ART OF RECOVERY EXPO - September 22 - Phoenix Convention Center

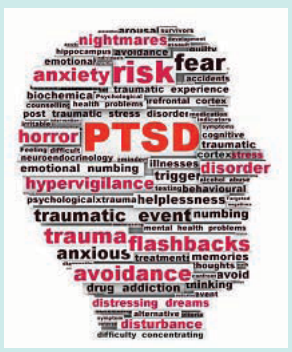
TogetherAZ

Inspiring Success On The Road To Recovery

September 2012

INSIDE THIS EDITION

Benefits of Combining Treatments for PTSD and Substance Abuse



PLUS:

OPEN DOORS

by Dr. Dina Evan

The Role of Shame in Addiction

By John Bradshaw

Addiction has been defined as a pathological relationship to any mood altering substance, experience, relationship or thing that has life damaging consequences. Addiction is pathological because it is rooted in denial. There is no other disease that the worse it gets; the more the patient denies they have it. It is also clear that a person rarely has just one addiction. A vast number of addicts move to another addiction when they stop the addiction they were in. Some of this can be attributed to genetic predisposition, but the more critical factor is internalized shame. Shame is an innate feeling that monitors our propensity towards avidity, especially our curiosity, interest and pleasure. Shame also guards our privacy (acting as covering for our physical and emotional decency). As a covering for our emotional decency, shame safeguards our dignity and honor. No feeling is more important to our sense of self than shame. When our privacy and sense of self is unduly violated because of abandonment and abuse of any kind, the feeling of shame is ruptured. We are completely vulnerable (without any covering) and cannot defend ourselves. We stop feeling shame, we become chronically ashamed. The more this happens the more we experience our identity as flawed and defective. As shame becomes internalized we develop a shame based identity. The

majority of addicts are shame-based. To stop drinking alcohol puts an end to an alcoholic's addiction, but it does not stop the person's addictiveness which is rooted in their shamed based identity.

Initially the rupturing of shame happens within a context involving a significant other. Abandonment, neglect, physical, sexual and emotional abuse are forms of rejection and leave their victim feeling unwanted, undesirable and personally flawed. The abuser

"No shame based person wants to admit any defect or vulnerability."

transfers their own shame to the abused, who carries their shame. Ruptured shamed is "carried or toxic shame." All abuse transfers shame, but when a child is shamed for having a feeling (any feeling) that feeling is bound in shame. The same is true for one's needs and wants, so that when a growing child wants or desires or needs something, they are shamed for it. Once a child goes to school and ventures into the world, there are myriads of dangerous people who are potential sources of shame, The shaming that went on in my catholic elementary school was horrible. Kids learn early on that they are compared to the kids that are handsome and good looking; they learn how obsessively important sports are and many learn that they just don't measure up. One of the processes of shaming is measurement. Slow learners (often because of slower development) are shamed both at school and at home for not measuring up. Children quickly learn about money and experience shame if their family is low income. We live in a culture of vicious shame.

Young girls easily develop shame because of their gender, and God help the gay, lesbian and transgendered. They are not only socially shamed but they are told that God judges them. Over fifity-five years of teaching and counseling I've seen many addicts whose shame was sealed by the forces I've just described.

A shame based addict feels flawed and defective in their very being. To feel that way is to feel hopeless. This awful sense of

SHAME *cont. page 9*

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

Meet John Bradshaw at the 7th Annual Art of Recovery Expo, Saturday, September 22, Phoenix Convention Center Hall F. Mr. Bradshaw's keynote address begins at 10:15 a.m. Doors open at 10 a.m. FREE admission. Visit www.artofrecoveryexpo.com

But, I'm Not "THE" Addict!

By Bill Ryan

I'm often asked by the friends and family members experiencing the challenges of having someone they love struggle with addiction two questions. "What can do I do to help this suffering person?" "What is addiction?" I will address the topics of education, intervention and recovery.

What is Addiction?

Addiction is a chronic brain disease that can be treated. **There is no cure**, however, a 100% chance of 100% lifelong remission exists when treatment is accepted and maintained.

Addiction is characterized by continuous or periodic use of a mood altering substance or behavior despite adverse dependency consequences, or a neurological impairment leading to such behaviors. Addictions can include, but are not limited to, alcohol abuse, drug abuse, excessive exercise, sex, eating disorders and gambling. Classic hallmarks of addiction include: impaired control over substances/behavior, preoccupation with substance/behavior, continued use despite consequences, and denial.

As an interventionist and addiction specialist I've seen where most of what was previously defined as addiction can also be described as how the family and friends behavior can be affected when dealing with their addicted love one. It's often referred to as being co-addicted.

In order to give the addict the best chance at getting and staying clean and sober having a committed and courageous support team who is willing to seek treatment for themselves is extremely important.

Frequently when I'm educating concerned family and friends about addiction and we start to discuss that addiction is a "family systemic" issue-- there is an understandable change in their demeanor and attitude. Feelings range from fear, denial, confusion, anger and frustration — to eventually — hope, understanding, faith, willingness and surrender.

In discussing "their" roles and how they can be contributing in keeping the addict "stuck" I get a range of comments like, "Wait a minute, I'm not the problem", "I've done everything for them", "I love her and give her money and a roof over her head," or "If he gets clean then I will be OK", "If I don't continue to help something worse may happen."

These are all normal caring human comments but when further discussed it becomes apparent to all in the meeting — by "not" doing anything or by "continuing the co-dependent behavior nothing will improve, and unfortunately in most cases the situation gets worse.

Families in their desperation and feelings of helplessness try to take control of the situation and "force" the addict to change. Many will beg, manipulate, lie, threaten, bribe, or worse yet continue to "enable" the addict in order to get them the life-saving help they need.

More times than not these behaviors fall short and are not the answer. The addict's behavior consciously and un-consciously holds the loved ones hostage --everyone feels they are "stuck between a rock and a hard place." Families become confused, frustrated and paralyzed with what to do for the one they love so much. They feel if they set boundaries or consequences the person will surely get worse. If they do nothing then the addict will continue to spiral downward. Most of us who have been in this dilemma revert to or continue to "enable" the addict and this

I'm Not THE Addict *cont. page 11*

Bill Ryan has been involved in the field of chemical dependence both profession-ally and person-ally for over 30 years. Bill is a Registered Addiction Specialist (RAS), a Board Registered Interventionist (BRI) and a Certified Life Coach (CLC). He is a member of the American Counseling Association (ACA), and a full member of the Association of Intervention Specialists (AIS). Contact him at 602-738-0370.

I'm Not THE Addict *from page 1*

is where the disease gets its way by keeping everyone "frozen" or in "limbo." Doing "nothing" is where the danger lies and the addiction grows.

What is Enabling?

Enabling is a pattern of thinking and behaving in a relationship that helps another person avoid taking responsibility for themselves. It's being part of the problem, which keeps the disease progressing. It is unintentional collusion with the disease. Enabling frees the addict from the responsibility that could interrupt the disease process. As the co-addiction continues, enablers become increasingly unable to take care of their own health and happiness, becoming further distraught and losing hope. Some of the common enabling behaviors are denying the disease, encouraging willpower, applying the "no talk" rule, stuffing feelings, keeping secrets, rescuing, protecting, covering up, serving, nursing, making excuses, believing the lies, blaming others and ourselves, making threats, providing bailouts, taking over responsibilities, minimizing or ignoring inappropriate or abusive behaviors and complaining or enduring with no action.

Enabling can send the message of disrespect and shame — "you are not enough, you are insufficient to take care of yourself, you need me to take care of you and direct your life". Enabling, though well intended removes natural life consequences that would reinforce the need for healthy change. Although enabling appears to work in the short term, in the long run everyone involved gets sicker. They increasingly tolerate addictive behaviors and progressively lose themselves as they bargain with, and obsess over their loved one's behavior. Enabling behaviors become more common and intense as denial of the co-dependent disease progresses.

What is Denial?

In general, denial is a set of automatic and unconscious reactions that defend against the pain of recognizing the seriousness of a problem. Denial is a normal part of the human condition but in dealing with addiction it can be horrendous.

To try and address the many definitions within alcohol and drug addiction of denial can be nearly impossible because it affects every individual and family differently. What professional interventionists, recovery coaches, therapists, counselors and educators can do is provide scenarios to help you and your loved one struggling with addiction in understanding the harmful effects of denial.

Phase One

One of the major forms of denial is when an individual or family struggling with addiction is fully aware of the problem, but when confronted about it they immediately deny a problem exists. They may admit to alcohol or drug abuse, but deny the fact they are addicted.

An interesting example of this type of denial happened when I was conducting a coaching session on a young woman. Her father asked, "Honey, don't you see you're in trouble, you're an addict?" The daughter looked down and quietly said, "Yes, I'm an addict." It was rewarding to see she was coming out of her denial but an interesting thing happened almost instantly, the dad knowing his daughter was every bit an addict blurted out "No not my daughter, you're not an addict"! This is an example of how powerful the feelings and confusion around denial and addiction can manifest not only with the addict but more insidiously with families. The young woman went to treatment that day and dad sought his own treatment which was an agreement he had made with her if she were to get help.

Another form of denial is when family members or addicts are completely blind to the fact there is a problem. This is when an individual suffering from addiction truly does not believe they have a problem at all. This happens to both the addict and the family member.

Addressing this phase of denial can be very difficult. Education about what addiction is and how it has affected their life and relationships is a crucial step. When these types of denial are addressed, the individual and families can accept it and start moving toward recovery. Often this is accomplished in a professional intervention or family coaching/counseling session.

Phase Two

Immediately after primary treatment is completed the newly sober addict may feel they no longer need to monitor their recovery, and experiences another form of denial. This can happen no matter how long you or your loved one is in recovery, but is usually the most crucial period of a newly clean and sober addict. Overcoming the second phase of denial requires an understanding that pure willpower alone is not strong enough to fight this disease. Recovery takes work and help, whether it is from a recovery coach, support groups, after care, outpatient treatment, or 12 step meetings. This is not only crucial for the addict — it is just as important for the family and friends to be working their individual personal program during this phase of recovery.

Phase Three

This phase of denial is when either the individual or their loved ones no longer feel they have to continually work at recovery. They say or think things like, "I've been clean for years," or "They are doing so good staying sober." I have often seen the addict may stay with their recovery program but the family member either never started or stops working theirs and will unknowingly negatively affect the addict's progress by not working on their issues. Addressing this stage of denial requires a lasting commitment from everyone to addiction recovery.

Individuals struggling with addiction can relapse years into their sobriety without seeing it coming and this is true for the

I'm Not THE Addict *cont. page 12*

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
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 Hosptial	602-952-3939
WINR	480-464-5764
Workaholics Anonymous	510-273-9253

TUCSON

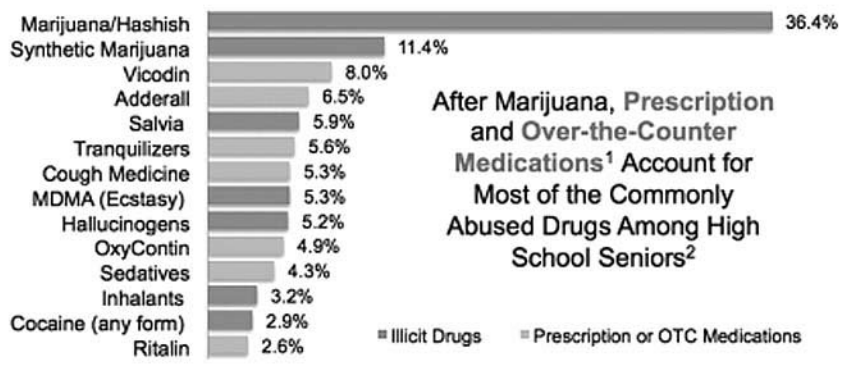
Alcoholics Anonymous	520-624-4183
Al-Anon	520-323-2229
Anger Management Intervention	520-887-7079
Co-Anon Family Groups	520-513-5028
Cocaine Anonymous	520-326-2211
Cottonwood de Tucson	800-877-4520
Crisis Intervention	520-323-9373
Information Referral Helpline	800-352-3792
Half-Way Home	520-881-0066
Narcotics Anonymous	520-881-8381
Nictone Anonymous	520-299-7057
Overeaters Anonymous	520-733-0880
Sex/Love Addicts Anonymous	520-792-6450
Sex Addicts Anonymous	520-745-0775
Sierra Tucson	800-842-4487
The S.O.B.E.R Project	520-404-6237
Suicide Prevention	520-323-9372
Tucson Men's Teen Challenge	520-792-1790
Turn Your Life Around	520-887-2643
Workaholics Anonymous	520-403-3559

To get listed email: aztogether@yahoo.com

Prescription Drug Abuse: Young People at Risk

The RX Risk: Roughly 1 in 9 youth abused prescription drugs in the past year.

Young people are abusing prescription drugs at alarming rates. These drugs act on the same brain systems as illegal drugs and pose similar risks for dangerous health consequences, including later addiction.



[1] Past Year Use
[2] Monitoring the Future Survey, 2011
[3] National Survey on Drug Use and Health, 2010

Don't Feed the Animals

By Dr. Marlo Archer

On a recent vacation to a Bryce Canyon, UT, I read an article in the park newspaper that clearly stated several great reasons why park visitors should not feed the wildlife. I could not help noticing some parallels in the human world.

First, there was the notion that the animals' bodies really only do well with a natural diet and when we feed them processed foods, we disrupt their digestive processes. Animals that receive a steady diet of human food will no longer be able to digest their natural foods and will ultimately starve to death with a full stomach.

Haven't we seen children, having just consumed a sugary bowl of cereal, eat a second bowl immediately, or want a snack just an hour later? Don't you know children that are quite fat, yet are always complaining that they are hungry? This is because we are often feeding children things that are so far from natural that they have no nutrition, and thus, the children, with full stomachs, are actually starving.

Next, there was the idea that animals that are given food will stop learning how to find natural foods and they will teach their offspring to beg rather than to hunt or gather food. This relates to us trying to make children happy by giving them anything they want, rather than making them earn it. We are seeing the effects of this now in 3rd and 4th generation children who not only have no idea how to work for what they want, but they have no idea that they should or that it might be desirable to do so.

The article laments that fed animals become totally dependent on humans for their survival. I would assert that children who are given everything they desire simply stay dependent on their parents for survival. These are the kids whose parents put them through college and then let them move back home when they aren't offered a six-figure income on graduation day. These kids refuse to accept entry-level work and are quite satisfied to let mom and dad continue to support them while they play video games, smoke weed, and wait for a headhunter to come offer them a corner office. If mom and dad aren't available for these kids, a boyfriend or girlfriend will do, and if they can't get that plan to work, Uncle Sam can certainly foot the bill for their life because they sure aren't going to.

The National Park also warned that giving free food to the wildlife can cause normally docile animals to become aggressive and violent. I would assert that we see that with today's overindulged youth as well. They get used to getting things for free and when the pool dries up, they have no coping skills, no resilience, and they take a duffel bag of guns into a public venue and shoot up random strangers.

The article stated that feeding the wildlife was actually a form of cruelty, and that although good intentions might be involved, folks who feed the animals are unwittingly causing serious harm. It went on to state that true animal lovers simply don't feed the wild animals.

Can we take that advice and declare that people who truly love their children will not feed them junk and will not give them everything they want, but rather, teach them to work to fulfill their needs, rather than waiting for someone else to come along and do it for them?

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

I'm Not THE Addict *from page 11*

families as well. Denial is commonly associated with the first phase of addiction, but it can linger throughout recovery. Much like addiction, denial is also a family symptom and can happen within every individual. The best way to continue a healthy and lasting life in recovery is to stay vigilant, communicate openly and work your individual programs on an ongoing basis.

Family co-addiction is like the story of the elephant in the room. I like to replace the elephant analogy with a dragon. The dragon being the dis-ease of addiction.

When the dragon is in the room and everyone is standing around it they see different things. Their perspective is mainly on what they see in front of their face and is "their" reality at the time.

The person at the front sees the dragon's head, scary eyes and fire breathing mouth. The person standing behind sees a long tail and people to the side of the creature see a leathery skinned body. Everyone is convinced they are correct in their view.

Everyone can then argue, deny, or convince each other what they see is the truth – but – it's not until everyone rises above and looks down at what it "really" is when they can see in a more objective way. Only then can they unite with a common unified understanding of what they are facing. This often comes through education and intervention.

If long lasting recovery is to be achieved I strongly recommend family members attend counseling or on-going educational sessions to help deal with the impact of a loved one's addiction. Family-Anon, Nar-Anon, Al-Anon and Alateen (for younger family members) offer help and hope to co-addicted families. All of these groups hold regular meetings throughout the country to share experiences, learn from the stories of others, and feel encouraged to find their own strength and happiness.

Almost 30 Percent of Teen Boys Use Some Form of Tobacco, CDC Study Finds

An overall decline in tobacco use is good news

Almost 30 percent of boys and 18 percent of girls in middle and high school used some type of tobacco last year, the Centers for Disease Control and Prevention (CDC) announced Thursday. The rate of teen tobacco use has been slowly declining over the past decade.

The CDC report found 23.2 percent of high school students and 7.1 percent of middle school students used some form of tobacco, the Los Angeles Times reports.

The CDC findings come from a national survey of almost 19,000 students. The report notes that among middle school students, current cigarette use declined from 10.7 percent in 2000 to 4.3 percent in 2011. Among high school students, current cigarette use decreased from 27.9 percent to 15.8 percent during that period.

"An overall decline in tobacco use is good news, but although four out of five teens don't smoke, far too many kids start to smoke every day," Thomas R. Frieden, Director of the CDC, said in a statement. "Most tobacco use begins and becomes established during adolescence. This report is further evidence that we need to do more to prevent our nation's youth from establishing a deadly addiction to tobacco."