

# Together AZ



## The ACoA Trauma Syndrome



One person dies every 19 minutes from a drug overdose in the United States.

Take the Pledge

[medicineabuseproject.org](http://medicineabuseproject.org)



### *How Childhood Trauma Impacts Adult Relationships*

BY TIAN DAYTON, PHD

Adult Children of Alcoholics (ACoAs) can and often do suffer from some features of post traumatic stress syndrome (PTSD), that are the direct result of living with the traumatizing effects of addiction.

But we often times don't know it.

Years after we leave our alcoholic homes behind, we carry the effects of them with us, we import past, unresolved pain into present day relationships. But again, without a lot of awareness as to how or why that is happening.

Picture the child in the alcoholic home, the CoA. There is a fundamental power imbalance. The child is small, the parent is big. The parent is the one who "owns" the home, who is, or is supposed to be, in charge. And everyone knows this. The parent has the authority. If a parent is yelling at a child, telling him that he is the problem, that if he would only change everything would be better, the child tends to believe him. Children look into their parent's eyes to see a reflection of themselves, of who they are and whether or not they matter. When the parent is the one who is causing the stress, it's a double whammy for the child. Not only is the child scared and hurt, but the person they would normally go to for comfort and solace, is the one who is scaring and hurting them. They are disempowered by the very nature of their youth and dependency.

Discipline in this family often gets dolled out based not on what might be a consistent expectation or family norm; but on whether or not the parent is drunk or sober. Or whether or not the co-parent is caught trying to manage and control the swim of dysfunction that constantly surrounds addiction. Or maybe that day parents have decided just to throw their hands up in the air and let "anything

go" because controlling the constant swirl of chaos seems pointless and impossible. In addition, in this family, the word discipline does not necessarily apply to parent's behavior. So when the yelling comes, the child knows that if they fight back, they risk getting the family problems, that are running rampant through the house, focused onto them, or getting sent to their room, grounded, hit, punished or having their allowance taken away. Then they will be more trapped. So they take the path of least resistance, they comply, withdraw or shut down. Or they stand there and take it, but on the inside they flee, they dissociate, they disappear. Because the child is limited in their ability to access outside support, they have no one to tell them that they are after all, not a terrible and troublemaking little person or to reassure them that everything will be all right and return to normal soon. Rather they have to rely on their own, often immature ability to create meaning, but all too often, the meaning that they create casts themselves in a negative light. Their ability to understand, process and manage this situation is dictated by their very dependency and their limited intellectual equipment at any given point of development. The combination of these factors, the power imbalance, length of time spent in a dissociated state, the inability to escape and their lack of mature, intellectual development, are factors that can contribute to childhood trauma having long impact. Years after the CoA has left home, they may carry anxieties about themselves and relationships that they do not fully understand. This is how the ACoA imports their past into their present. And because of the way the brain processes frightening or overwhelming experiences, none of this gets talked about. Or even thought about.

#### Passing on the Pain

When as ACoAs we enter and establish our own families, those powerful bonds of partnership and parenting pull at forgotten corners of our past, that mirror the closeness and intimacy of our earlier relationships. We feel once again, that same innocent excitement about life and love that we felt as a child. Our child heart reawakens, and so do our unresolved wounds that may lay dormant in our unconscious. The very feelings of vulnerability and dependence that are so much a part of intimacy press on old joys and old pains. The past we thought we'd left behind when we got tall enough, old enough or smart enough, intrudes onto our present and we are returned, in the blink of an eye, to childhood states of emotion and along with them floods of memories and images that we "forgot" were there. Because unresolved pain, anger and confusion don't really disappear, they live within us, in a quivering silence that longs to make itself heard and known.

#### From CoA to ACoA:

*Why does trauma in the home have such powerful traction throughout our lives?*

Our natural response when experiencing frightening or overwhelming situations, is to self protect. We do this by running away, retaliating in some way or, when neither are possible, by shutting down, by becoming invisible. These defensive strategies can result in our warding off or hiding from the very pain we need to face in order to remain aware of what is happening around us. If, when a frightening situation like being yelled at by a drunk parent occurs, we process it with someone who cares who can help us understand what just happened and how to put it into context,

### Task Force Recommends Routine Adult Screening for Misuse of Alcohol

Doctors and nurses should routinely screen their adult patients and pregnant women for alcohol misuse, and provide those engaged in risky or hazardous drinking with brief behavioral counseling, according to new recommendations from a national task force.

*The United States Preventive Services Task Force*, an independent group of national experts in prevention and evidence-based medicine, concluded there is not enough evidence to make a recommendation about whether it is effective to screen and provide counseling for alcohol misuse in teenagers ages 12 to 17.

The task force noted that about one-third of Americans misuse alcohol, *The New York Times* reports. Alcohol misuse leads to about 85,000 deaths a year, according to the task force report. It is the third-leading cause of preventable death in this country, after smoking and obesity.

The report recommends that doctors should determine whether a patient needs alcohol counseling by asking a set of questions about alcohol use during a primary care visit. Questions include, "How often do you have a drink containing alcohol?" and "How often do you have five or more drinks on one occasion?" The recommendations are based on research showing that counseling helps reduce binge drinking, the article notes.

"Clinicians can help men and women to prevent alcohol-related health risks, so we recommend screening adults, including pregnant women, for patterns of unhealthy drinking, and offering brief behavioral counseling to those who report risky or hazardous drinking," Task Force Member Dr. Susan Curry, Ph.D., said in a news release. "While underage drinking is a serious public health problem, we don't know enough about what works in the primary care setting to help keep teens safe and sober. We need more research on this important topic."

# A Heartfelt Thank You

The 2012 Art of Recovery Expo Team wishes to express our gratitude for your participation and support of the Expo and Inaugural Bill Brown Memorial Golf Tournament.

Let us all continue inspiring others on the road to recovery through the coming year, a day at a time.

Sincerely,  
Barbara Nicholson-Brown, Billy Ryan,  
Bobbe McGinley and Rick Baney

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## ·N·E·W·S·

### The Partnership at Drugfree.org Comments on National Survey on Drug Use and Health

Mixed news from the National Survey on Drug Use and Health (NSDUH) released today by the Substance Abuse and Mental Health Services Administration (SAMHSA), found that prescription drug abuse among young adults has decreased, while the dangerous behavior of abusing prescribed medicines remains unchanged among kids and teens.

The new survey found the number of young adults (ages 18 to 25) who used prescription (Rx) drugs for non-medical purposes in the past months declined 14 percent, from 2 million in 2010, to 1.7 million in 2011. Overall, the survey found a 12 percent decline in the number of Americans who abused prescription drugs.

NSDUH underscored the disturbing news that the non-medical use of Rx medicines among children (ages 12 to 17) remained unchanged and at levels that are unacceptably

*“The Partnership@Drugfree.org has just launched The Medicine Abuse Project, a multi-year, national action campaign with the goal of preventing half a million teens from abusing medicine within five years.”*

high and should serve as a renewed wake-up call for parents and caregivers to take action.

“These new data show the abuse of prescription medicine remains a pervasive problem among our nation’s youth and although there’s been improvement among young adults, medicine abuse is a health concern that continues to have a devastating impact on the lives of our children,” said Steve Pasierb, President and CEO of The Partnership at Drugfree.org. “As a society, we drastically underestimate the negative consequences that medicine abuse is having on teens. But the truth is that right now, this dangerous behavior is causing damage to families across the country. From the easy accessibility that teens have to medicines in their own homes, coupled with a low perception of risk in abusing them – to parents giving their own kids medicines that are not prescribed to them – we must all take action to stop this behavior. Our children’s lives depend on it.”

Prescription medicines are now the most commonly abused drugs among 12 to 13 year olds, and today more accidental deaths occur from drug overdoses, fueled by prescription painkillers, than from car crashes [1].

To help turn the tide on this national health concern – one that the Centers for Disease Control and Prevention now calls an “epidemic” — The Partnership at Drugfree.org has just launched The Medicine Abuse Project, a multi-year, national action campaign with the goal of preventing half a million teens from abusing medicine within five years.

With many influential voices joining the effort, The Medicine Abuse Project brings people together at the national and local levels – calling on parents, educators, health care professionals, government leaders, law enforcement, media partners, business and community members to create a groundswell and help curb this health epidemic. The Project is further bolstered by a multi-platform media campaign, with major support from national network and cable television, national magazines and newspapers, along with digital and social media.

Everyone has the opportunity to help end medicine abuse by visiting the new, dedicated website, MedicineAbuseProject.org, and taking the Pledge to become educated about the issue and talk with the kids and teens in their lives. The comprehensive site also features tools designed to help health care providers address the abuse of medications with their patients.

“With one in six teens admitting to using a prescription drug to get high or change their

NEWS continued page 15

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**National survey shows reduction in non-medical prescription drug use among young adults**

The number of people aged 18 to 25 who used prescription drugs for non-medical purposes in the past month declined 14 percent—from 2.0 million in 2010 to 1.7 million in 2011 -- the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) announced today, during the 23rd annual national observance of National Recovery Month. Non-medical use of prescription drugs among children aged 12 to 17 and adults aged 26 or older remained unchanged.

In addition, the 2011 National Survey on Drug Use and Health (NSDUH), a survey conducted annually by SAMHSA, showed that the rates of past month drinking, binge drinking and heavy drinking among underage people continued a decline from 2002. Past month alcohol use among 12 to 20 year olds declined from 28.8 percent in 2002 to 25.1 percent in 2011, while binge drinking (consuming 5 or more drinks on a single occasion on at least 1 day in the past 30 days) declined from 19.3 percent in 2002 to 15.8 percent in 2011, and heavy drinking declined from 6.2 percent in 2002 to 4.4 percent in 2011.

Overall, the use of illicit drugs among Americans aged 12 and older remained stable since the last survey in 2010. The NSDUH shows that 22.5 million Americans aged 12 or older were current (past month) illicit drug users -- (8.7 percent of the population 12 and older in 2011 versus 8.9 percent in 2010).

Marijuana continues to be the most commonly used illicit drug. In 2011, 7.0 percent of Americans were current users of marijuana -- up from 5.8 percent in 2007. Among youths aged 12 to 17, the rate of current marijuana use remained about the same from 2009 (7.4 percent) to 2011 (7.9 percent). Increases in the rate of current marijuana use occurred from 2007 to 2011 among adolescents (ages 12-17), young adults (ages 18 to 25), and adults (ages 26 or older). Additionally, the number of people aged 12 and older who used heroin in the past year rose from 373,000 in 2007 to 621,000 in 2010 and 620,000 in 2011.

"These findings show that national efforts to address the problem of prescription drug misuse may be beginning to bear fruit and we must continue to apply this pressure to drive down this and other forms of substance use," said SAMHSA Administrator Pamela S. Hyde. "Behind each of these statistics are individuals, families and communities suffering from the consequences of abuse and addiction. We must continue to promote robust prevention, treatment and recovery programs throughout our country."

"Drug use in this country creates too many obstacles to opportunity — especially for young people," said Gil Kerlikowske, director of National Drug Control Policy. "The good news is that we are not powerless against this problem. By emphasizing prevention and treatment, as well as smart law enforcement efforts that break the cycle of drug use, crime and incarceration, we know we can reduce

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***"Behind each of these statistics are individuals, families and communities suffering from the consequences of abuse and addiction."***

drug use and its consequences in America." The 2011 NSDUH showed some areas of continued improvement in terms of lower use levels,

including reductions of 44 and 40 percent, respectively, in the number of past month users of cocaine and methamphetamine since 2006 and a 19 percent reduction in the number of past month users of hallucinogens between 2010 and 2011.

The underage tobacco rate of past month use among 12 to 17 year olds continued to decline from 15.2 percent in 2002, to 10.7

percent in 2010 and 10.0 percent in 2011.

The 2011 NSDUH report shows the continuation of the vast disparity between the number of people needing treatment for a substance abuse problem and the number who actually receive specialty treatment. According to the report 21.6 million Americans needed treatment for an illicit drug or alcohol use problem in 2011 and only 2.3 million

(or 10.8 percent of those in need) received it in a specialized treatment setting. Although the number needing treatment declined between 2010 (23.2 million) and 2011, the

percent of those in need that received specialty treatment in 2011 was statistically unchanged from 2010 (11.2 percent).

NSDUH is a scientifically conducted annual survey of approximately 70,000 people throughout the country, aged 12 and older. Because of its statistical power, it is a primary source of statistical information on the scope and nature of many substance abuse and mental health issues affecting the nation.

The complete survey findings are available on the SAMHSA web site at: <http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.pdf>

For more information about SAMHSA visit: <http://www.samhsa.gov/>

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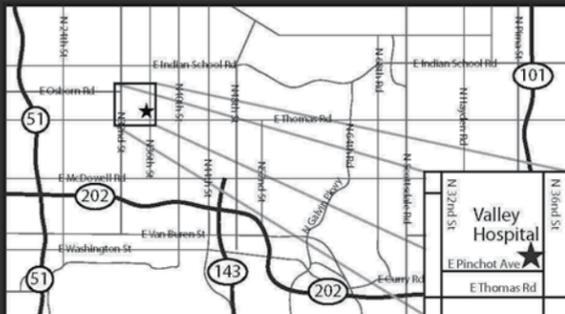


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# Living Sober in Sober Living

By SETH JENKINS M.A., L.A.C., L.I.S.A.C.

Many clients who seek treatment find themselves confronted with living options that are new to them. Most would like to go home with their family but sometimes that is not the best or even a viable option. The treatment professional begins to discuss the option of sober living. I will discuss some of the main questions that are posed such as, "What is it" or "Why should I go" and "What should I be looking for."

## What is sober living?

Many people refer to sober living as a halfway house. The traditional use of the term halfway house commonly refers to transitional living after a period of incarceration in a correctional facility. Most use the term sober living to refer to a living environment that has a primary goal of supporting recovery and mostly will be recruiting individuals from various treatment centers. This also implies that the individual seeking residence in a sober living environment has some clean time already.

*If the goal of sober living is to support recovery, then we need to look at how that works. So what does sober living offer?*

## Structure:

Sober living provides structure through expectations and rules. Specific rules are laid down such as curfew, required recovery meeting attendance both on and off site, expectations for cleanliness and upkeep of property. One should look for a sober living environment that clearly sets forth its rules and explains what the consequences will be for violation of those rules. Very clear rules on what will happen if a person is found to be using drugs or alcohol is a must. Most sober living environments do not tolerate clients remaining idle. Working full time, going to school or volunteering time are typical requirements. This ensures the client is not sitting around all day

## Accountability:

A person residing in sober living has accountability with peers and with staff. If someone is attempting to get away with using in an environment with other sober addicts and alcoholics, it is clear to all exactly what is happening. Additionally, a person in sober living has a number of people close by to talk to who understand their daily struggles

## Why sober living?

The client and the family may be saying, "I can offer structure and accountability at home." Although that may be true, if the loved one is in treatment, that has not been the case to this point. Family may have been setting down clear rules and guidelines for expectations in the home but they aren't being followed. Most addicts and alcoholics learn how to play their parents. Curfew

might be 11:00 p.m. but the client knows how to get it to 12:00 if they want it. Also, if the parents are not addicts or alcoholics themselves they might not see what another alcoholic or addict would see as a clear sign of pending relapse.

An individual new in sobriety will be changing his or her social network. This means they he or she is getting rid of many of old friends and finding new ones. Sober living provides an opportunity to have a built-in sober social network that will expand quickly.

Furthermore, sober living may not be what the client wants but it may what the rest of the support network needs. In order for family and marital relationships to heal it may be necessary to have the client not come home until they can show that they are doing the work to remain sober. Some trust can be rebuilt and some time has allowed for the healing of wounds. Getting a client into sober living may be a fight. The client doesn't want to leave the comforts of home.

Other options that appear more appealing to the client may be available.

Working with a therapist or a treatment team at a rehabilitation facility will be helpful for recommendations for appropriate options. When encountering resistance it is important to confront issues of making choices. If the family is setting a clear boundary that returning home is not an option, it is important to make clear what options will be supported. The client then needs to understand that sober living is still a choice although it may be the only choice the family is willing to support. The client can choose to go live on the street or crash at a friend's house, but will have the clear understanding that none of those choices will be supported, financially or otherwise, by the rest of the support network.

Sober living does not have to be the only option. Returning home can be a viable option if the family and patient agree to stick to all rules and guidelines set forth prior to a return home. Many families make it clear that if expectations are not met, sober living will be the next step.

When encountering resistance from the client I try to explain to them what it could really be like. Returning home to a family who has experienced the wreckage of years of drug use is stressful. Parents and loved ones will be wondering and asking, "What are you doing... Where are you going... who will be there... can I meet that person... when will you be back... did you go to a meeting... did you call your sponsor?" Clients pursuing sober living will still have plenty of time to visit with family but will be able to retreat to the sober living environment at the end of the day. Most importantly, sober living can be fun. Connecting socially with people who understand and are learning to have fun clean and sober can be very rewarding. People new to recovery are eager to get out and have some fun with their new social network.

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## Together AZ

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www.togetheraz.com

email: aztogether@yahoo.com

FOUNDER & CEO: H.P.

In gratitude and the memory of

William B. Brown, Jr.

Publisher/Managing Editor

Barbara Nicholson-Brown

Advisors

Rick Baney

Karen Franklin

Bobbe McGinley, MA, MBA, LISAC

Lara Rosenberg

Bill Ryan

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## Plug in the Power Source

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

Vital to a healthy relationship is honest communication and a willingness to be ourselves. If partners choose not to talk honestly with each other, their relationship will suffer in every area and may eventually fail. On the other hand, when communication and honesty exist, relationships are strengthened, and broken relationships can be healed.

Our relationship with our Higher Power is our most important asset, and it is impossible without communication. As we draw nearer to our Higher Power in prayer and meditation, we draw closer to our source of power, serenity, guidance, and healing. To ignore the need to communicate with God is to unplug our power source.

We work on a routine of practice with prayer and meditation. Through prayer we talk to God. Through meditation we listen to God. Many of us, however, struggle with the idea of prayer and meditation as a way to maintain contact with our Higher Power. We know prayers, but we don't know how to pray. Many of us may be unfamiliar with meditation and resistant to trying it.

Through the progress we have made in working our steps, we learn more about what we want to achieve in our program. To protect what we have learned, we must continually seek to know God's will for us. A daily regimen of prayer and mediation makes it clear that relief from pain of the past is just a day-to-day reprieve. We must relentlessly seek to know God's will for us and how we are to live our lives.

### The Hell and the Chaos

Those of us who have experienced the hell and chaos caused by our willful acts realize that we worshiped false gods such as alcohol, drugs, sex, money, or addictive relationships. We may have suffered severe losses as a result of our behavior. Surrendering to the 12 Step process was not the step that led us to heaven, but was, in fact, the step that led us out of the hell that our lives had become.

Spiritual growth and development occur slowly and only through discipline and reliance upon God. As our self-esteem increases and our Higher Power becomes a trusted friend, we grow more confident that God's will is what we want for our lives.

Our intention to do God's will can sometimes be compromised by the appearance of our old behaviors. As we experience this struggle on a daily basis, the need for help from our Higher Power becomes evident. We focus on deepening our relationship with our Higher Power.

It is mostly through our quiet moments of prayer and meditation that the presence and guidance of a Higher Power becomes clear to us. As our relationship with our

*"Those of us who have experienced the hell and chaos caused by our willful acts realize that we worshiped false gods such as alcohol, drugs, sex, money, or addictive relationships."*

Higher Power improves, we see how we can rely and depend upon that Power for courage and strength in meeting life's challenges. We may experience a spiritual awakening that comes when we are willing and able to acknowledge, from the depth of our being, that a Higher Power can and will direct our lives.

### How do we pray and for what do we pray?

Many of us were taught to pray before we understood what it meant. In the beginning, we may have used the prayer "Now I lay me down to sleep..." or asked God to bless Mommy and Daddy and others who were close to us. As we grew, our painful family experiences brought us great pain; those we depended upon hurt and disappointed us. Perhaps we blamed God for not hearing and answering our desperate prayers. Based on the program principles, our attitudes toward prayer change as we work the Steps. We learn to ask God's will for our lives to be shown to us, trusting that our best interests will be served. The old habit of praying for material things will diminish, to be replaced with prayers for guidance.

We begin to rely upon some of the slogans and prayers, such as "Let Go and Let God" or the Serenity Prayer. Our prayers can be simple sentence prayers, such as "God, please help me," or "Thank you, Higher Power." God will hear and respond to our most humble call for aid.



*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](http://www.actcounseling.com).*



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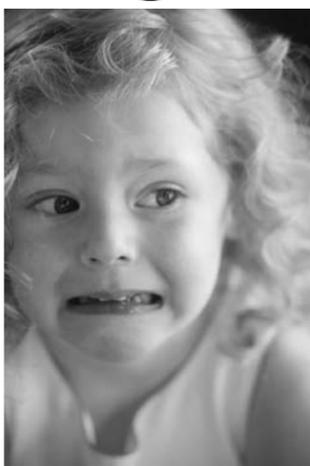
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# The Scary Folks: Who's Fooling Who?

There is an old joke that goes something like... "Where does a gorilla sit when it's in the living room? The answer is, "Any where it wants!" That answer may not be a fair one for everyone else in the room, but it is no doubt an accurate answer. Very often, when people who hide behind the masks of normalcy, suddenly become outlandish in their behavior, our response is to be so stunned that we lack an immediate, appropriate response. Not much different than when the gremlin jumps put from behind the bush to trick or treat.



away with, — maybe you need to give yourself permission to be more outspoken and stand up for yourself more than you have done in the past. If you envy her ability to get what she wants, give

yourself permission to get more of what you want in a loving way!

Scary people also give us an opportunity to set great boundaries for ourselves. A wise teacher I once had told me that when he perceives someone coming into his life that spells trouble, he simply shuts the door. He no longer needs the chaos. He simply refuses to be involved! When we don't leave, we have to ask ourselves what we are getting by being in a situation that feels abusive?

Even when you can't physically leave, you can do some psychic self-defense by not participating energetically with that person. No conversations. No mutual agreements. No shared experiences — even if they are in the same room. You simply check out! A very wise attorney once said, "Even a "no keeps you in the negotiating process. People who are destructive, feed on the energy and attention of others. They want to keep you engaged so they can feel superior. They thrive on it and you can deliberately choose not to give your energy to that person. Set a boundary and refuse that person any of your energy including your anger. Move to apathy instead of resentment and bless them on their way. It's healthier for you and will release you from the cycle of control with the person.

In the final analysis, each of us is here only to see how far we can stretch toward achieving enlightenment. Our job is to become the light, not get rid of the darkness. There is no reason to be scared of the folks behind the masks unless you lack trust in yourself to set boundaries and say no.

**JUST SAY BOO BACK and MOVE ON.**



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



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Most of us are so aghast that we recoil in astonishment. Then, much later, we feel resentful that neither we nor anyone else expected the behavior. Since many of us were raised by dysfunctional parents, we were well trained not to have a response to outrageous behavior as a matter of survival. It's simply a skill we do not have in our tool bag. I for one, always think of great things to say to rude people... long after they are gone.

Since it often appears no one confronts this bad behavior or the person behind the mask, it can feel as if the person who is acting in such unloving ways is being rewarded for that behavior. In some way they are because they usually get what they want!

However, they get what they want because people are afraid to confront them, not because want they want it is due them, or because they are respected. These folks are the scariest simply because of what they are doing to their own character and soul in this deception.

I sometimes fantasize that God/Spirit creates these kinds of people and sends them to the earth just to stir the pot on more days than just Halloween. How else would we learn tolerance, boundary setting and psychic self-defense? We have to exercise tolerance when we come to the realization that nothing we do will ever change this kind of individual. We have to have courage to set boundaries with them that might even include leaving. Truth is — it's not our job to fix anyone. We just get to decide how we want to respond to them! If you find yourself on a campaign to change this person, chances are this individual has triggered some unsolved childhood pain of your own. Maybe you are trying to heal this person in an effort to finally get what you want from him or her.

It's a simple question of path or pathology. Many people continue to respond from either childhood pain — their pathology, or they make a conscious decision not to be on a spiritual path of growth either out of ego or fear.

Either source of acting out, once one becomes an adult, is healable. It's a choice we all have to make in this, or the next life. Choosing to be on a spiritual path or choosing to heal childhood pain requires a level of emotional courage which many people do not exercise. Choosing to act with integrity and regard for others is a spiritual choice. It's a highly personal choice and only those who have made it, have the awareness of the great joy and inner satisfaction it brings.

Those who have not made that choice perceive the act of giving to others, or being aware of another's needs, as something that takes power away from them. When you are solid in your own choices about how you choose to behave in the world and the benefits you derive from your personal choices, it becomes easier to let go and let others make their own choices. The pay-offs you perceive them to be getting won't compare with those you get by being who you are, even though they may not be as outwardly apparent. Ask yourself, would I really like to be that person and get away with what they get away with even if I could? Probably not! It wouldn't feel good because you've grown beyond that kind of behavior.

If you answer yes to that question — yes I would like to do some of those things she gets

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# EVENTS CALENDAR

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

**OCT. 3—St. Luke's Behavioral Health Center Clinical Breakfast Series.** 8:00-9:00 a.m. *Cultural Competencies Series 1: Working with Native Americans in a Clinical Setting, with Orenda Hill, BSW, Trainer, Native Health.* 8:00 - 9:00 a.m. Behavioral Health Center Auditorium, 1800 E. Van Buren. 1 CEU. Breakfast, networking. FREE. 602-251-8799.

**OCT. 15-19—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](http://www.cottonwoodtucson.com) or call Jana at 520-743 2141 or email [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com) for information and registration.

**OCT 22-26—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](http://www.cottonwoodtucson.com) or call Jana at 520-743 2141 or email [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com) for information and registration.

**Merritt Center Returning Combat Veterans Retreat Program.** Free 4 weekend program for combat Vets. Next program starting January, 2013 for men and February, 2013 for women. With the assistance of Vet mentors, and healing practitioners, returning vets will begin to release the experiences of war, and to create the dream of a new life. Contact: Betty Merritt, [betty@merrittcenter.org](mailto:betty@merrittcenter.org), 1-800-414-9880 [www.merrittcenter.org](http://www.merrittcenter.org)

## ON GOING SUPPORT

**Gamblers Anonymous Meetings** — at ACT Counseling & Education. 11:00 am to 12:30 pm. Call 602-569-4328 for details. 5010 E. Shea Blvd. D202, Phoenix. Near Tatum on Shea Blvd.

**Emotional Healing Journaling Workshop,** effective strategies to manage unwanted habits and compulsive behaviors. Thursdays 7-8:30pm. Facilitated by Elisabeth Davies, MC. \$20 per workshop. Includes a copy of Good Things Emotional Healing Journal: Addiction. 9401 W. Thunderbird Road. Suite 186. Peoria (602) 478-6332 [www.GoodThingsEmotionalHealing.com](http://www.GoodThingsEmotionalHealing.com)

East Mesa PAL-Group **Support Group for Parents in East Mesa.** Broadway Christian Church, 7335 E. Broadway Rd. (Just East of Power Rd.) Mesa, AZ 85208 (Park on West Side Toward the Front and Go to West Lobby Classroom) Thursday 7:00 - 8:30pm. FREE. Contact: Tim Skaggs: (480) 981-0802 e-mail: [tskaggs@bccmesa.com](mailto:tskaggs@bccmesa.com)

**Franciscan Renewal Center Support Groups: Divorce, Separation and Significant Relationship Endings.** Deals with the pain of divorce, separation, and relationship endings in a positive, healing way. Mondays, 6:30 - 8:00 p.m. *Facilitators: Judith McHale, MA, LPC and Tom Mitchell, Ph.D, LPC.* **GRIEF Support.** For individuals grieving the loss of a loved one. Tuesdays, 5:30 - 7:00 p.m. *Facilitator: Sylvia Hernandez, LICSW and Judith McHale, MA, LPC.* **DEPRESSION Support.** Every other Tuesday, 6:30 - 8:00 p.m. *Facilitator: Mike Finecey, MA, LPC, LISAC.* **GESTALT THERAPY Support.** Group will help attendees acquire the tools to make self-regulating adjustments that enhance their lives. Wednesdays, 6:30 - 8:00 p.m. *Facilita-*

*tors: Deborah Weir, MC, LPC and Barry Evans, MC, LPC.* Franciscan Renewal Center, 5802 E. Lincoln Drive, Scottsdale. 480-948-7460. [www.thecasa.org](http://www.thecasa.org)

**Incest Survivors Anonymous** ISA meeting in Phoenix—North Scottsdale Fellowship Club, Saturdays, 1:30-2:30pm. Contact: Gloria at 602-819-0401. 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](http://www.cottonwoodtucson.com) or call Jana at 520-743 2141 or email at [jmartin@cottonwoodtucson.com](mailto: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](mailto:jmartin@cottonwoodtucson.com)

**OCD Support. Banner Scottsdale,** Room 539. Group held 2nd and 4th Thursday of each month 7:00 p.m. to 9:00 p.m. 480-941-7500. 7575 E. Earll Drive, Scottsdale,

**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). Contact Michael 520-419-6723. Plus 7 more meetings

in Tucson call for details.

**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](http://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](mailto:larrydaily@chandlercc.org).

**CELEBRATE RECOVERY—Scottsdale First Church of The Nazarene.** Thursdays 6-9 p.m. starts September 13th. Support groups for men and women struggling with chemical addictions, codependency, sexual abuse, eating disorders and other hurts and hang ups. Contact Dotsy Conway 480-949-

*Events continued page 11*

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*ACoA continued from page 1*

we can return to normal or even learn a little something to make us more resilient when problems come again. But when this doesn't happen, as is so often the case when the parents are the ones causing pain to begin with, that pain goes underground, it sinks down forming a little pool of unprocessed emotion that sits in our inner world. But out of sight is not out of mind. Unprocessed pain does not disappear, it lays dormant waiting for some similar memory cue to return it to the surface waiting, in other words, to be triggered. Even loud voices, a raised eyebrow or a change in mood can send the ACoA sailing back into a place inside of them where they shiver inside and wait, just as they did as kids, for something bad to happen.

### **When We're Very, Very Scared.....**

The thinking, or language part of the brain shuts down when we're in high fear states so that the human organism has no interference in its powerful urge to either fight and defend itself or flee from danger. Therefore, it's the most frightening experiences that often times don't get translated into words, thought about and put into a context. They live instead within us as fragmented and un-integrated "pieces" of personal experience, they dance on the edges of our conscious awareness or they lay below the surface, submerged in the deep waters of our unconscious.

Some of the factors that sear trauma in place and make it more likely that a child of addiction (or family dysfunction) will develop PTSD are:

- Whether or not escape is possible
- Whether or not there is a power imbalance
- Did the child have access to outside support? Were there caring, concerned adults who could provide "safe haven" or a place the child could feel, if only momentarily out of harm's way. A place that could provide a "reality check" or model a different

way of being in a family.

- The length of time that the CoA spends in a numbed out or dissociated state. Trauma in the home tends to be cumulative, it occurs incrementally and over a significant period of time.
- The developmental level of the child, how old were they when trauma in the home occurred and what age related capacities did they have to make sense of confusing, painful or frightening experiences?
- Whether or not it's the parents, who they would normally go to for comfort and reassurance who are causing the stress.

Studies on trauma and more recently neurobiology and attachment, have more or less proved what we were beginning to understand from our clinical observation, that the shocking, humiliating and debilitating experiences that accompany living with addiction do, in fact, literally shape our neural networks. And that the personality complications caused by this early pain and stress can and often do emerge years and years after the fact. This is what being an ACoA is all about; a post traumatic stress reaction. Long after the CoA leaves their alcoholic home, they remain ensnared in repeating relationship patters that were the direct result of having been traumatized in childhood. Old pain keeps reemerging in new relationships. The names change, but the pain remains the same.

When ACoAs get triggered as adults, we re-inhabit the body we lived in at those childhood moments. We stand there, stress chemicals coursing through our bodies, looking like grown ups, but feeling, on the inside" like that helpless, frightened, trapped kid.

People who have been traumatized tend to live in emotionally black and white worlds. Our thinking, feeling and behavior swing from zero to ten, with no speed bumps in between. We loose our ability to regulate our powerful emotions. We need to learn to live in 4,5 and 6 ...to think, feel and act in balance.

### **Recovery from the ACoA Trauma Syndrome**

Those of us who work in the addictions field, see that this problem has only gotten bigger. But this need not be the story, because along with a growing problem, we have come equally far if not farther in our ability to understand and treat addiction and the trauma of living with addiction. Recovery is a restoration of hope, humility and courage. Through feeling split off or numbed emotion and translating it into words we have a chance at processing and understanding our past rather than mindlessly recreating and reliving it. We can elevate unresolved emotions to a conscious level where they can be shared, seen and understood. We can reclaim parts and pieces of our inner world and integrate them into a coherent picture of ourselves and ourselves in relationship. In this way our unconscious hunger to act out old pain, neediness and anger in self and self-in-relationship sabotaging ways, need no longer drive behavior. And we can lay claim to the unique strengths that we developed while coping with adversity. We can own our proactive ability to mobilize support in service of thriving, that we learned as kids, to help us thrive as adults. We can claim our own ingenuity, doggedness and courage. That's what recovery from the PTSD related issues is all about. It's a reclaiming of the frozen and fragmented parts of self that are stuck in extreme modes of functioning and knitting them back together again into a coherent whole. And revitalizing the powerful coping strategies, creativity and strengths we developed through managing the unmanageable. With a deeper understanding of ACoA issues, trauma and neurobiology, we are much better able to help people recover from it than we were when this movement began. And there is another dimension to the recovery we have enjoyed. Many of us feel imbued with a renewed vigor for life. Blessed with a deeper sense of meaning and purpose and a kind of wisdom that comes from having seen the dark

*"We can reclaim parts and pieces of our inner world and integrate them into a coherent picture of ourselves and ourselves in relationships."*

and disturbing parts of human nature, more specifically of our parent's human nature, and found our way back into the light or understanding. Without recovery this would all be a sad story. But with recovery, this becomes the journey of a lifetime, a spiritual awakening and a new design for living. Our childhood becomes grist for the mill of enlightenment and aliveness and we no longer "regret now wish to close the door" on the past that has made us who we are today.



**TIAN DAYTON, MA, PH.D., T.E.P.** has a masters in educational psychology and a PhD in clinical psychology and is a board certified trainer in psychodrama. She is the director of The New York Psychodrama

Training Institute where she runs training groups in psychodrama, sociometry and experiential group therapy. Dr. Dayton is a fellow and scholar's award winner of ASGPP. She was faculty at New York University for eight years teaching psychodrama. Dr. Dayton has been a guest expert on NBC, CNN, MSNBC, Montel, Rikki Lake, John Walsh, Geraldo. Visit [www.tiandayton.com](http://www.tiandayton.com) for more information.



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- Momentum – outpatient treatment for long-term mental illness

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# The Guru in your iPod

By ALAN COHEN

While watching the documentary film *Stephen Jobs, Hippy Billionaire*, I was tickled to learn that as a young adult Jobs was significantly influenced by Baba Ram Dass and his book *Be Here Now*. I also credit Ram Dass as one of the most valued mentors in my life. He led millions of spiritual seekers to higher awareness and is considered by many to be the "Father of the New Age."

As destiny would have it, eight years ago Ram Dass moved to Maui, where he now lives a few miles from my home. I see Ram Dass often at local social and spiritual gatherings. A few nights ago I told him about his inspirational influence on Steve Jobs. He smiled. I told him, "Just think—there's a little bit of Ram Dass in every iPod."

While spiritual guides and teachings are not always known or acknowledged by the masses, higher-dimensional influences shape our world more than most people realize. When Steve Jobs showed up in the computer industry, it was terribly dry and left-brain heavy. He changed that by adding flair, art, beauty, and user friendliness. If not for him, we might all still be pecking at keys working DOS on mouseless devices beneath green-on-black monitors. Jobs' foray into eastern spirituality expanded his mind and lifted him into multi-dimensional vision, which he passed along to billions of people through his inventions that are as tasteful as they are useful.

Abraham Lincoln, considered by many to be our nation's greatest president, was a deeply spiritual man. He held séances in the White House, overseen by D.C. psychic Nettie Meinhard, and he had a psychic premonition of his death. Nikola Tesla, the

genius who gave the world alternating current electricity, wireless technology, x-rays, and neon lighting, received ideas and inspiration for his inventions in clairvoyant flashes. Albert Einstein declared, "Imagination is more important than knowledge," and "I have not arrived at my understanding of the universe by means of the rational mind."

I met Dr. Jill Bolte Taylor, the courageous neuroanatomist who completely overcame a stroke and went on to author the bestselling book, *My Stroke of Insight*. An expert on brain function, Dr. Taylor often speaks to audiences of contrasting proclivity, such as left-brain scientists and right-brain new agers. "The left-brainers want what the right-brainers have," she told me. "They know there is magic and wisdom in the intuitive self, but many of them don't quite know how to access it." For that reason, Jill is a great bridge builder.

That bridge is available to all of us if we are willing to cross it. The movie *Regarding Henry* depicts a hardball lawyer who is transformed after a head injury. ("Lest ye become as a little child, ye shall not enter the kingdom of heaven.") You don't have to have a head injury to be transformed. You just have to bring your intellect into harmony with your spirit, and let the mind serve Higher Power.

If you read between the lines of some of the most popular business books of our time, you will recognize a strong spiritual influence. Stephen Covey has translated lofty concepts into practical application, as has Ken Blanchard. Blanchard is upfront about his spiritual beliefs. He has dubbed himself "CSO" of his company: Chief Spiritual Officer.

*"You do not need to be a guru, healer, or brain surgeon to allow higher power to influence your work. You just have to be willing. The next time you listen to your iPod, surf on your iPad, or talk on your iPhone, remember that the man behind those adventures had one foot in spiritual reality, and another in uplifting the world."*

I was invited to speak at a spiritual conference sponsored by the Sufi Order, a mystical branch of Islam. On my way from the airport to the conference I found myself in a limo with another speaker. "How did you get to be invited to speak here?" he asked me. I told him (somewhat proudly) about some of the books I had written. "What do you do?" I asked him. "I'm a brain surgeon," he answered.

Oh. "What moved you to go into that profession?"

"In Sufism, everyone is required to have a skill or profession in which you work with your hands," he answered.

I guess brain surgery would qualify.

Behind this doctor's sophisticated sur-

gery was a spiritual influence, as there is behind many people who excel in medicine. Dr. Larry Dossey has done a great deal of research on the power of prayer. He recounts that in a survey in which 1,000 doctors participated anonymously, 59% reported that they pray for their patients, and 55% said they had seen miraculous results of prayer. "The key to this survey is that it was anonymous," Dr. Dossey concludes. "The doctors would have been less honest if they had to identify themselves in a profession that does not generally recognize the power of prayer." So spirit is behind a significant portion of medical success.

You do not need to be a guru, healer, or brain surgeon to allow higher power to influence your work. You just have to be willing. The next time you listen to your iPod, surf on your iPad, or talk on your iPhone, remember that the man behind those adventures had one foot in spiritual reality, and another in uplifting the world. And so do you.



Alan Cohen is the author of many popular inspirational books, including the newly-released *Enough Already: The Power of Radical Contentment*. Join Alan this February 10-15 in Hawaii for the extraordinary program *Miracles, Metaphysics, and Maui*.

For more information about this program, Alan's other books, and free daily inspirational quotes via email, visit [www.alancohen.com](http://www.alancohen.com), email [info@alancohen.com](mailto:info@alancohen.com), or phone (800) 568-3079 or (808) 572-0001.

**EVENTS** from page 8

9494. Email: dotsytc@hotmail.com or James Pantera: jpantera@cox.net

**GA Meetings** —ACT Counseling & Education in Phoenix and Glendale. **Tuesday, Spanish** (men preferred) 7:00 -9:00 pm. 4480 W. Peoria Ave., Ste. 203, Glendale. **Thursday, Spanish** 7:00 - 9:00 pm 4480 W. Peoria Ave., Ste. 203, Glendale. **Sunday, Spanish** 6:00 - 8:00 pm 4480 W. Peoria Ave. Ste. 203, Glendale. **Sunday, English** 6:30 - 8:00 pm 5010 E Shea Blvd., Ste. D-202, Phoenix. Contact Sue F. **602-349-0372**

**Sex Addicts Anonymous** www.saa-phoenix.org **602-735-1681** or **520-745-0775**.

**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**.

**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.

**ARIZONA INSTITUTE FOR SPIRITUAL DIRECTORS** www.aeisd.org. Marilyn Bever at 480-948-0707 ext. 124 for dates, time and cost. Franciscan Renewal Center, 5802 E. Lincoln Dr.

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

## Is Your Child Vulnerable to Substance Abuse?

One in four illicit-drug users between the ages of twelve and seventeen develops dependency, a rate significantly higher than that of any other age group. In talking to your youngster about tobacco, alcohol and controlled substances (drugs regulated under federal law), make the point that no one who begins using drugs ever imagines that he or she will become hooked. It's still unclear why our bodies react to drugs differently; why one teenager can flirt with alcohol or pot and then break off the engagement cleanly, while another rushes headlong into commitment.

# 1 in 4

Heredity appears to play a large role in determining a person's susceptibility to drugs' effects. For instance, the rate of alcoholism among sons of alcoholic parents is four to five times higher than among children of nonalcoholics. If there is a history of substance abuse in your family, tell your child this. Perhaps knowing that she might have inherited a gene predisposing her to addiction will serve as a deterrent.

In addition to genetic traits, certain social and environmental factors raise the odds that a boy or girl may be drawn to alcohol and controlled substances. Do any of the characteristics below apply to your child? The greater the number of risk factors, the greater an adolescent's vulnerability.

Untreated psychological conditions such as depression, anxiety, conduct disorder, oppositional defiant disorder and personality disorder. For these youngsters, as well as for those with untreated attention deficit hyperactivity disorder (ADHD) and other learning problems that interfere with academic and social success, taking illicit drugs may be their way of self-medicating.

- Temperament: thrill-seeking behavior, inability to delay gratification and so forth.
- An eating disorder.
- Associating with known drug users.
- Lack of parental supervision and setting of consistent limits.
- Living in a family where substance abuse is accepted.
- Living in a home scarred by recurrent conflicts, verbal abuse and physical abuse.

Coming to this discussion well informed will enhance your credibility with your teenager. You'll also be better able to spot problems in the early stages, when they're most treatable. Learn more at [www.healthy-children.org](http://www.healthy-children.org).

## Banner Behavioral Health

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Parents have more influence over their child than friends, music, TV, the Internet and celebrities.

Learn more at [www.drugfree.org](http://www.drugfree.org)

## When You Need Help

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Alcoholics Anonymous	602-264-1341
Al-Anon	602-249-1257
ACA	602-241-6760
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
Calvary Addiction Recovery	866-76-SOBER
Cocaine Anonymous	602-279-3838
CoDA	602-277-7991
COSA	480-232-5437
Commun. Info & Referral	1-877-211-8661
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
Valley Hospital	602-952-3939
WINR	480-464-5764
Workaholics Anonymous	510-273-9253

### TUCSON

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

# Friends Don't Let Friends Die

By LISA OVERTON

A bunch of young friends are hanging out, partying. Each of them has brought a stash: one has some Oxycontin he snuck out of his parents' medicine chest. Another has a fifth of vodka he removed from the liquor cabinet at home. Yet another has a bag of weed. They've pooled their resources and they're passing a joint around when one of them passes out, apparently overdosed on Oxy and alcohol, a deadly combination.

### What do the friends do?

Frequently what happens is they get scared. They may hope their friend gets better on her own. They may wait too long to call for help because they don't know what to do. They may panic and leave their friend, pack up their drugs and flee the scene as quickly as they can. After all, they can get arrested themselves if they call for emergency medical services.

This happens more often than we realize. According to the Drug Policy Alliance, California is among the many states where drug overdose fatalities are the number one cause of accidental injury-related death, surpassing even motor vehicle deaths.

Just this past year I learned about a foundation in San Diego's North County, founded by a woman whose son had overdosed on OxyContin. In a two-year period, six young men from the same area had their lives cut short when they died from overdoses. These deaths are tragic examples of the deadline of the issue at hand.

Now, thanks to years of hard work by a number of advocates, things will be different come January 1, 2013. That's when the "Good Samaritan Law," signed in September by Governor Brown, goes into effect. The law will give limited immunity from prosecution for low-level drug law violations, including possession of small amounts of drugs. (Those who sell drugs are not protected under the new law.)

The bill, AB 472, was introduced by Senator Tom Ammiano who said in a press release, "This is a great victory for parents. None of us want our kids overdosing on drugs, but as I told the legislature, I'd rather have my kid around to yell at than attend a funeral. The young friends of those who overdose shouldn't hesitate to seek help because they fear arrest. With the Governor's signature, they won't have to."

Critics of the law argue that this new policy condones drug use and may be exploited by drug users who see it as a free pass to use indiscriminately. Margaret Dooley-Sammuli, Senior Policy Advocate for ACLU of California, dismissed that claim.

"Just because I can safely call for help doesn't mean I'm going to jump off a cliff," she offered as an analogy. "This law will help to combat the stigma of drug abuse. We recognize that we can save lives here. We want

*"They've pooled their resources and they're passing a joint around when one of them passes out, apparently overdosed on Oxy and alcohol, a deadly combination."*

to change our culture and put people's lives ahead of petty drug arrests."

She noted an incident where a young man overdosed on heroin and his friends did summon paramedics. The police arrived with them and immediately began gathering evidence.

Dooley-Sammuli pointed out that often people who overdose on drugs are novice users, who may not have had a discernible drug problem until the overdose. "I'm sure the parents would rather get the call notifying them that their kid has a drug problem from an emergency room instead of the morgue. An incident like this can be the turning point for an intervention instead of the end of the road."

Overdose prevention advocates will join dozens of organizations throughout 2013 in helping to get the word out and raise awareness of the new law. The police may still arrest and charge someone, but now people will have a defense in court. Dooley-Sammuli noted that advocates will work with law enforcement and public defenders to help educate them that charges in these situations would not be lawful under the new bill.



Lisa E. 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@californiatogether.com](mailto:lisa@californiatogether.com).

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# Recovery Chef

## Satisfying Seasonal Soup

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

As the days get shorter and nights get cooler, you may notice a seasonal preference for warm, hearty food. Soup really fills the bill. Soup is a great way to begin a meal. Not only is it a flavorful way to add more vegetables to the diet, but it also tends to take the edge off hunger allowing for moderate consumption for the rest of the meal. Due to soup's warmth and consistency, it requires slowness of eating lending itself beautifully to mindful eating, eating with awareness. The warmth itself helps us feel satiated or satisfied and eating slowly helps us to really identify when it is we have had enough to eat. Remember, it takes 20 minutes for our tummies to let our brains know we are full.

Store bought soup tends to be very high in sodium and sometimes fat as well. Consider making large batches of different kinds of soup and freeze in individual portions for easy reheating. This way, not only do you have a convenient first course to your meal, but you also have control over the ingredients in your soup.

Chef Richard Serna makes great use of late summer, early fall yellow sweet corn in this delicious corn and leek chowder. Corn has been deemed "bad" by some popular diets and clearly we do probably over-consume corn or corn products (as well as many other foods). However, corn does have some beneficial nutrition properties. Yellow corn is high in soluble fiber which helps reduce cholesterol. It also contains the antioxidant pigments lutein and zeaxanthin, which help protect the macula of the eye, preventing macular degeneration. The leeks, onion and garlic contain organosulfur compounds which are good for heart disease and cancer prevention.

So, sit back, relax and enjoy the change of season with a nice warm bowl of comforting soup, knowing you are doing something good for your health.



*Lisa MacDonald, MPH, RD is the director of Nutrition Services at Cottonwood Tucson. Lisa is a Registered Dietitian with expertise in nutrition education, weight management and eating disorders.*

*She has worked in a managed care organization, a public health agency and in the health and wellness/spa setting. Lisa is committed to scientific integrity and the "non-diet" approach to weight management.*

## Corn & Leek Chowder



Presented by Cottonwood Tucson and Chef Richard Serna

Recipe makes 4 cups

### Corn Stock

½ cup	yellow onion (chopped)
1 Tbsp	fresh minced garlic
1 ½ cup	roasted corn kernels
4 each	roasted corn cobs
6 sprigs	fresh thyme
2	bay leaves
1 32oz	rice milk box
1	potato (peeled and sliced)

**Instructions:** To make the stock, sauté the onions, corn, garlic, bay leaves and thyme over a low heat in a saucepot. Continue to sauté the vegetables until the onions are translucent. Add the corncobs sauté for another 5 minutes and add your rice milk and potato. Bring back up to a simmer for 30 to 40 minutes. Once the stock is ready, remove the corncobs, blend the remaining mixture and strain. Set aside as it will be added to the garnish vegetables later.

### Garnish

1 cup	roasted corn kernels
1/2 cup (diced)	yellow onion (small diced)
½ cup	leek (small diced)
½ cup	carrot (small diced)
½ cup	celery (small diced)
½ cup	red pepper (small diced)
1 Tbsp	fresh minced garlic

**Instructions:** In a large pot, sauté vegetables until soft. Add the blended and strained corn stock to the vegetables and let simmer for 5 minutes. Salt and pepper to desired taste. Enjoy.

\*All Nutritional Facts estimated by ESHA Research SQL Food Processor Programs

## Nutrition Facts

Serving Size 1 cup (454g)  
Servings Per Container 4

Amount Per Serving

<b>Calories</b> 270	<b>Calories from Fat</b> 35
<b>% Daily Value*</b>	
<b>Total Fat</b> 4g	<b>6%</b>
Saturated Fat 0g	<b>0%</b>
Trans Fat 0g	
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 120mg	<b>5%</b>
<b>Total Carbohydrate</b> 56g	<b>19%</b>
Dietary Fiber 4g	<b>16%</b>
Sugars 17g	

**Protein** 5g

Vitamin A 30% • Vitamin C 60%

Calcium 35% • Iron 6%

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

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

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



Chef Richard Serna serves as executive chef at Cottonwood Tucson. Cottonwood is a dual diagnosis rehabilitation facility that wanted to foster a holistic approach to recovery. As any chef knows, health begins with what you eat. Richard has completely revitalized the culinary program at Cottonwood in only two years. He became sous chef for Chef Cary Neff at Miraval Life in Balance Spa, which was voted the #1 spa in the world while he was there. Next he was the sous chef at Enchantment Resort in Sedona. He ran the sushi bar at AJ's Fine Foods, attended the culinary program at Pima Community College, and did his internship at the Anaheim Hilton.

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NEWS from page 2

mood and 90 percent of addictions starting in the teenage years, Rx medicine abuse is an established problem we cannot ignore. This is a critical health issue and one that has roots in adolescence. The time is now for each of us to take action to protect our families.” said Pasierb.

For more information visit the *The Medicine Abuse Project*.

### Children’s Health News

*This just in...*

Arizona’s temperatures may still be reaching into the 90s, but it’s not too early to think about the coming flu season. Parents should immunize their children as soon as the vaccine becomes available each year. The American Academy of Pediatrics (AAP) recommends annual seasonal influenza immunization for all individuals 6 months of age and older, including all children, adolescents and young adults.

AzAAP notes that unlike other vaccines, flu shots are widely available and can be safely administered by a non-physician. Also, special efforts should be made to vaccinate people in the following groups: children who have chronic medical conditions that increase their risk of influenza complications such as asthma, diabetes, immunosuppression, or neurologic disorders; family members and others who are in contact with children with high-risk conditions and children under age 5 (especially children under 6 months of age); all health care personnel; and women who are pregnant, are considering pregnancy, have just delivered or are breast-feeding during influenza season.

### Sudden Infant Death Syndrome (SIDS) and other sleep-related deaths

Since the American Academy of Pediatrics (AAP) recommended all babies should be placed on their backs to sleep in 1992, deaths from Sudden Infant Death Syndrome have declined dramatically. But sleep-related deaths from other causes, including suffocation, entrapment and asphyxia, have increased. Sleep safety is key. Arizona’s pediatricians can help educate parents on creating safe sleeping environments for their children.

American Academy of Pediatrics (AAP) Guidelines define Sudden infant death syn-

drome (SIDS) as the unexpected, sudden death of a child under age one in which an autopsy does not show an explainable cause of death. Many doctors and researchers now believe that SIDS is caused by several different factors. Unfortunately, SIDS remains a significant cause of death in infants under one year old. Evidence suggests that the risk of SIDS can be reduced by 50 percent through breastfeeding and recommended immunizations. Removing bumper pads from cribs reduces potential risk of suffocation, strangulation or entrapment.

Arizona pediatricians, social workers, attorneys, advocates, law enforcement and others volunteered more than 5,700 hours to investigate the 862 child deaths in 2010, a decrease over previous years. An AzAPP board member and Tucson physician is among the volunteers reviewing these fatalities.

### A Safe Halloween for Kids

Another safety challenge is Halloween, an exciting time for kids but requires some planning for parents from preparing a safe route to considering the nutritional aspects of the holiday. Childhood obesity epidemic continues to confront families and health care providers seeking to prevent kids from facing a lifetime of health challenges.

To assure a safe Halloween, parents should consider a variety of factors such as selecting costumes that are bright and reflective, choosing a familiar and safe route, purchasing flashlights, and making their own homes safe for trick-or-treaters. Parents must also sort and ration the candy before their children consume anything.

### The Plastic Habit

Are you finding it increasingly difficult to make ends meet each month? Are you relying on plastic to make necessary purchases? Do you use your credit cards to pay bills?

If you answered “yes” to any of these questions, you may be suffering from credit card dependence.

And whether you’re using credit for splurges, or for necessities, it’s a habit worth reconsidering. The following tips will help wean you from your plastic habit:

Shelve your credit cards. Consider carrying cash or your debit card for daily use. Leave credit cards at home and only carry one



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**Number of Smoking Scenes in Youth-Rated Movies Rose by More Than One-Third in 2011**



when you plan to use it for a larger purchase or something that you have already reserved for your credit card.

### Tighten up your budget

Create a real budget and include even the smallest expenses. Maybe filling up at the station or picking up a few things at the grocery store were once expenses that would previously go unnoticed in your checkbook.

### Cut back on non-essentials

The easiest way to free up extra cash is to know the difference between needs and wants, and make a conscious effort to do without those things that you don’t need, which include eating out, vacationing and shopping for discretionary items such as furniture and electronics.

### Create a plan to pay down debt

Sometimes it’s easier to break a habit when you have a goal you are trying to accomplish. Make a commitment to pay down a portion of your debt within a certain timeframe, and get your family involved in working towards a shared goal.

Finally, if your financial obligations become overwhelming and you find yourself losing control, don’t hesitate to seek help. The financial gurus at Money Management International can help you evaluate your spending habits, create a budget and offer options to help you pay off your debt as fast as possible.

[www.moneymanagement.org](http://www.moneymanagement.org)

**1.4 million**

The number of girls in the United States, ages 12-17 who experienced a major depressive episode in the past year. Depression rates are rising for girls during teen years, researchers say.

Source: HealthDay

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## SOMETHING TO THINK ABOUT

The peer pressure to try drugs is no less intense than the sexual pressure that so many adolescents face. As with any situation that could conceivably lead to trouble, parents must communicate and prepare their kids to refuse offers of alcohol and other drugs—preferably without alienating their peers, although sometimes that isn’t possible.

## Smoke Screen or Aid to Quitting?

It's called "vaping"—puffing on an electronic cigarette.

Actor Johnny Depp vaped in "The Tourist," and actress Katherine Heigl used an electronic cigarette a while back on "The David Letterman Show."

Electronic cigarettes, made of plastic and metal, have no tobacco. A battery heats a solution that contains propylene glycol (approved by the FDA as a food additive) to create a vapor that users inhale. The solution, contained in a disposable cartridge, is available in dozens of flavors and with various levels of nicotine.

They don't stain teeth or fingers, and there's no smoke. It's no wonder people are turning to e-cigs as a way to quit smoking—despite warnings from medical experts who caution against their use.

"I think people have the perception that e-cigarettes are harmless," said Dr. Gale Burstein, Erie County health commissioner. "We don't know the long-term health effects on people who use e-cigarettes. We also don't know the effects of secondhand vapor. It's still a public health issue."

Medical experts have questioned the effectiveness of e-cigarettes as a tool to quit smoking. E-cigarettes remain unregulated, and they lack the scientific scrutiny required if they were under the jurisdiction of the Federal Drug Administration. Without solid clinical studies and because e-cigarettes are relatively new, they should be used with caution, say members of the medical community.

"We don't know enough about e-cigarettes to recommend them," said Richard O'Connor, associate professor of oncology in the Department of Health Behavior at Roswell Park Cancer Institute. "They may be helpful to some people. The caveat to that is the absence of manufacturing standards and regulations. The other issue is there have not been any good clinical trials, which is the gold standard for knowing whether something works for smoking cessation."

Proponents argue that enough anecdotal evidence exists to support the efficacy of e-cigarettes as a tool to quit smoking. A spring 2011 study published in the American Journal of Preventive Medicine determined that electronic cigarettes may help smokers quit.

### What's a vaper to do?

"You just hit it whenever you get the urge at certain times of the day," said Kelly, 34, who turned to e-cigarettes last September. "It's totally different from a cigarette, because you don't have to finish the whole thing. You take a couple of puffs, put it down and do whatever you were doing."

Electronic cigarettes were first marketed in China in 2003. They did not become readily available in the U.S. until 2006. Today, about 2.5 million Americans use e-cigarettes, the Tobacco Vapor Electronic Cigarette Association reported. Most use them as a replacement for cigarettes, according to a survey published earlier this year by the University of Alberta, School of Public Health.

Health Commissioner Burstein said e-cigarettes are particularly attractive to underage smokers, and not only because they have flavors like salt water taffy and bubble gum.

"Just the marketing of something electronic is very attractive to children and teenagers," she said. "As a pediatrician, I'm worried this may be another venue for teenagers to start inhaling something that may be toxic."



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## LIFE 101

By **COACH CARY BAYER** [www.carybayer.com](http://www.carybayer.com)

### Keeping Your Word

Recently, I was giving my "Conscious Communication" class, and afterwards one of the students came up to me and wanted to talk further about what I called integrity—in other words, doing what you say you will do, keeping your word, and honoring your commitments. She was a very right-brained healer, who prided herself on her spiritual development, and felt that what I was talking about was being, in her words, "very anal." I smiled. "Talk like that," she said, "reminds me of the way football coaches and quarterbacks talk." I smiled, and told her that guys who scramble free from the punishing blows of 300-pound linemen might not be the kind of guys she'd expect to see at a Reiki circle, but if she was going into battle, a quarterback is the kind of guy she could count on to have her back. "Football players might not seem spiritual in the way that you view spirituality," I told her, but they are usually the kind of people who you could count on—and that's very spiritual in its own right.

Long before the proliferation of written contracts, lawyers, and agents, men shook hands with each other on what they said they would do. That sealed the deal the way a notary public sometimes has to do today in our highly litigious society. When I ran my own communications company doing public relations and marketing, from 1984 through 2001, I was used to client companies that did everything by written contract. And I gave them what they wanted.

One day, I gained an Australian client, and was quite surprised by their refreshing approach: to simply shake hands on our agreement. They did business the old fashioned way: on a shake of hands, where each side would do what it said it would do. In other words, each of us would live by his word.

I can't begin to tell you how many times I see people give their word, only to change it when their mood changes, and they don't feel like honoring their word anymore. What, after all, does giving your word mean if the following day, your mood changes and you no longer

feel like doing what you said you would? Unfortunately, that's how too many people today interpret the giving of their word.

Commitment, as defined by Encarta World English Dictionary, is "a planned arrangement or activity that cannot be avoided." People commit to all kinds of arrangements or activities that they avoid whenever they no longer feel like committing. Calling this kind of haphazard behavior a commitment is an insult to those who honor their word and keep their commitments.

In the post-modern age, one's word often means very little, if nothing at all. Promises, like records, seem nowadays, to be made to be broken. But in earlier times, as recently as the late 19th century—as we see in movie westerns—a man's word was his bond.

Much of this sense of integrity derives from the Bible. As we read in Numbers 30:2, for example, "When a man vows a vow to the Lord, or swears an oath to bind himself by a pledge, he shall not break his word; he shall do according to all that proceeds out of his mouth."

You don't have to wear sandals or hike through the desert with a walking stick like the people of the Old Testament did, nor do you have to wear cowboy boots like the gun-slingers of the Wild West, to give your word and keep it, no matter what. If you speak this way and live this way, people will trust what you say, and will come to know that you are someone who is reliable, and who honors his word. They will want to be in relationship with you, both personally and professionally. That's because you will be one of a small minority of people who truly can be counted on.

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www.samhsa.gov  
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## Recovery Resources

### RECOVERY SERVICES

ACT Counseling	602-569-4328
Alcohol Recovery Solutions	480-496-9760
Amity Foundation	520-749-5980
AZ. Dept. of Health	602-364-2086
Office of Problem Gambling	800-NEXTSTEP
Aurora Behavioral Health System	623-344-4444
Banner Health Helpline	602-254-4357
Bill Ryan, Interventionist	602-738-0370
Celebrate Recovery with	
Chandler Christian Church	480-963-3997
Celebrate Recovery Glendale	602-620-4076
at CrossPoint Christian Church	
Chicanos Por La Causa	602-233-9747
Clean and Sober Living	602-540-0258
Clean Adventures	877-442-8767
Community Bridges	480-831-7566
Community Bridges Access to Care Line	
	877-931-9142
Cottonwood de Tucson	800-877-4520
Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
Complete Testing Solutions	480-507-2307
Decision Point Center	928-778-4600
Dr. Dan Glick	480-614-5622
Dr. Dina Evan	602-997-1200
Dr. Janice Blair	602-460-5464
Dr. Marlo Archer	480-705-5007
English Mountain Recovery	877-459-8595
Franciscan Renewal Center	480-948-7460
Gifts Anon	480-483-6006
Glenstone Village	520-647-9640
Hospice of Arizona	602-678-1313
Intervention ASAP	602-606-2995
Geffen Liberman, LISAC	480-388-1495
Magellan of Arizona	800-564-5465
MASK	480-502-5337
The Meadows	800-632-3697
NAATP	717-392-8480
NCADD	602-264-6214
NotMYKid	602-652-0163
Pathway Programs	480-921-4050
Phoenix Metro SAA	602-735-1681
Promises	866-390-2340
Psychological Counseling Services (PCS)	480-947-5739
Remuda Ranch	800-445-1900
River Source-12 Step Holistic	480-827-0322
Run Drugs Out of Town	480-513-3909
Sage Counseling	480-649-3352
Seabrook House	800-761-7575
SLAA	602 337-7117
Sober Living AZ	602-478-3210
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 Hospital	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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