Twitter.*

## NEWS

### The Ranch joins Promises Treatment Centers and Parent Company Elements Behavioral Health

Elements Behavioral Health, parent company of Promises Treatment Centers, announced the acquisition of The Ranch in Nunnally, Tennessee.

The Ranch is a multidisciplinary program that offers comprehensive treatment for alcohol and drug addiction, eating disorders, trauma, and codependency in gender-specific programming. Located on a working horse ranch in the beautiful rolling hills 45 minutes southwest of Nashville, The Ranch offers an ideal location for experiential-based therapeutic services.

“Elements Behavioral Health is pleased to include the Ranch in its family of programs. The Ranch expands the treatment services of Elements to include primary eating disorder and trauma treatment. Their unique therapeutic program, which includes equine-assisted therapy, challenge courses, Native American spirituality, and wilderness experiences, helps individuals achieve lasting improvement and personal change. The experiential nature of the program and compassionate caring of the Ranch staff bring to Elements a unique and powerful way to help those who thrive

in a more natural environment,” said Dr. David Sack, CEO and President of Elements Behavioral Health.

“Having known and respected the Ranch’s staff and programs for over 10 years, I am very excited to be working with and representing them. Their creative and spiritual approach, at an affordable price, is a welcome addition to Promises and the Elements Behavioral Health family,” said Keith Arnold, VP of Operations at Elements.

The founder of The Ranch, Lee McCormick, started The Ranch in 1998 because he wanted to create a healing environment with a holistic and spiritual approach to the treatment of addiction.

“I have never seen a greater opportunity for a group of individuals to combine talents, experience, and vision for the greater benefit of all seeking healing and recovery,” said Lee McCormick. “The Ranch and Elements together embody the honesty, open mindedness, and willingness that is the foundation of recovering our integrity and freedom.

Cheryl Brown, Executive Director of The Ranch, who has worked in the addiction and behavioral health field for 30 years, said, “The Ranch resonates with my personal beliefs around the effective tools needed to impact the life challenges I often see presented in



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## NEWS

our clients. Elements subscribes to the same philosophy—embracing treatment that addresses the emotional, psychological, physical, and spiritual issues of each client.”

Elements Behavioral Health aims to fill the gaps in mental health treatment between inpatient and outpatient psychiatric services; in co-occurring mental health and substance abuse disorders; and between traditional and alternative settings to help clients with behavioral health issues. The goal is for sustainable recovery and well being with permanent life change and lifestyle improvement and not just symptom reduction. Our focus is not only on the patient, but on the health and support of the family system. Learn more about The Ranch at [www.recoveryranch.com](http://www.recoveryranch.com), 800-849-5969, and the Promises at [www.promises.com](http://www.promises.com), 866-390-2340.

### Tech and Drugs and Rock and Roll

Websites are marketing music that developers claim can produce a drug-like high, *Psychology Today* reported July 14. The so-called iDozer (or i-doser) tunes are based on the 19th-century discovery of “binaural beats” —paired tones played at different frequency that have long been used to research hearing and sleep and treat anxiety. Some claim that the sounds also can increase dopamine and beta-endorphins, like drugs.

“With all the truly dangerous drugs out there accessible by your kids, I’d place Idozer on the low priority list for now,” writes blogger Ron S. Doyle. “But if you happen to notice that your teenager has stopped listening to Tokyo Hotel or Timbaland and started listening to mind-numbing pink noise, perhaps it’s time for a mature dialogue about the source of their motivations.”

NEWS continued page 8



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## Join the Conversation

New recovery blog encourages readers to be part of the discussion

Christopher Kennedy Lawford is a nationally recognized speaker, author, and recovery advocate for critical mental health issues facing our society today. Through his passion and commitment to the issues of substance abuse, Hepatitis C and mental health, Lawford is now sharing his views via a new blog. Each month *Together AZ* will feature a post within these pages.



Currently, he holds positions as a Public Advocacy Consultant for Caron Treatment Centers and a National Spokesperson for a Hepatitis C public awareness campaign. He spends his time writing, acting and speaking around the world on health issues. Lawford's second book, *Moments of Clarity*, came out in January 2009, a book

of spiritual epiphanies enabling those that had them to move from addiction to recovery.

Here is a recent post:

### Where Are All the Billboards?

I found myself walking through LAX last week on my way to Vancouver to meet with the Health Minister of British Columbia to talk about the desperate need the British Columbia community has for treatment facilities and to speak at a fundraising dinner for my friends at Turning Point who do such amazing things helping people move into a new life of recovery. Anyway, while walking through the

terminal I noticed 2 giant signs for Best Buddies, one with Cindy Crawford and a couple of kids and another with Tom Brady and a couple of kids. Best Buddies was started by my cousin Anthony Shriver and helps people with intellectual and developmental disabilities find jobs, enhance their leadership skills and build friendships. I was glad to see the signs, but it struck me that I never seen anything like that dealing with recovery. I see some signage and advertising around the DISEASE.

because we don't need to do it? Has nobody thought of anything that might be helpful, or maybe it's because the only way to look at this challenge is to treat the active addiction. After that's accomplished your done, but all of us in recovery know that is just the beginning. Where is the infrastructure to support people in their new life? I mean, the 12 steps do a lot, but is it enough? Maybe those of us in recovery don't believe that we deserve to be out in the world. Maybe we are the ones that look at our disease as a moral failing. Maybe Nancy Reagan was right and you just get on with it. For me that is not acceptable, and I wanted to know why there aren't any billboards offering people who are walking a new path the services, support and encouragement they deserve.

Sign up now by registering at <http://chrislawford.wordpress.com>. Readers comments are welcomed, and be sure to tell your friends.

*"Where is the infrastructure to support people in their new life? I mean, the 12 steps do a lot, but is it enough? Maybe those of us in recovery don't believe that we deserve to be out in the world."*

I see people selling cures they don't have and I see covert messages to call such and such a number if you or someone you love needs help, but there's nothing about promoting or sustaining recovery. I wondered why. Is it

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## WORKSHOPS | EVENTS | SUPPORT

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

### AUGUST EVENTS

**AUG. 4—FREE—ST. LUKE'S BEHAVIORAL HEALTH** Center Clinical Breakfast Series. 8:00-9:00 a.m. *Christina Kahl CTRS & Brianna Schmitz MT-BC, Benefits and Application of Adjunctive Therapies* Behavioral Health Center Auditorium, 1800 E. Van Buren. Free CEU. Breakfast, networking. Chip Coffey, 602-251-8799. [pcoffey@iasishealthcare.com](mailto:pcoffey@iasishealthcare.com).

**AUG. 12—Tucson—“Talking About Sex: A Sexual Health Approach to Improving Drug and Alcohol Treatment,”** by Douglas Braun-Harvey, MFT, CGP, AASECT-Certified, 8-10 a.m. Arizona Inn. Professionals are invited to the Tucson Area Professionals' Networking Breakfast, sponsored by Sierra Tucson, Pia's Place, Prescott House. 2.0 Contact hours. \$15 pre-registration requested (\$25 at door). For information and registration, visit [www.SierraTucson.com](http://www.SierraTucson.com).

**AUG. 22-26—Loews Ventana Canyon, Tucson. 42nd Annual Southwestern School for Behavioral Studies,** Presented by **EMPACT-SPC. “The Mindful Self in Recovery: Building Healthy Communities One Person at a Time”.** Registration is open! Details and registration at [www.azsws.org](http://www.azsws.org) or contact [michele.brown@empact-spc.com](mailto:michele.brown@empact-spc.com) 480-784-1514 x1508

**AUG. 23—7:00-8:30 p.m. 2010 FREE LECTURE SERIES. THE MEADOWS** presents—**“ACCEPTANCE and the CORE ISSUES”** with Nancy Bailey, MS, ICCDP, CET II. For information: Meagan Foxx 866-633-5533, 602-531-5320.

**AUG. 27-29—18TH ANNUAL PAYSON ROUNDUP,** Serenity Under the Rim. For details call 928-474-3620 or visit [www.paysonaa.com](http://www.paysonaa.com).

**AUG. 30-SEPT. 3 —Tucson — Cottonwood de 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, priorities, and sense of self. Facilitated by **Rokelle Lerner.** Visit [www.cottonwoodtucson.com](http://www.cottonwoodtucson.com) or call Jana at 520-743 2141. Email at [jzeff@cottonwoodtucson.com](mailto:jzeff@cottonwoodtucson.com) for information and registration.

**SEPT. 1 — 5—Tucson—Certified Sex Addiction Therapist (CSAT®) Training** for professional therapists, presented by IITAP/hosted by Sierra Tucson at Sierra Tucson and Tucson El Conquistador Golf and Tennis Resort. Training Facilitators: Patrick J. Carnes, Ph.D.; Kenneth M. Adams, Ph.D., CSAT; and Tami VerHelst, Vice President, IITAP. For information and registration, visit [www.SierraTucson.com](http://www.SierraTucson.com).

**SEPT. 3 — 5—2010 Arizona State Convention, Practicing AA Principles.** Sheraton Crescent Hotel, 2620 W. Dunlap, Phoenix. For details 480-215-7956, email [conventionchair@area03.org](mailto:conventionchair@area03.org).

**SEPT. 8—Phoenix—“The Enneagram and 9 Points of View Toward Recovery”** by Renee Siegel, M.A., LISAC, NCGC-II, BACC, LMT, 8 - 10 a.m. at Pointe Hilton Squaw Peak Resort. Professionals are invited to the Phoenix Area Professionals' Networking Breakfast, sponsored by Sierra Tucson Pia's Place, and Prescott House. 2.0 Contact hours \$15 pre-registration requested (\$25 at door). For information and registration, visit [www.SierraTucson.com](http://www.SierraTucson.com).

**SEPT 20-24 —Tucson — Cottonwood de Tucson**

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### LOOKING AHEAD

**DEC. 10—Phoenix—“Gratitude for Giving” Celebration,** 8:30 a.m. Arizona Biltmore. Join us in honoring professionals in the Phoenix area for their years of giving to others. Visit [www.SierraTucson.com](http://www.SierraTucson.com) for more nomination/registration information.

### ON GOING SUPPORT

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

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

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

**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**

**FAMILIES ANONYMOUS—**12-step program for family members of addicted individuals. Two locations: Phoenix and Scottsdale. For details call 800-736-9805.

**PILLS ANONYMOUS —**Tues: 7:00 p.m., Glendale Community Church of Joy, 21000 N. 75th Ave. Tuesday: 7:00 pm, 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: 7:30 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 or email: [larrydaily@chandlercc.org](mailto:larrydaily@chandlercc.org).

**DEPRESSION AND BIPOLAR SUPPORT ALLIANCE** Maricopa West Chapter announces peer support groups. A new Military and Vets group begins at the VA Hospital. 480-593-4630.

*continued on page 11*



## From the Heart

By ALAN COHEN

[WWW.ALANCOHEN.COM](http://WWW.ALANCOHEN.COM)

## Grace would serve you Tea

While visiting Japan I had a breakfast meeting with my Japanese sponsor at a resort hotel. Sitting in a corner of the dining room, our meeting went on beyond the time breakfast was served, and the staff was cleaning the dining room tables. I felt bad about occupying a table during the cleaning period, but no one said anything, so my sponsor and I continued.

Our meeting went on into the time that the lunch buffet opened, and I thought for sure we should leave, since the buffet was expensive and the hotel might think we were trying to stay for a free lunch. At that point a waiter came to us, carrying a tray. I thought he was going to ask us to leave, but when I looked at the tray, I saw that he was bringing us a tea service. “I thought you might like some refreshment,” he told us as he served us graciously.

I was deeply touched by this thoughtful act. My mind had gone into guilt about overstaying our welcome, but the waiter's mind went to kindness and consideration.

A *Course in Miracles* tells us that there are only two belief systems: love and fear. Every thought we have, feeling we feel, and act we do proceeds from one of those worlds or the other. Guilt, owingness, and punishment are the offspring of fear. Innocence, grace, and relief issue from love. At every moment you are choosing between the two and reaping the resultant experience of the choice you have made.

We have heard a lot about the Law of Karma, but not so much about the Law of Grace. I often hear people rationalize their ills by saying, “I guess this is just my karma I have to pay off.” Or, “He deserves that. It's his karma.” We are too prone to use karma to justify pain, when we could use grace to justify our release from pain.

We have made up lots of stories about God, many of which we use to hurt ourselves. Voltaire said, “God created us in His image and likeness, and we returned the compliment.” Someone else said, “If God is who we think He is, He could use a course in anger management.” Perhaps it is time to make up a new story about God, one closer to the truth of a love.

We are often harder on ourselves than others are harder on us. Friends usually have more space for our humanness than we do. After I had scheduled a massage, another meeting came up and I had to change my massage appointment. Then my schedule changed again and I needed to call my mas-

sage therapist John to change the appointment again. “I'm terribly sorry for having to reschedule again,” I told him. To my surprise, John answered, “That's all right. If you need to change it again, just let me know.”

I was stunned. I had held myself in judgment for inconveniencing John, when he supported me to do what I needed to do. Now, many years later, when someone needs to change an appointment with me and I start to feel disappointed or irritated, I remember the grace John showed me and I try to pass it along to my friends and clients.

To put grace into action we need to re-frame what we believe are our sins or those of others. We can see such acts as simply errors or purposeful experiences that help us grow. “Sin” is an acronym for Self Inflicted Nonsense. We make up all kinds of stories about how we are guilty for this and we deserve to suffer for that, when our pain comes not from God, but from our self-fulfilling prophecy. It's time to make up a better prophecy that brings us relief rather than travail.

### Try this exercise

If you would like to do an uplifting exercise to undo fear, guilt, and blame, take a piece of paper and write down everything you think is wrong about you, your life, and those around you. List physical, relationship, financial, and spiritual issues, and anything else you can think of that you hold yourself, others, or the world under the onus of negative judgment. Then hold the paper between your hands and pray sincerely. “Dear God, please let me be wrong about all of this.”

Your prayer is answered instantly because your judgments about what is wrong are wrong. When you are intent on being right about what is wrong, what is wrong stays wrong. When you are intent on being right about what is right, what is right expands and gets better.

You made up the world you see. You can re-make it up if you choose. Love or fear there are no other options. Fortunately, what you see through the eyes of love is real, and all that you see through fear is born of illusion. When fear is ready to kick you out, grace would serve you tea.

Alan Cohen is the author of the bestselling *The Dragon Doesn't Live Here Anymore* and his new metaphysical thriller *Linden's Last Life*. For more information about Alan's books, programs, his radio show *Get Real* on Hay House Radio, or his free daily inspirational quotes via email, visit [www.alan-cohen.com](http://www.alan-cohen.com), email [info@alancohen.com](mailto:info@alancohen.com), or phone 1 800 568-3079 in the US or 808-572-0001.

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#### NEWS from page 5

#### Mixed Results for High School Drug Testing

High-school students who face mandatory drug testing may be less likely to use drugs in the short term, but the protective effect doesn't last, according to a new U.S. Department of Education study.

*USA Today* reported July 18 that a survey of students at 36 schools found that 16.5 percent of students who attended schools that received federal grants for drug testing used illicit drugs, compared to 21.9 percent of students at other schools. Students also said that drug-testing requirements didn't discourage them from participating in extracurricular activities.

However, drug-use rates were identical among students at testing- and non-testing schools who did not take part in extracurricular activities, suggesting that drug testing of student athletes and leaders did not have any influence on the behavior of other students.

Also, students at both types of schools were equally likely to say they planned to use drugs in the future.

#### Addiction, Mental Illness Lead to Millions of ER Visits

Patients with addiction or mental-health related problems accounted for 12.5 percent of all hospital emergency-room visits by adults in 2007, according to a report from the U.S. Agency for Healthcare Research and Quality.

The *Los Angeles Times* reported that 12 million ER visits annually were caused by addictions or mental illness; of these, 66 percent involved mental-health problems, 25 percent involved alcohol or other drug abuse, and 9 percent involved both. The hospitalization rate for these patients were 41 percent, more than 2.5 times the rate for other patients.

The most common causes of addiction and mental-health admissions to emergency departments were mood disorders, anxiety disorders, alcohol disorders, drug disorders, schizophrenia and other psychoses, and intentional self-harm.

#### The Anti-Bars: Token Clubs

People in recovery often face a social dilemma: where to hang out when bars and

clubs must remain off-limits. For many, so-called Token Clubs provide an answer—and a safe haven—the Louisville Courier-Journal reported.

Louisville, Ky.'s *West End Token Club*, for example, serves coffee and soda instead of alcohol, and patrons meet for sober dates, not pickups. The former bar, open daily from 9 a.m. to 9 p.m. and featuring a big-screen TV and space for 12-step meetings, is owned by recovering alcoholics and addicts.

"We can't go around old people and places," said co-owner Charles McGinnis.

NEWS continued page 12

**Quick Fact:**  
 Arizona SADD just launched an all new website!  
 The new site will be getting updated frequently along with their Facebook, Twitter, and Myspace pages to bring the latest news from Arizona SADD as well as great resources.  
[www.azsadd.org](http://www.azsadd.org)

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# Choices and Consequences

*Many people arrive in treatment as victims. We are victims of our circumstances, victims of our perpetrators, victims of our karma, of our own poor choices, the list goes on.*

By LISA OVERTON

A friend of mine who is a bus driver told me about a passenger who was being unruly on the bus. The passenger told the driver that if he didn't go faster, the passenger would miss getting to the methadone clinic on time, he would be forced to go buy some heroin, and it would be the bus driver's fault. And if he had to rob someone to get the money, that would be the driver's fault too.

During group a client revealed the reason for her presence in treatment. Her parents died in a tragic accident when she was a child. She was then forced to live with relatives who abused her and treated her like a modern-day Cinderella. These unscrupulous relatives took the money she had received from her parents' estate and the money that she was receiving from the government and used it to add on to their home and to purchase a sailboat for themselves. Friends at school introduced her to alcohol and drugs so she began using as a way to escape the pain and loneliness of her situation. She hooked up with an abusive man and moved in with him. Together they had several children but Child Protective Services took them away because of the violence and drug use in the home. Her boyfriend was arrested for selling drugs and she began prostituting in order to support her drug habit.

The other clients asked her how long since she had lived with the abusive relatives. "Ten years," she answered. How long ago was her boyfriend arrested? "Two years." Group members asked, "What took you so long to come here?"

Many people arrive in treatment as victims. We are victims of our circumstances, victims of our perpetrators, victims of our karma, of our own poor choices, the list goes on. Usually treatment is the last stop on our road to ruin. We have lost much of the ability to make choices for ourselves. We were forced by our addiction to our substance or behavior to live in pursuit of the next high. As Narcotics Anonymous says, "We lived to use and used to live."

When we are actively in our addiction, circumstances and other people are always to blame for our situation. Some people in early recovery continue to complain and whine about their circumstances, and to wallow in their problems. Many blame their problems on "him" or "her" or "them." They spend their life allowing the people who victimize them to control the way they feel about themselves. It can take a very long time to realize that they are not victims but volunteers. Having lived so long without choices, they lose the knowledge that they have the ability to make them.

Recovery is a process. One important question to ask a new client is "What are you going to do about it?" If they balk at making choices for themselves, they can be guided and supported in accessing services and avail-



ing themselves of resources.

Another thing to be learned is how to change one's point of view. Instead of thinking "I have to..." They can replace this with "I get to..." I like to tell the story of when I was a teenager locked up in Juvenile Hall in New Jersey. At that time juvenile offenders were locked in our rooms for 8 of the 15 hours that we were awake during the day. We were allowed out for meals and an hour or two of television in the dayroom. We never stepped outside the building. I begged the COs to let me take the trash out, just so I could breathe real air. Now I have a home and a family and I find myself complaining about having to take out the trash. When I remember my past circumstances, I am grateful that I have a home and I have trash along with the ability to take it out and the money to pay the garbage-removal service.

Quality treatment imparts to the client the knowledge that they have the ability to choose. Along with choices come consequences. Being able to predict possible outcomes and make good choices is a developmental skill in which many people are lacking. So is taking responsibility for the consequences of those choices. Maybe people who learn this in childhood grow up and don't need drugs or alcohol or therapy to get along in life.

In recovery we get to identify our problems and learn how to solve them.

- We learn how to ask for and receive help.
- We make our choices and we live with our consequences.

If we don't like where we are and what is happening, what are we doing to change our circumstances?



Lisa Overton is a monthly contributor to California Together. She is a Board Member of A New PATH (Parents for Addiction Treatment and Healing). Email her at [lisa@californiatgether.com](mailto:lisa@californiatgether.com).

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# Troubled teens need proven intervention, not boot camp

By MICHAEL J. MERCHANT

## Seven questions to help parents find a safe and effective alternative

The decision to seek help for a struggling child is one of the most difficult and important choices a parent may face. When inpatient or residential treatment is recommended, parents must consider a variety of options—from psychiatric hospitals, to alternative or therapeutic boarding schools, to wilderness treatment or outdoor behavioral healthcare providers, to “tough-love” programs. With few resources to aid them, desperate parents are often confused. Many are troubled by the well-publicized tactics of a few programs using an in-your-face, boot camp philosophy.

### How do caring parents find the program most appropriate for their child and family?

They must first understand that not all inpatient and residential programs are alike.

Some boot camp-oriented programs employ degrading confrontation, deprivation of basic needs, and a philosophy advocating that resistant teens must be broken down before they can be helped. These programs only hurt children and further alienate them from their parents.

There are, however, residential and outdoor behavioral healthcare providers who offer nurturing and caring environments with evidenced-based psychotherapy, drug and alcohol counseling, parent education, social-skills training, and other proven interventions. When outpatient therapy is unsuccessful, these programs can help facilitate change, strengthen families, and even save lives.

To know the difference, parents should ask the following questions:

- **How does the program regard the children it serves?**

According to researchers, a key success factor in the effectiveness of any treatment intervention is the “therapeutic alliance”—the relationship between the caregiver and child. If the caregiver regards a child as a person of worth and potential, they are more likely to understand and treat the child in a way that he or she would want to be treated in similar circumstances. The caregiver who regards a child as a problem—or inferior—is less likely to be responsive to the child’s needs.

Perhaps most importantly, the nature of the caregiver also determines the influence of

the caregiver’s interventions. Because children can sense our motives, they are more likely to cooperate with a caregiver who understands and be resistant to a caregiver who is trying to manipulate or change them.

When a teen is resistant in a program where caregivers regard children as problems to be fixed, caregivers feel justified in using punitive tactics to obtain cooperation. This only provokes more resistance and escalates risks of injury or even death. Parents should ask, “How will your program respond if my child does not cooperate?”

- **Does the program have the competencies to effectively treat the needs of your family and child?**

Whenever possible, parents should seek an independent assessment by a qualified professional before placing a child in an inpatient or residential program. This can aid the family in finding the most appropriate intervention.

Some diagnoses are effectively treated by programs skilled in behavioral therapy and parental education. Others may require psychiatric care and in some cases medication. The best programs provide comprehensive aftercare planning and follow-up.

- **Does the program involve parents and align with your family’s personal values and belief system?**

Each child is part of a family-family relationships will carry on long after program completion. Troubled teens often use their strained or severed family relationships to justify self-destructive behavior. Effective programs will provide resources and tools to help heal family relationships and will not divide children from their parents by promoting conflicting values or beliefs.

- **Is the program regulated by a licensing and/or accrediting body?**

To maintain state licensure or national accreditation, a program is required to meet approved standards of care, report incidents, and be subject to periodic (often unannounced) on-site reviews and audits. Parents should contact licensing and accrediting agencies to learn of the program’s safety record and current standing.

- **Are therapy and medical care provided by independently licensed practitioners?**

Independent licensure requires education, training, supervision, and verification of competency. Thus, the employment of licensed therapists and medical professionals provides programs with an additional level of accountability. Registered nurses, board-certified psychologists, and licensed social workers are not likely to place their own licenses in

jeopardy by working for a program that uses questionable practices.

- **Does the program allow confidential communication to family and child protective services?**

Programs must give children a way to freely and confidentially communicate concerns of abuse or neglect with parents and regulatory agencies.

- **Can the program provide you with independent outcome statistics?**

In addition to informing parents and professionals of program effectiveness, independent outcome research is often an indicator that the program is actively engaged in continuous program-improvement initiatives.

Parents can learn more about programs and best practices through the



National Association of Therapeutic Schools and Programs ([www.natsap.org](http://www.natsap.org)) and the Outdoor Behavioral Healthcare Industry Council ([www.obhic.com](http://www.obhic.com)).

*Michael J. Merchant is president of ANASAZI Foundation, a non-profit and nationally accredited outdoor behavioral healthcare provider. He serves as chairman of the Outdoor Behavioral Healthcare Research Cooperative ([www.obhrc.org](http://www.obhrc.org)) and is a frequent lecturer on standards of care and the importance of effective parent-child communication. Mr. Merchant has chaired numerous councils and committees focused on best practices for adolescent behavioral healthcare providers. In 2004, he developed the communication component at the heart of the Emmy-nominated “Take the Time to Talk” substance-abuse awareness and prevention campaign. Visit [www.anasazi.org](http://www.anasazi.org) or call 480-892-7403.*

## WHEN YOU NEED HELP

### PHOENIX / VALLEY AREA

ACT Counseling & Education	602-569-4328
AZ NicA	480-990-3860
Alcoholics Anonymous	602-264-1341
Al-Anon	602-249-1257
ACA	602-241-6760
Anasazi Foundation	480-892-7403
Aurora Behavioral Health	623-344-4400
AZ Office of Problem Gambling	800-NEXTSTEP
AWEE	602-258-0864
Banner HELP LINE	602-254-4357
Bipolar Wellness Network	602-274-0068
CCARC	602-273-9999
Cocaine Anonymous	602-279-3838
CoDA	602-277-7991
COSA	480-232-5437
Commun. Info & Ref	602-263-8856
Community Bridges	480-831-7566
Cottonwood de Tucson	800-877-4520
Crisis Response Network	602-222-9444
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
The Promises	866-871-3149
Rape Hotline (CASA)	602-241-9010
Remuda Ranch	800-445-1900
Runaway Hotline	800-231-6946
Sexaholics Anonymous	602-439-3000
Sex/Love Addicts Anonymous	602-337-7117
Sex Addicts Anonymous	602-337-7117
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
Stonewall Institute	602-535-6468
Teen Dating Violence	800-992-2600
TERROS	602-685-6000
WINR	480-464-5764

### TUCSON

Alcoholics Anonymous	520-624-4183
Al-Anon	520-323-2229
Co-Anon Family Groups	520-513-5028
Cocaine Anonymous	520-326-2211
Cottonwood de Tucson	800-877-4520
Crisis Intervention	520-323-9373
Information Referral Helpline	800-352-3792
Half-Way Home	520-881-0066
Narcotics Anonymous	520-881-8381
Nictone Anonymous	520-299-7057
Overeaters Anonymous	520-733-0880
Sex/Love Addicts Anonymous	520-792-6450
Sex Addicts Anonymous	520-745-0775
Sierra Tucson	800-842-4487
Suicide Prevention	520-323-9372
Surv. of Incest Anonymous	520-881-1794
Tucson Men’s Teen Challenge	520-792-1790
Turn Your Life Around	520-887-2643
Workaholics Anonymous	520-403-3559



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**The Details:**

15 weeks long | \$60 per group | Located at the Chinese Cultural Center in Phoenix, off of the 202  
Convenient afterwork hours for your busy schedule | Monday evenings 7-9 PM

**Starts September 6th, 2010 - sign up now!**

**Contact Jason at 602-309-0568, or visit [www.phoenixmenscounseling.com](http://www.phoenixmenscounseling.com)**

*Join the Movement from page 1*

stigma can do. To help reduce stigma, the Committee offers these suggestions:

- **Watch your language** – Contrary to the popular rhyme that "...words can never hurt me," they really do hurt. Avoid words and slang that perpetuate stigma, for example "nut case," "psycho," "wacko" and other similar expressions. Speak up when you hear someone else using stigmatizing language, jokes or misusing psychiatric terms.
- **Educate yourself and others in your community** by visiting respected websites and sharing these resources. Links to informational websites, can be found at [www.azdhs.gov/oifa](http://www.azdhs.gov/oifa). Listen to people who have experienced mental health or addiction challenges to learn how their lives have been affected and listen to their stories of recovery. You will be amazed at the incredible amount of resiliency, courage and determination their journeys of recovery contain! Attend meetings in your community, such as the ADHS Let's Talk forums and others to learn the latest news about what is happening in the behavioral health community and how you can help.
- **Support community organizations and groups** that provide assistance to persons with mental health or addiction challenges by donating money, food, clothing and other items; volunteer your time and skills; advocate for funding and services to support those in need of behavioral health services; offer a place to meet at no charge to support groups; offer to drive a person to an appointment...there is much you can do in your community!
- **Reach out to persons living with a behavioral health or addiction challenge** —they are family members, friends, co-workers, neighbors and bosses. Stay in touch, make room for everyone in your

circle and community, be supportive, and hold the hope of recovery by sharing, listening, teaching and encouraging.

- **Hire people in recovery.** Work increases quality of life for individuals as well as communities. Contrary to the popular myth, most people living in recovery from a mental illness or addiction disorder are ready-willing-able to work and have a great deal to offer employers in the way of knowledge, skills and loyalty.
- **Be open about mental health and addiction challenges**—It can do more harm than good to keep these very common challenges "in the closet" or tucked away as "family secrets." Being open about these life challenges helps break the cycle of shame that keeps so many people from seeking treatment—the treatment that will lead them to recovery and wellness.

As the Committee's slogan reminds us: Mental health: everyone has it! (Psst, even you!) Contact us to schedule an Arizona Dialogue or presentation for your group or organization – it's just one more way you can join the movement to reduce stigma and promote inclusion in Arizona!

*For more details contact Cynthia Henry, Coordinator, Arizona Stigma Reduction Committee, Arizona Department of Health/Division of Behavioral Health Services, Office of Individual & Family Affairs. Email: [henryc@azdhs.gov](mailto:henryc@azdhs.gov), 602-364-1015 or 877-464-1015.*

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~Jimmy Johnson

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



# LIFE 101

By COACH CARY BAYER [WWW.CARYBAYER.COM](http://WWW.CARYBAYER.COM)

## The Daily Quest for "Nirvana"

It's not every day that someone finds "Nirvana." But Leon does it twice a day. So sound the trumpets and I'll tell you the story.

Leon, despite his name, is not a shoe salesman at Payless Shoes with a yellowed white shirt falling out of his pants. He's not a teller at Bank of America. And he's not an accountant at what used to be called a Big Eight—now Big Four—accounting firm. Leon is a cat.

More specifically, Leon is the 19-year-old cat of my friend Val. The feline is a finicky eater, so his veterinarian has prescribed a dietary supplement to give the little feline the nutrition he needs, but doesn't get, from the food he loves but doesn't always eat. It's called Nutri-Cal for Cats, and is manufactured in a town called—how apropos—Buena, which means good in Spanish, and very good in Leon. I watch him happily lick it off my finger every day—because my niece Shanna has displaced our friend Val for the week and I'm the feline's caregiver.

Nutri-Cal is, for Leon, as close to Nirvana as one normally finds in life. The product is described as a "high-calorie dietary supplement for cats," and on the product is a picture of a black and white cat with the thought bubble over his head that reads, "Simply the best." Leon's sentiment exactly.

Let me tell you now about his twice-daily quest for "Nirvana." When Val is here, Leon waits on the top step of the top floor waiting for him to ascend the stairs, so that Leon can lead him up his little step-stool, a five-rung stairway to Heaven, onto the bed where he gets rubbed to purring and his Nutri-Cal is administered. He has learned to do this with me, when Val is away, he has learned to do this with my wife, when Val and I are both away, and he has already learned to do this with my niece, with whom he is sharing a room this week.

The taste of Nutri-Cal is "Nirvana" on Leon's tongue. It's administered in about half a dozen little drops on my finger which,

according to Leon, is finger-lickin' good. The cat has identified his "Nirvana," the only snag is that he should only have it twice a day, and he needs the support of a human being to give it to him. All in all, not too bad.

Consider us, now, for example—more specifically, yourself. Can you identify your "Nirvana?" Do you know how to get it? Do you get it? I have known isolated moments of "Nirvana."

- Getting married.
- The lunch at Lutece in New York in the '80s.
- Late-night lovemaking in the early days of romance.
- Robin Williams' stand-up comedy in his prime.
- Winning a doubles championships with my wife.
- Being on hand as my lifelong loves, the Lakers and the Mets, won their long-awaited championships.
- Slipping into Samadhi during meditation
- Evening meetings led by Maharishi on long training courses, and standing in his electrified energy and soaking up his spiritual presence, his darshan.

**What's your "Nirvana?"**

It's time to find out. Do what it takes to manifest it. It doesn't have to be finger-lickin' good like it is for Leon. But it should be a "Nirvana" you can find each and every day. It makes getting up in the morning very special. And it makes going to bed at night, after having gotten it that day, deliciously rewarding.

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

## Men Supporting Men

By JASON FIERSTEIN, MA, LPC

For many guys, therapy is a taboo word. Many guys would probably opt for a root canal before being dragged to counseling and "opening up." A lot of guys come to counseling because someone else asked them to, or because they've gotten to a point in their lives where their problems are too great to handle. This is tough, and breeds loneliness, on top of all the other reasons to not seek out help. Lonely guys tend to withdraw, feel depressed, and helpless. They struggle to move forward in their lives, because they feel so psychologically or emotionally crippled by what's ailing them.

Phoenix Men's Counseling has an alternative: a weekly men's group. We'll look at what constitutes "real man" behavior: what it means to be a relationship partner, how to take ownership for ourselves as men, and how to express ourselves with other guys. We'll learn to trust our guts, and develop more trust in others. It takes confidence, brains and courage to join a men's group, but once you're here, you'll be glad you joined.

- you might not have been able to before
- Examine our roles as men, and look at how we can be the best in all our life's roles
- Find out who we really are behind all the roles we play

We offer groups just for men. We know your needs, and we know you're not alone. There are plenty of guys out there, struggling just like you. We talk about men's issues and creating good mental health and confidence for ourselves. We'll work on the real issues you're facing everyday. Call Jason today to set up your initial group screening at 602-309-0568, or visit us at [www.phoenixmenscounseling.com](http://www.phoenixmenscounseling.com).

*Jason Fierstein, MA, LPC is a counselor for men and couples in Phoenix. He works with men to improve their relationships, work satisfaction and mental health in his practice, Phoenix Men's Counseling.*

**did you know?**

*The risk of having a stroke more than doubles in the hour immediately after consuming alcohol?*

**Why Men's Group Support?**

- It's a way to deal with stress, including work, home and parenting
- It's a way to bond with other men, outside of the sports-bar or golf course type-setting
- Compare notes with other guys, where

Events from page 7

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

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

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

Are sexual behaviors in and out of relationships causing you problems? **Sex Addicts Anonymous** is a fellowship of men and women recovering from addictive sexual behavior. Visit [www.saa-phoenix.org](http://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**. Volunteers will call or visit those with chronic illness, injury who are homebound. Contact Cynthia SNIAC Coordinator 480-946-1384, email Mike at [mphaes@mac.com](mailto:mphaes@mac.com)

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

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

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

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

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

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

**FOODADDICTS Anonymous**—12 step group. [www.Foodaddictsanonymous.org](http://www.Foodaddictsanonymous.org)

**GAM-ANON Meetings**: Sun. 7:30 p.m. Desert Cross Lutheran Church, 8600 S. McClintock, Tempe. Mon. 7:30p.m., Cross in the Desert Church, 12835 N. 32nd St., Phoenix, Tues. 7:00 p.m., First Christian Church, 6750 N. 7th Ave., Phoenix, Tues. 7:15 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 pm, University Medical Center, 1501 N. Campbell, Room 2500 F. **520-570-7990**, [www.arizonada.org](http://www.arizonada.org).

**Sierra Tucson Alumni Support Group—Scottsdale** 2<sup>nd</sup> & 4<sup>th</sup> Tuesday of month, 6-7 p.m. **Tucson** 2<sup>nd</sup> Sunday of month 6:30 p.m. For information visit [www.SierraTucson.com](http://www.SierraTucson.com) (Alumni Resources, Alumni Support Groups) Tim McLeod at **1-866-638-1650**.

Email [aztogether@yahoo.com](mailto:aztogether@yahoo.com) to get your support group or event listed.



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

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**· F I N A N C E S ·**

**We're teaching kids to earn money—are we teaching them to manage it?**

BY **KIM MCGRIGG**, MONEY MANAGEMENT INTERNATIONAL

Money Management International (MMI), the largest nonprofit credit counseling agency in the nation, released a survey showing that nearly 7 in 10 kids in America are asked to participate in fundraisers on behalf of their school or organization.

According to MMI's 2010 Kids and Money Survey, the majority of parents say they take advantage of fundraisers as an opportunity to teach their children financial lessons. Two-thirds of parents say they teach children financial responsibility and basic math skills. Roughly half of parents use fundraisers to teach their children goal setting or basic business skills, and 4 in 10 parents use the opportunity to teach budgeting or charitable giving.

School and organization fundraisers offer kids the opportunity to earn money and practice raising funds, but lessons in responsible money management come mostly from parents taking the initiative. For parents wanting to take fundraising lessons a step further, MMI offers some ideas on teaching kids important financial life lessons while fundraising.

- **Teach goal setting.** Many fundraisers make teaching goal setting easy because they offer a tiered system of prizes for kids who sell a certain amount of items. Before the fundraiser begins, talk to your child about their goals and help them set a realistic expectation of what they can sell based on the time and resources available. Make sure to explain to them that the funds they raise don't just earn them a prize at the end, but result in the



greater prize of benefiting their organization or school.

- **Teach basic math skills.** Help your children count back change to customers, total the funds they've raised, and calculate how much they still need to earn in order to reach their goals.
- **Teach basic business skills.** Capitalism is the heart of the American economy. Use fundraisers as an opportunity to prune your little entrepreneurs' goal setting, budgeting, and customer service skills.

- **Teach responsibility.** Responsibility was the lesson cited as the most taught by parents when it comes to fundraising, probably because responsibility encompasses more than pure financial skills.

Remember that a single fundraiser will not teach kids responsibility as much as you setting a consistent example of responsible money management with your family's finances.

Parents are highly influential when it comes to kids learning how to responsibly earn and manage money. Parents should use fundraisers as a tool to expand on the financial lessons their children will use for life.

*Kim McGrigg is the corporate blogger, Community Manager, and spokesperson for Money Management International. For additional help, contact MMI, the nation's largest nonprofit, full service credit counseling agency, at 800-432-7310 or visit us online at [www.MoneyManagement.org](http://www.MoneyManagement.org). Counseling is available 24/7 by telephone, Internet, and appointment in branch offices serving Flagstaff, Yuma, Phoenix, Tempe, Peoria, Prescott, and Tucson.*

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Remuda Ranch	800-445-1900
Rev Sandi Britton, M.Ed., M. Div.	602-485-1161
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**WAKING THE TIGER** from page 1

When we are unable to flow through trauma and complete instinctive responses, these incompleting actions often undermine our lives. Unresolved trauma can keep us excessively cautious and inhibited, or lead us around in ever-tightening circles of dangerous re-enactment, victimization, and unwise exposure to danger. We become the perpetual victims or therapy clients. Trauma can destroy the quality of our relationships and distort sexual experiences. Compulsive, perverse, promiscuous, and inhibited sexual behaviors are common symptoms of trauma—not just sexual trauma. The effects of trauma can be pervasive and global or they can be subtle and elusive. When we do not resolve our traumas, we feel that we have failed, or that we have been betrayed by those we chose to help us. We need not blame this failure and betrayal on ourselves or others. The solution to the problem lies in increasing our knowledge about how to heal trauma.

Until we understand that traumatic symptoms are physiological as well as psychological, we will be woefully inadequate in our attempts to heal them. The heart of the matter lies in being able to recognize that trauma represents animal instincts gone awry. When harnessed, these instincts can be used by the conscious mind to transform traumatic symptoms into a state of well-being. ∞



*ma ; Transforming the Sacred Wound.* He is also the co-author, with Maggie Kline, of *Trauma Through a Child's Eyes: Awakening the Ordinary Miracle of Healing.* For more visit [www.traumabealing.com](http://www.traumabealing.com)

*Article was reprinted with permission from the Meadows and was featured in The Meadowlark, Summer 2010 edition. www.themeadows.com.*

Peter leads trainings in this approach throughout the world and has also taught in various indigenous cultures. He is the author of the best-selling book *Waking the Tiger: Healing Trauma* (published in 15 languages), as well as three audio learning series from *Sounds True: Healing Trauma: A Pioneering Program for Restoring the Wisdom of Your Body* (book/CD); *It Won't Hurt Forever: Guiding Your Child Through Trauma and Sexual Healing*;

**ETHICS** continued page 12

*Incidents: Ethical Issues in Substance Abuse Prevention and Treatment.* By 1990, 50 out of 57 of the nation's addiction counselor credentialing boards specifically prescribed a code of professional ethics. Under the sponsorship of NAADAC and state counselor certification bodies, ethics training increased—sometimes initiated in the aftermath of ethical explosions that placed local agencies and the field itself on the front pages of newspapers. In 1988 and 1989, a growing number of voices at professional conferences began making dire predictions about the future of addiction treatment institutions, and the addiction treatment profession, if the field could not be clinically and ethically re-centered.

In the 1980's, it was difficult for the field to heed such warnings. A field birthed in virtual poverty found itself addicted to its own success. Whispered voices of self-confrontation began to suggest that maybe the addiction field itself needed treatment. The field was ripe for a wake up call, and fortunately for those of us in practice, the call was heeded, and we are complying with our certification/licensing boards and standards to practice in the field.

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

**NEWS** continued from page 8

"So that's the purpose of this place: to keep us—to keep me—from straying."

**Binge Drinking May Be a Bone Breaker for Teens**

Teenagers who engage in binge drinking could be upping their risk of developing osteoporosis later in life, a new animal study suggests.

The Daily Mail reported July 15 that researchers found that adolescent rats given large doses of alcohol suffered genetic damage in areas related to bone formation. "Lifestyle-related damage done to the skeleton during young adulthood may have repercussions lasting decades," said researcher John Calaci of Loyola University Health System in Chicago.

The rats were fed alcohol to raise their blood-alcohol level to the equivalent of 0.28 percent, more than three times the presumptive legal limit for intoxication in the U.S. Rats were made drunk for three days in a row to simulate acute binge drinking or three straight days for four weeks to simulate chronic binge drinking.

The findings were published in the July-August 2010 issue of the journal *Alcohol and Alcoholism*.

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