OVERCOMING PERFECTIONISM

BY STACIE COX, LCSW, LAADC, ICAADC, CADC II, CEC, CHT AND CLAUDIA LINeweaver, PHD, LPC

KB220Z A Pro Dopamine Regulator

By Kenneth Blum, Ph.D., DHL | John Giordano, MAC, DHL | Lyle Fried, CAP, ICADC, CHC
TIME TO FACE THE WORLD AGAIN.

A different way to treat people.

We aim to provide the highest quality treatment for every individual that will enable them to maintain long-term sobriety and experience the fullest, highest quality of life.

Call Us Today! 877.659.4555
soberlivingoutpatient.com
Dear Readers,

I welcome you to The Sober World magazine. The Sober World is an informative award winning national magazine that’s designed to help parents and families who have loved ones struggling with addiction. We are a FREE printed publication, as well as an online e-magazine reaching people globally in their search for information about Drug and Alcohol Abuse.

We directly mail our printed magazine each month to whoever has been arrested for drugs or alcohol in Palm Beach County as well as distributing locally to the schools, colleges, drug court, coffee houses, meeting halls, doctor offices and more throughout Palm Beach and Broward County. We also directly mail to treatment centers throughout the country and have a presence at conferences nationally.

Our monthly magazine is available for free on our website at www.thesoberworld.com.

If you would like to receive an E-version monthly of the magazine, please send your e-mail address to patricia@thesoberworld.com.

Drug addiction has reached epidemic proportions throughout the country and is steadily increasing. It is being described as “the biggest man-made epidemic” in the United States. More people are dying from drug overdoses than from any other cause of injury death, including traffic accidents, falls or guns.

Many Petty thefts are drug related, as the addicts need for drugs causes them to take desperate measures in order to have the ability to buy their drugs. The availability of prescription narcotics is overwhelming; as parents our hands are tied.

Purdue Pharma, the company that manufactures Oxycontin generated $3.1 BILLION in revenue in 2010? Scary isn’t it?

Addiction is a disease but there is a terrible stigma attached to it. As family members affected by this disease, we are often too ashamed to speak to anyone about our loved ones addiction, feeling that we will be judged. We try to pass it off as a passing phase in their lives, and some people hide their head in the sand until it becomes very apparent such as through an arrest, getting thrown out of school or even worse an overdose, that we realize the true extent of their addiction.

I know that many of you who are reading this now are frantic that their loved one has been arrested. No parent ever wants to see his or her child arrested or put in jail, but this may be your opportunity to save your child or loved one’s life. They are more apt to listen to you now than they were before, when whatever you said may have fallen on deaf ears. This is the point where you know your loved one needs help, but you don’t know where to begin.

I have compiled this informative magazine to try to take that fear and anxiety away from you and let you know there are many options to choose from.

There are Psychologists and Psychiatrists that specialize in treating people with addictions. There are Education Consultants that will work with you to figure out what your loved ones needs are and come up with the best plan for them. There are Interventionists who will hold an intervention and try to convince your loved one that they need help. There are detox centers that provide medical supervision to help them through the withdrawal process.

There are Transport Services that will scoop up your resistant loved one (under the age of 18 yrs. old) and bring them to the facility you have chosen. There are long term Residential Programs (sometimes a year and longer) as well as short term programs (30-90 days), there are Therapeutic Boarding Schools, Wilderness programs, Extended Living and there are Sober Living Housing where they can work, go to meetings and be accountable for staying clean.

Many times a Criminal Attorney will try to work out a deal with the court to allow your child or loved one to seek treatment as an alternative to jail. I know how overwhelming this period can be for you and I urge every parent or relative of an addict to get some help for yourself. There are many groups that can help you. There is Al-Anon, Alateen (for teenagers), Families Anonymous, Nar-Anon and more. This is a disease that affects the whole family, not just the parents.

Addiction knows no race or religion; it affects the wealthy as well as the poor, the highly educated, old, young-IT MAKES NO DIFFERENCE.

This magazine is dedicated to my son Steven who graduated with top honors from University of Central Florida. He graduated with a degree in Psychology, and was going for his Masters in Applied Behavioral Therapy. He was a highly intelligent, sensitive young man who helped many people get their lives on the right course. He could have accomplished whatever he set his mind out to do. Unfortunately, after graduating from college he tried a drug that was offered to him not realizing how addictive it was and the power it would have over him.

My son was 7 months clean when he relapsed and died of a drug overdose. I hope this magazine helps you find the right treatment for your loved one. They have a disease and like all diseases, you try to find the best care suited for their needs. They need help.

Deaths from prescription drug overdose have been called the “silent epidemic” for years. There is approximately one American dying every 17 minutes from an accidental prescription drug overdose. Please don’t allow your loved one to become a statistic. I hope you have found this magazine helpful. You may also visit us on the web at www.thesoberworld.com.

Wishing all the dads out there a Happy Fathers Day!


Sincerely,

Patricia
Publisher
Patricia@TheSoberWorld.com

For Advertising opportunities in our magazine, on our website or to submit articles, please contact Patricia at 561-910-1943 or patricia@thesoberworld.com.
IMPORTANT HELPLINE NUMBERS

211 PALM BEACH/TREASURE COAST 211
WWW.211PALMBEACH.ORG
FOR THE TREASURE COAST WWW.211TREASURECOAST.ORG
FOR TEENAGERS WWW.TEEN211PBTC.ORG
AAHOTLINE-NORTH PALM BEACH 561-655-5700
WWW.AA-PALMBEACHCOUNTY.ORG
AA HOTLINE - SOUTH COUNTY 561-276-4581
WWW.AAINPALMBEACH.ORG
FLORIDA ABUSE HOTLINE 1-800-962-2873
WWW.DCF.STATE.FL.US/PROGRAMS/ABUSE/
AL-ANON- PALM BEACH COUNTY 561-278-3451
WWW.SOUTHFLORIDAALANON.ORG
AL-ANON- NORTH PALM BEACH 561-882-0308
WWW.PALMBEACHAFLG.ORG
FAMILIES ANONYMOUS 847-294-5877
(USA) 800-736-9805
(LOCAL) 561-236-8183
561-493-5300
CENTER FOR GROUP COUNSELING WWW.GROUPCOUNSELING.ORG
CO-DEPENDENTS ANONYMOUS 561-364-5205
WWW.PBCODA.COM
COCAINE ANONYMOUS 954-779-7272
WWW.FLA-CA.ORG
COUNCIL ON COMPELLUSIVE GAMBLING 800-426-7711
WWW.GAMBLINGHELP.ORG
CRIMESTOPPERS 800-458-TIPS (8477)
WWW.CRIMESTOPPERSBHC.COM
CRIME LINE 800-423-TIPS (8477)
WWW.CRIMELINE.ORG
594-746-2055
WWW.MHABROWARD
DEPRESSION AND MANIC DEPRESSION 800-500-1119
WWW.FCADV.ORG
FLORIDA DOMESTIC VIOLENCE HOTLINE 800-891-1740
WWW.GA-SFL.ORG and WWW.GA-SFL.COM
HEPATITUS B HOTLINE 800-891-0707
WWW.JFCSONLINE.COM
JEWISH FAMILY AND CHILD SERVICES 561-684-1991
WWW.JFCSONLINE.COM
LAWYER ASSISTANCE 800-282-8981
561-766-6779
MARIJUANA ANONYMOUS 888-947-8885
WWW.MARIJUANA-ANONYMOUS.ORG
NARC ANON FLORIDA REGION 561-848-6292
WWW.NARANONFL.ORG
NARCOTICS ANONYMOUS-PALM BEACH 800-891-1740
WWW.PALMCOASTNA.ORG
NATIONAL RUNAWAY SWITCHBOARD 800-RUN-AWAY (786-2929)
WWW.1800RUNAWAY.ORG
NATIONAL SUICIDE HOTLINE 1-800-SUICIDE (784-2433)
WWW.SUICIDOLOGY.ORG
ONLINE MEETING FOR MARIJUANA 954-746-2055
WWW.MA-ONLINE.ORG
OVEREATERS ANONYMOUS- BROWARD COUNTY WWW.GOLDCOAST.OAGROUPS.ORG
OVEREATERS ANONYMOUS- PALM BEACH COUNTY WWW.OAPALMBEACHFL.ORG
RUTH RALES JEWISH FAMILY SERVICES 561-852-3333
WWW.RUTHRALESJFS.ORG
WOMEN IN DISTRESS 954-761-1133
PALM BEACH COUNTY MEETING HALLS
CENTRAL HOUSE 2170 W ATLANTIC AVE.
CLUB OASIS 561-634-1949
WWW.THECROSSROADSCLUB.COM
CROSSROADS 561-278-8004
EASY DOES IT 561-433-9971
LAMBDA NORTH CLUBHOUSE WWW.LAMDANORTH.ORG
THE MEETING PLACE 561-255-9866
WWW.THETHEETINGPLACEINC.COM
THE TRIANGLE CLUB 561-472-1110
WWW.THERETRIANGLECLUBWPB.COM
BROWARD COUNTY MEETING HALLS
12 STEP HOUSE 954-523-4984
101 CLUB 205 SW 23RD STREET
LAMBDA SOUTH CLUB 700 SW 10TH DRIVE & DIXIE HWY
WWW.LAMDASOUTH.COM
POMPANO BEACH GROUP 954-761-8072
WWW.LAMBDAOAST.COM
PRIDE CENTER SW CORNER OF SE 2ND & FEDERAL HWY
WEST BROWARD CLUB 954-463-9005
WWW.PRIDECENTERFLORIDA.ORG
WWW.WESTBROWARDCLUB.ORG
Become An Addiction Counselor
Certified Addiction Professional (CAP), Counselor (CAC), or Specialist (CAS)

Certified Behavioral Health Technician, Certified Recovery Support Specialist and Continuing Education Also Available

Call Us: 877-465-2778
www.addictionacademy.com

Wayside House
Addiction Recovery For Women, By Women Since 1974

REBUILD  RECONNECT  RECOVER

90-Day Residential
Intensive Outpatient
Outpatient
Aftercare
Holistic Therapies - Equine, Art, Horticulture, Yoga
Parenting Skills Training
Intervention Project for Nurses
Job Skills Training & Placement Services For Alumnae

Schedule An Assessment
561.278.0055 or info@waysidehouse.net
www.waysidehouse.net
378 NE 6th Ave.
Delray Beach, FL 33483

Recovery For Women
From Alcohol & Drug Addiction

Empowering Women Through Women
Individual, Group, & Family Therapy Supporting Long Term Recovery
A Premier Treatment Program Utilizing Holistic & Evidence-Based Methods
A Tranquil Sanctuary With Private & Semi-private Villas

888-508-0388
ORIGINSOFOPE.COM
5511 South Congress Ave. | Suite 125 | Atlantis, FL 33462
Perfectionism is a term we hear often in today’s society. Perfectionism is often paired with traits such as orderly, clean, tidy, meticulous, structured, determined, or driven. It is sometimes difficult to read the connation. Is it healthy or unhealthy to be a perfectionist?

Isn’t it a positive characteristic to be organized, motivated, and efficient? Isn’t it natural for most people to want to improve in areas where deficiencies exist? How much is too much in regard to personal striving?

Striving for excellence can be empowering and may lead to a life where values, goals, and behaviors are aligned. True perfectionism, however, can be extremely defeating, debilitating, and at times paralyzing.

Ann Smith (2013) differentiates types of perfectionism. Overt perfectionism is highly noticeable. Some examples might be individuals who seem to rarely make mistakes, who criticize or complain about how other people do things, who prefer routine and structure, or who are seen as uptight or neat by others. Other people tend to label these individuals as perfectionists.

Overt perfectionism may be a predominant characteristic for individuals with the eating disorder anorexia. Individuals with anorexia are typically driven, persistent, detail-oriented, and crave order and control. They try to control their world by withholding food from their bodies. They often set standards for themselves that are impossible to maintain, holding themselves to an unrealistic body weight or size.

The least obvious category of perfectionism is covert perfectionism. Some examples might be engaging in procrastination and being self-critical or being unforgiving when a mistake is made. Covert perfectionists may avoid doing activities that they are not good at doing.

Ironically, covert perfectionists likely even appear laid-back and easy going. They are harder to detect by others, and they often dismiss that they could ever be a perfectionist. For example, an individual might say, “There is no way that I could be a perfectionist. You should see my house, what I ate yesterday, how long I waited to begin my paper.” The perfectionism is real but covert, so it is often unidentified.

The eating disorders bulimia nervosa and binge eating disorder are more likely associated with covert perfectionism. These eating disorders typically present with unhealthy body image thoughts and obsessions about food, weight, and exercise. On the outside, however, it is more typical for someone who suffers from binge eating disorder or bulimia to be of an average or above average weight. He or she may also have a higher BMI. Therefore, it may be unlikely that the average person or perhaps even a medical professional would flag the individual as struggling with an eating disorder or perfectionism.

Substance abuse may be connected to either overt or covert perfectionism. With overt perfectionism, individuals may be using substances to allow themselves to over-function. As they respond to unrealistic demands in their personal and professional lives, they may be using substances to sustain stamina.

Others are using alcohol to “fit in” and to be socially “perfect” by having the right drink and being perceived as “cool” in their personal and professional settings.

Covert perfectionists often use alcohol to self-medicate, turning off the “noise” and laundry list of items that they either need to get to or have not gotten to that day. This covert perfectionist mindset thus often leads to procrastination, instead of being able to prioritize and then address the tasks at hand. The use of substances and this avoidance behavior may create additional problems such as dealing with hangovers, missed deadlines, regrets, and poor quality of work.

While perfectionism may lead to and exacerbate eating disorder and substance abuse issues, there is hope for change. The first step is to identify perfectionism and the ways in which it is playing out in our lives, even in less than obvious ways. We cannot change what we do not acknowledge.

Secondly, we can learn to understand and accept how perfectionism truly harms versus helps our lives and recovery from eating disorders and substance abuse. Next, a key component of recovery from perfectionism is learning to lean into the uncomfortable feelings that often follow experimenting with more authentic, less “perfect” behaviors. Initially, it often feels threatening and like a mistake to be more authentic or genuine.

Brene Brown (2012) refers to this experience as having a “vulnerability hangover.” However, learning to tolerate, accept, and process the uncomfortable feelings is possible and is a crucial part of our growth and development. By addressing feelings, behaviors, and thoughts that drive and perpetuate the patterns with perfectionism in eating disorders and substance abuse, we may begin to recover and heal in these areas.

Finally, we must also be aware that perfectionism surrounding the recovery process itself may surface. For example, if a relapse occurs, it is typical for a recovering perfectionist to judge herself without mercy. This type of thinking must be replaced with more realistic and self-compassionate dialogue. Sometimes professional support is needed to help uncover and then replace negative thought and behavioral patterns with healthier coping behaviors and cognitions, as well as to address unresolved trauma and other issues that are driving the perfectionism. Some of the treatment modalities that have been proven to be most effective in treating perfectionism are mindfulness-based techniques, NLP (Neuro-linguistic Programming Techniques), CBT, hypnotherapy, art therapy, equine therapy, and pie therapy.

Stacie Cox is a Licensed Psychotherapist in California and New Mexico, a Licensed and Internationally Certified Advanced Alcohol and Drug Counselor, a Consultant, and Co-founder of Pie Therapy LA. Stacie has approximately 20 years of experience working in the fields of counseling and recovery. Stacie maintains a full time psychotherapy, recovery coaching, and clinical hypnotherapy practice in Santa Monica, California, and a part time practice in Santa Fe, New Mexico treating adults, teenagers, individuals, couples, and families. Stacie’s clinical areas of focus are: trauma, addiction, eating disorders, relationships, and perfectionism.

Dr. Claudia Lineweaver is a licensed professional counselor with a Ph.D. in counseling from the University of Virginia. She has approximately 20 years of experience working in the counseling field and has served as an adjunct professor for George Washington University and Argosy University. Claudia has her own full time psychotherapy private practice in Northern Virginia, Washington DC area and treats eating disorders, relationship issues, perfectionism, trauma, and individuals from families impacted by addiction.
Spiritual Growth Therapy

A New Way of Thinking

Visit our blog for intriguing articles on current events, philosophy, and spiritual growth!

www.SpiritualGrowthTherapy.com

CALL NOW! 844-305-4357

RECOVERY COACH TRAINING

Are you looking to build a career, and have a passion for helping others? Come take our training and become a Certified Recovery Coach (CRC)!! We will provide you with the necessary skills to mentor and provide support to anyone who would like to enter into or sustain long-term sobriety. Come join us and get your certification to become a Recovery Coach. The training will take place over two weekends, March 18th – 20th and the 25th – 27th at Lifescape Solutions Located in West Delray Beach. Come take advantage of our training valued at $850 at our discounted price of $450. Not only will you be getting an extremely beneficial certification for this amazingly low price but a 100 percent goes to our scholarship program to help those who can’t afford to help themselves. For more information and to reserve your spot today visit www.SpiritualGrowthTherapy.com!! Please hurry as we only have a limited number of seats available!!

Visit our blog for intriguing articles on current events, philosophy, and spiritual growth!

www.SpiritualGrowthTherapy.com

CALL NOW! 844-305-4357

The Benchmark Transitions® Program

Benchmark Transitions® is a comprehensive, multi-disciplinary approach to residential therapeutic transitional living for young adult men and women offering a full continuum of transitional living services:

• Detox
• Residential
• PHP (Day Treatment)
• IOP (Intensive Outpatient)
• OP (Outpatient)
• Transitional Living
• Extended Care
• Evening IOP

Our dual-diagnosis model combines clinical treatment, behavioral health therapy, addiction recovery & aftercare, educational & occupational opportunities, career development and life skills in a structured and nurturing environment that fosters self-discovery and autonomy.

Individualized Treatment with Comprehensive Program Options

Recovery by Benchmark®
Substance abuse treatment specific to young adults

Benchmark Behavioral Health
Specific treatment option for clients without substance use history

Co-Occurring Diagnosis
Individual treatment plans specific to each client’s needs

We won’t give up if you don’t give up.

INTRODUCING a new and exciting phase to our program development ... Opening Summer, 2016!

Benchmark Transitions® welcomes two primary residential programs to our family of services. Founded in 1993 by Jayne Longnecker-Harper, Benchmark Transitions continues to be family owned and operated, serving young adults and their families for nearly twenty three years.

Benchmark Transitions® is known for our comprehensive clinical support, life skills, education and vocational guidance. It is with tremendous gratitude that we announce a new and exciting phase to our program development...

Benchmark Transitions® at Wildwood Canyon for young adult men and Benchmark Transitions® at Panorama Ridge for young adult women.

We are thrilled to include a true, primary residential experience for families and our clients, in addition to the structured transitional and extended care services we have always offered.
We are in the middle of a national crisis, a drug epidemic that is killing our children at an extremely rapid rate. Your average parent doesn't know anything about opioids, addiction, or recovery. Most people are busy working hard to pay their bills and support their families. Most parents never even considered that their children could eventually become drug addicts.

I went on Google and looked up the phrase what is addiction today, and there were 211,000,000 answers. I also looked up the phrase what is recovery and found 103,000,000 answers on Google. Imagine that you are a parent, and you just found out that the son or daughter that you love with all of your heart, the child that you have raised and taken care of for the past seventeen years is shooting heroin! You know nothing about addiction or recovery, what would you do? There is more misinformation on the internet than there is valid information when it comes to addiction and recovery. How is it even possible that there are 211,000,00 answers for addiction, and 103,000,00 for recovery, that's insane! As a parent new to addiction, you are already going to be scared, hurt, angry, and confused; where do you go to get the answers that you desperately need to help save your child?

"Parents are key when it comes to keeping kids off drugs. Good parenting is the best anti-drug we have." – Mel Carnahan

The first thing that parents need to know is that there are plenty of charlatans in the recovery field who are willing to take their money. You can't just trust people or businesses at face value; you must do your due diligence and research to fact find. The best way to find good professionals is through testimonials of former clients. You can always tell successful people by the fruit that they produce. Video testimonials are the best unless you can actually talk to the real clients. There are so many families that have been touched by the disease of addiction today. Someone in your neighborhood, family, or friends knows something about addiction. If their son had a drug problem and is now clean and sober, ask them where he went for treatment, how he did it, etc. Know that you are helping to fight for your son or daughter's very life. You must be willing to do whatever it takes to get between your child and the drugs that are stealing their lives from them. You will have to make some hard choices going forward, harder choices than perhaps you have ever had to make in your life. Addiction is cunning, baffling, and powerful, an insidious foe!

There are three factors that will help us to save our children from addiction: Awareness, Education, and Prevention. Parents need to be aware of: changes in their child's actions and behaviors, that their child has a problem, aware that the problem impacts the whole family, aware that there is hope and help, aware of what the problem is, what the solution is, and the program of action to change it, aware of the support systems available and aware that they are not alone. Parents need to be educated on: what to do when they find out that their child has a drug problem, educated about what not to do, emerging street drugs, are there drugs hidden in their house, educated about treatment modalities, detoxification, residential treatment, outpatient, partial hospitalization, case management, aftercare, recovery coaching, support groups, relapse prevention, manipulating, enabling, codependency, AMA, medication management, denial, interventions, counseling, therapy, dual diagnosis, family recovery coaching, and so much more. Prevention is getting kids that haven't gone down the wrong road as of yet to listen, and stay away from heroin and other dangerous drugs. To utilize all the tools that we have to save as many young lives as we can through prevention measures.

Once parents find good, qualified professionals to help their loved ones, they need to let them do their jobs. While their son or daughter is in treatment to change and starting to get well, the parents should attend a support group for themselves at the same time. Make sure that there are not any drugs in the house; do a sweep of the house looking for any possible hidden drugs. The parents may want to consider hiring a professional family recovery coach; they work with the family helping them to cope with having addiction in the family and have the skills, tools, and knowledge to help the parents to handle the entire situation, perhaps in a much better way than they would on their own. A recovery coach works only with the substance abuser and the family recovery coach works only with the family of the substance abuser.

There are many different modalities of treatment today; not everyone recovers from addiction the same way. Some individuals respond better to one modality than they do to another. For example, the twelve steps are not for everyone; some individuals choose holistic recovery, smart recovery, faith-based, or Christian recovery, or other modalities to recover from addiction.

One of the biggest misconceptions that families have is that when a family member goes to treatment for thirty days, that they are going to come home and be fixed. Recovery is a process that takes time; it's not going to happen in thirty days. There are no shortcuts. It's important for anyone new to recovery to get a solid foundation to build their new sober life upon. Remember that anyone going into treatment for the first time is going to have some reservations, they are going to have some fear, and at some point may panic and want to use drugs again. It's important that the family stands united and committed; should your loved one in treatment start to complain and want to come home, stay strong for them. It's addiction calling their name; don't give in!

Aftercare is crucial to a successful long-term recovery. Research has shown that long-term aftercare leads to long-term sobriety. Case managers, recovery coaches, sponsors, sober housing, counseling, support groups, and therapy can be factors for a successful long-term aftercare.

Certainly, for parents, there are plenty of books on addiction and recovery, magazines, DVDs, videos, and the internet. There is a plethora of information for parents to sift through. I would suggest that parents stick with those who are tried, tested, and proven as successful in saving lives, not just theories. They say in the rooms of recovery, "Stick with the winners!" That's probably the best advice.

No parent should have to bury their child because of addiction. There are great organizations to support parents such as Al-Anon, Families Anonymous and Nar-Anon. Through education, awareness, and prevention, many young lives can and will be saved. Recovery is a fact. There are thousands of individuals living in long-term recovery in our nation today.

Rev. Dr. Kevin T. Coughlin, Ph.D. is a Master Coach, trainer, writer, poet, speaker, a Diplomate Christian counselor and therapist. He is Board Certified in Family, Developmental, Alcoholism, Substance Abuse, and Grief Counseling. The Reverend is a NCIP interventionist, a Domestic Violence Advocate, Associate Professor for DCU, a Provincial Superintendent (to be consecrated a Bishop in the spring of 2016) and an expert in the field of Addiction and Recovery. He is the Director of New Beginning Ministry, Inc., a Residential Recovery Center and President and CEO of Phase IIIC Coaching, LLC. He is a published author and has published thousands of poems and articles published throughout the United States and other Nations.
Seacrest Resource Center
ACCREDITATION COMPLIANCE CONSULTATION

We provide consultation, technical expertise, guidance and motivation for healthcare organizations seeking national accreditation and state/federal regulatory compliance for:

- Psychiatric Hospital Accreditation
- Behavioral Health Care Accreditation
- Home Healthcare Certification
- CMS (Medicare) • Medicaid • State Licensure

Toll Free: (888) 576-8373
Office: (561) 738-1369 • Fax: (561) 738-4968
E-mail: lpotere@seacrestresourcecenter.com
www.seacrestresourcecenter.com

CHECK OUT OUR WEBSITE FOR MORE INFORMATION!

Looking for a supplier of drug screening kits at excellent prices?

✓ Hundreds of configurations in stock
✓ Easy-to-use Tests
✓ FDA Cleared
✓ Bulk Discounts Available
✓ K2/Spice and ETG tests in stock

For more information call 877.722.6339
sales@claritydiagnostics.com  www.claritydiagnostics.com

DUIFR44.COM

DUI / FR44 | SR22 | NON-OWNER

We have been providing insurance for more than 30 years. Our bilingual agents are the best in securing the exact coverage required for your situation.

- The Experts on DUI Insurance in Florida
- DUI - FR44 - SR22 Filings
- We Help You Get Back On The Road
- Providing Services Since 1981

CALL US TODAY!
1-800-336-9377

To Advertise, Call 561-910-1943
The full moon is rising as the hellhounds howl across the moor. Psychic vampires, with teeth bared, surround us. We are under attack.

These psychic vampires drain our energies, hijack our dreams and find ways to beat us down. Albert Ellis called them "difficult people." Preston Ni called them "negatively entrenched." Whatever the name, they can be obnoxious, irritating, or toxic. They can be angry and confrontational. Psychic vampires attempt to commandeer our emotions and throw us out of balance. They incessantly compete with us, know more than us and acquire more than us. They use trickery and wage war, not in the present moment, where our power resides, but cunningly in the past and future.

 Luckily, we have a plan to battle and defeat this enemy. The following are recommendations for waging war against psychic vampires, but, be forewarned; they do not include sharpened stakes or clumps of garlic.

1. **Learn to relax:** In the competitive 21st century, challenging schedules and excessive multitasking increase demands on our time. Many have developed work ethics that include personal discipline, goal setting and perseverance as we move forward, eyes on the prize. But failure to relax, nurture ourselves and recharge our batteries leads to the inevitable burn out, a predictable phase where we question our goals and lose passion for our craft. Clergyman Thich Nhat Hanh advises, "We will be more successful in all our endeavors if we can let go of the habit of running all the time, and take little pauses to relax and re-center ourselves. And we'll also have a lot more joy in living."

2. **Restore balance:** Good health and wellness are realized only after our entire system is in homeostasis. That system includes physical, psychological, spiritual, vocational and social characteristics. When one aspect breaks down there is an imbalance in the system leading to compensation of the defect leading to further imbalance. Prime examples of this imbalance are aches, pains, emotional dysfunction and addictions. For optimum health, it is imperative to restore balance.

 Fortunately, our body is a machine seeking homeostasis and wellness. We strive to maintain a condition of equilibrium within our internal environment, even when faced with external disruptions from psychic vampires.

3. **Keep your distance:** Preston Ni of Communication Success suggests, "Some people in our lives are simply not worth tussling with. Your time is valuable, so unless there's something important at stake, don't waste it by trying to change or convince a person who's negatively entrenched. As the saying goes: 'You can't fly like an eagle if you hang out with turkeys!' Whether you're dealing with a difficult colleague or an annoying relative, be diplomatic when you need to interact with them. The rest of the time, keep a healthy distance."

4. **Think positive:** "If you think about disaster, you will get it. Brood about death and you hasten your demise. Think positively and masterfully, with confidence and faith, and life becomes more secure, more fraught with action, richer in achievement and experience" was advice from Eddie Rickenbacker (1890-1973) American Fighter Ace, Race Car Driver and pioneer in air transportation.

Rickenbacker’s recommendation underscores the power of positive thinking, thought alteration and behavioral change. We must regroup and alter the way we view the world. Positive thinking raises our confidence and faith. It helps us develop strategies to maintain control even in a toxic environment.

5. **Find your center:** We are out of balance when we are depressed, obsessive, angry or caught up in self-destructive behaviors. Finding our center through practice and introspection is an ideal way to cope with these minor (or perhaps major) psychic vampires. We all possess that center, that place of harmony. It is our private Fortress of Solitude, a place where we are in balance, harmony and control. Find ways to go there and frequent it often.

6. **Seek resolution:** We live in stressful times and in toxic environments that can disrupt our lives and upset our equilibrium. Psychic vampires are an inherent part of our journey. Unfortunately some individuals deal with them by using unhealthy, maladaptive behaviors.

 The list is predictable and finite. Drugs and alcohol for some. Process addictions - food, sex, gambling, shopping - for others. But maladaptive behaviors are immediate, short-term solutions that offer scant resolution. These are quick fixes that lose their authority as we, inevitably, are confronted with additional life stressors. Although maladaptive behaviors work for the moment, they perpetuate a continuing pattern of self-destruction leading to the next slip, relapse or binge. A more positive strategy is to restructure our thoughts and resolve disputes from a stance of confidence and empowerment.

7. **Keep moving:** This is the sage mantra echoed by aging Baby Boomers (1946-1964) and members of the Silent Generation (1925–1945). It has been a valuable lesson learned by one group and shared with another. Being active is essential to living a healthier life. Exercise should be a mandatory discipline that families routinely participate in. Youth need at least 60 minutes of physical activity every day and adults need at least 30 minutes of daily activity.

 According to the Mayo Clinic exercise combats health conditions and diseases. Being active boosts high-density lipoprotein (HDL), or "good," cholesterol and decreases unhealthy triglycerides. This one-two punch keeps your blood flowing smoothly, which decreases your risk of cardiovascular diseases. Regular physical activity can help you prevent or manage a wide range of health problems and concerns, including stroke, metabolic syndrome, type 2 diabetes, depression, certain types of cancer, arthritis and falls.

8. **Take a walk:** Walking is often the first step in a health and wellness program. Those who believe exercise is complicated, boring or expensive should consider it. Walking as little as 30 minutes a day lowers your risk of stroke, diabetes, dementia, depression, osteoporosis, arthritis and cancer. Walking also boosts your immune system and could possibly counter the effects of aging. Between 2005 and 2010, the number of adults who walked for 10 minutes or more at least once a week rose from 56 to 62 percent—an increase of almost 20 million people—as reported by the
We are the second step to becoming sober.

Calling us is the first.

3 Corbett Way • Eatontown, NJ 07724
800.710.4300 • sprouthealthgroup.com
Relapse is the single most challenging issue facing clinicians working in the field of addiction. Numerous relapse prevention strategies have been developed to mitigate this propensity for relapse. Despite these efforts, relapse remains a formidable challenge and a chronic issue for many recovering addicts. Shame and stigma are noted by many researchers and clinicians alike as main contributors to the relapse cycle, and a significant barrier to reintegaration from treatment. Disconnection and psychological isolation (us versus them mentality) feed shame and stigma. Connection, on the other hand, is a chief source of strength for recovery. Many find this connection through participation in recovery groups such as Alcoholics Anonymous. Community-based relapse prevention is an approach that takes the idea of connection, and the power found in connection, to a whole new level. It means going beyond awareness, going beyond acknowledging addiction as a problem, and taking steps to mobilize our communities toward recovery.

Community-based relapse prevention starts with moving the conversations we have about addiction forward. . . . moving them out of our homes, out of the treatment centers, and into the community at large. It’s about creating an addiction recovery movement within our communities, not just within the microcosm of the recovery community. It’s also about a shift in mindset to one that is not focused on fighting addiction (us versus them mentality) to one that’s main focus is on embracing addiction recovery as an entire community (us and with them mentality) and helping individuals and families move forward and succeed at recovery.

The challenge is that our conversations about addiction are often like those concerning global warming. Those who are far removed from involvement in the crisis either deny it even exists or are kidding themselves to think that it’s not progressing and not a potential threat to the future of our society, and possibly even humanity. And although this is obviously not an article about the global warming issue, it is helpful to look at some of the parallels in the way we tend to think and talk about these issues.

For example, while many people do acknowledge and agree that global warming is occurring and even a significant issue, most people are not concerned enough yet, or reluctant at best, to participate in addressing the issue or making changes that might cause any real discomfort, and most likely won’t be willing to do anything until it is either mandated or it starts to negatively impact their lives directly. In other words, no one really wants to get involved until it is smashing them in the face. Sound familiar?

Now let’s look at drug addiction. Patterns of drug use are changing, with many new, more powerful and dangerous drugs available, posing a real and true potential threat to human existence. No, you say? Just consider the recent influence of the powerful and various forms of synthetic drugs that have been turning up, and the severe and long-term ramifications of their effects. Perhaps there isn’t a true threat today or tomorrow, but certainly somewhere down the road if things continue the way they are going. Unfortunately, the reality is that drug addiction is currently having an impact on society and is a true potential threat to humanity. Also, addiction, unlike global warming is currently spreading throughout our national cities at an alarming rate, leaving a wake of death and destruction in its path. Current impacts of the addiction crisis tend to vary depending upon where you live, but are generally reported everywhere. In fact, according to recent news broadcasts, drug addiction issues, especially heroin, are now being reported in places like New Hampshire and the suburbs of Columbus, Ohio. It’s clearly no longer an inner-city problem.

Nevertheless, people who are not experiencing any direct impact or so they think are able to delude themselves into believing they don’t need to get involved. The majority of Americans are quick to agree that addiction is a significant and serious issue in our country but this is generally where the conversation comes to an end. We move on to more pressing life issues such as what movie to go see or where to have dinner unless of course, addiction is affecting you and your family directly. Yet, even then, unlike issues such as global warming, shame and stigma often further restrict and limit the conversations we have about addiction to the confines of a treatment center, our homes and/or our inner circles. It is here where most people are held back or step back, and it is here where one of the greatest opportunities for future impact exists.

In 2015, a group of researchers published Community-based relapse prevention for opiate addicts. A randomized community controlled trial presenting research they conducted between December 2010 and March 2011 to assess the effect of a community-based relapse prevention program (CBRP) compared to aftercare as usual. The CBRP intervention consisted of five components or stages:

1) Patient and family engagement
2) Community assessment
3) Community mobilization
4) Organizing community teams
5) Community-based relapse prevention planning

The results indicated that the participants in the intervention group had a significantly higher rate of abstinence. Interview data about the effects of the process indicated that the patients felt “it was impossible to revert to addictive behavior because of the close relationships” that they had developed with the community members and community members reported de-stigmatization and a change in attitude toward addicts.

Community education, especially relative to specific relapse warning signs and relapse prevention strategies, was found to be highly beneficial to community recovery efforts. Community mobilization strengthens this powerful recovery strategy of connection. Community-based relapse prevention is a way of actively mobilizing, organizing, and educating communities and represents a vision for the future in addiction recovery. It starts with taking our conversations about addiction beyond the treatment centers, our homes, and our inner circles. It’s about moving the conversation forward, and integrating addiction recovery into the community. Implementing community-based relapse prevention may be idealistic to some or it may just be the wave of the future. It’s certainly worth considering the potentially powerful impact that initiating such a program could have on reducing the shame and stigma associated with addiction and improving overall addiction recovery outcomes. At some point, it may be our only defense against the downward spiral that is currently taking place in our communities across the nation.

References Provided Upon Request

Karrol-Jo (KJ) Foster is a Licensed Mental Health Counselor, Certified Addiction Professional, Advanced Certified Relapse Prevention Specialist, and Researcher. KJ works as a clinical research therapist at The Treatment Center of the Palm Beaches. She is also a PhD student at FAU researching relapse prevention and the impact of shame on addiction recovery. In addition to her relapse prevention and shame research, KJ is co-author of the research project “Spiritual Competence in Counseling and Supervision” which is currently in progress. She recently facilitated a learning institute on Integrating Spirituality into Counseling at the American Counseling Association Annual Conference in Montreal. KJ is a member of ACA, ASERVIC, FMHCA and President of the Beta Rho Chi Chapter of Chi Sigma Iota Counseling Academic & Professional Honor Society International. She may be contacted at gratitudeflows@gmail.com
ETHICS + INTEGRITY + EXPERIENCE

BEIGHLEY MYRICK UDELL LYNNE
BMULAW.COM

WE REPRESENT THE LEADERS IN THE RECOVERY COMMUNITY. WHO REPRESENTS YOU?

JEFFREY C. LYNNE, ESQ. 561.549.9036 | JLYNNE@BMULAW.COM
SOBERLAWNEWS.COM
Hello, my name is Elizabeth Burton-Phillips and I am 65 years old. I am a wife, mother and grandmother and a former teacher until I retired in 2010. For the last seventeen years of my career I was Head of Department at one of the most successful girls’ schools in Great Britain. I live with my husband in Twyford near Reading not far from London, England.

These days, as both mother and grandmother I can’t resist showing off pictures of my two beautiful little grandchildren. But for me, the joy runs even more deeply than most, contrasting as it does with the devastation my family experienced 12 years ago.

At the age of 13, both my twin sons began smoking cigarettes and cannabis which led them to try increasingly more dangerous drugs over a period of 14 years, culminating in injecting heroin. Full of naivety and thinking doing drugs and drinking was all a bit of a laugh, drug dealers saw their chance to groom my sons onto addictive hard drugs, by offering them their first heroin ‘spiff’ for free. This was a step towards learning to die. One February day in 2004, after a huge drink and drug-fuelled argument, Simon went to make peace with his brother and found that Nick had hanged himself in despair because of his addiction. For 14 years, Simon and Nick’s actions and subsequent consequences changed our lives forever.

Those fourteen years were full of anxiety, fear, violence and intimidation from drug dealers which led us to re-mortgaging our house three times, putting our sons through rehab and innocently trying to sort out and manage their addiction - not realising at the time that we did not cause it, nor could we control it or cure it. When we were trapped in the midst of our sons addiction, our behaviours went to a different level of enabling and rescuing in a desperate effort to take control of something that was controlling all of us. Hindsight and experience as a result of these difficult and painful times means that today I have a very different approach to this disease which gives nothing and takes everything.

Six months after Nick’s death, raw with grief, an unpredicted healing process began, when Simon and I were invited to spend some time with friends in Connecticut, USA. I discussed the idea of writing everything down about what drugs had done to our family. When I began to write everything down I wrote from my perspective as a mother and Simon told it from his as an addict, showing what drugs had done to him and his brother and many of their peer group. It was therapeutic writing for both of us. Many things had been hidden from us by the twins during those 14 years and we too had hidden our guilt and shame from friends, family and colleagues at work. Looking back, it was a slow unfolding family illness and tragedy as the two young men we loved turned into people we no longer recognised physically and their associated addictive behaviours controlled our lives and ripped the heart out of our family. It was a frightening, terrifying time.

As part of my recovery I published the story ‘Mom, can you lend me twenty bucks? – What drugs did to my family’. The response since May 2007 has been staggering, with over 50,000 letters, telephone calls and emails from families all over the world saying “your story is our story, it mirrors everything in our own lives and we too are waiting in dread for that knock on the door that you had one night from the police”.

Since the paperback version of my book was published in 2008 it has been translated into several languages including Czech, Dutch, Danish and Polish. It has brought me into contact with many hundreds of families like my own who are also bereaved by addiction. I have received letters from school children to recovering addicts, prisoners and ordinary families trying to deal with the nightmare of addiction because it becomes a family illness.

I learned the hard way that addiction takes everything from you and gives you nothing in return. It’s an equal opportunities destroyer of family life. There is a real ripple effect which reaches far and wide for the family and friends of an addict, the forgotten victims who face a rollercoaster of emotions, including blame, shame and an absolute dread and fear of how it is all going to end.

Blanket coverage of my book has launched me into the forefront of anti-drug campaigning in the UK and Europe. Back in 2010, I was invited to lecture at the European Commission in Brussels and the Europe against Drugs London event in September 2010. My story was selected as one of the 10 top Europe against Drugs stories for 2012/2013.

In the last 12 years I have been invited to speak in the public interest in the UK and overseas at over 500 events in schools and at conferences from as far away as Jerusalem and Cyprus, Italy and all over the UK, Europe and Southern Ireland.

I was co-opted on to the government’s Advisory Committee on the Misuse of Drugs New Recovery Committee in 2012 as the family representative. I was nominated as a Woman of Achievement in 2009, 2010 and 2011 by the nominating committee of the Women of the Year Awards.

In 2012 my book was adapted into a very successful Theatre in Education stage play for schools, the police in training, community groups, fellowships and many prisons. Its 100th performance was in October 2015 at the Palace of Westminster in London supported by my local MP Theresa May who is our Home Secretary.

The intervening years since Nicholas committed suicide has seen the birth, development and growth of the charity www.drugfam.co.uk which this year celebrates its 10th birthday.

As founder of The Nicholas Mills Foundation/DrugFAM we are doing our utmost to offer hope to other families through which we
Our 3-9 month therapeutic and comprehensive Men’s and Women’s transition recovery programs include:

- Individual therapy with a Licensed, Masters level therapist
- Weekly groups facilitated by certified addictions counselors and a Master’s level therapist.
- Spiritual group and guided meditation
- Adventure Excursions that include camping, river and ocean fishing, hiking, biking, whitewater, snow trips and sporting events.
- Job search and preparation, including resume building and interview skills
- Upscale structured living homes provide a perfect environment to learn and grow in recovery.
- Transportation and meals are provided.
- Most insurance is accepted.

Oregon Trail Recovery provides clients with the resources and tools to address their core issues and behaviors to increase their ability for sustained recovery and mental and emotional well being.

Call 503.901.1836 or visit OregonTrailRecovery.com
Today we are facing the worst opiate/opioid epidemic in American History with 127 people dying every day from a narcotic overdose. It has been estimated that at least 27 million Americans are hooked on opiates/opioids. While making the anti-opiate drug Naloxone available without a prescription as an antidote for people who stop breathing is good, the underlying problem is that less than 25% of addicted Americans are being treated for their narcotic addiction. Providing FDA-approved Medication Assisted Treatments (MATS) especially Buprenorphine alone or in combination with Naloxone, Methadone and Naltrexone to treat both legal (iatrogenic) and illegal addiction to opiates/opioids including poly-drugs use seem counterintuitive.

In our opinion, although these drugs have a place in the very short term maybe six months for opiate replacement therapy and from 3-7 days to help treat non-cancerous acute pain. However, utilizing these anti-reward substances that block the normal physiology of the brain—reward circuitry and adequate neuronal release of the chemical messenger dopamine, is like adding fuel to the fire.

With this said -“Is there a better solution?” To be honest, there is no simple answer and no “magic bullet” that will cure Reward Deficiency Syndrome (RDS) including both drug and non-drug related addictive behaviors. The complexity of how billions of neurons work to provide we homo sapiens with the remarkable ability to combat everyday stress and achieve intense pleasure was once a great mystery. Now modern genetics and neuroimaging techniques are providing a way to unravel how dysfunction in the reward circuitry of the brain ultimately leads to mental illness. The 2000 Nobel Prize Winner Eric Kandel stated:

“The brain is a complex biological organ possessing immense computational capability: it constructs our sensory experience, regulates our thoughts and emotions, and controls our actions.”

Since this statement is accepted as being true, how then, can a mortal person attempt to provide answers? These complex and highly emotional behavioral acts are, without oversimplification, what make us tick. In spite of this, here we are in the 21st century caught up in a global drug epidemic so vast and so pervasive that it is challenging our best scientific minds to find solutions.

RDS behaviors are all addictive compulsive and impulsive behaviors caused by dopamine dysregulation. How did we find out about RDS? The story of inherited (genetic) or environmentally (epigenetic) induced RDS begins in the very late 60’s or early 70’s. At that time very little was known about the brain and especially about the chemical messengers involved in producing interaction within the brain’s nervous system that lead to human behaviors. Our first clue as to the role of the messenger chemical serotonin and alcohol intake is derived from the seminal work of Myers & Veale (1968) in lab rodents. They showed that desire (preference) to drink alcohol increased when the synthesis of serotonin was reduced in the brain. Another exciting finding published in Science in 1970 came from Virginia Davis and Michael Walsh. They found an alkaloid (Tetra-hydro-papaveroline) was raised brain endorphins. The amino-acid D-Phenylalanine was used to stop the enzyme which breaks down methionine-enkephalin.

Work in the mid 80’s by Dackis and Gold led to the idea especially in cocaine dependence of the “dopamine depletion hypothesis.” They attempted to replace the lost dopamine by directly stimulating one dopamine receptor called DRD2 using powerful Bromocriptine. This reduced acute cocaine craving, however, long-term use in test tube experiments caused a reduction in the number of dopamine receptors, resulting in an undesirable dysregulation of dopamine function. Gold’s group was correct in that normalizing dopamine particularly in the brain’s reward circuit as one promising treatment strategy consistent with recent animal models of dependence and previous theories about the role of Dopamine in addiction.

By 1984, the first generation of a complex KB220 reached over 1000 treatment centers in the United States with positive results. It is now in a liquid (aqua) nano form.

The challenge was to accomplish D₂ receptor activation especially in the mesolimbic reward pathway with “gentle” dopamine agonist therapy. The second generation of the nutraceutical KB220Z [see Table 1] was assembled based on the brain reward cascade [see Figure 1] which shows how the neurotransmitters serotonin, enkephalins, GABA, and dopamine interact to produce reward.

Table 1 Ingredients of the second generation of the nutraceutical KB220Z

<table>
<thead>
<tr>
<th>GRAS NUTRIENT</th>
<th>PATHWAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>D-Phenylalanine</td>
<td>Opioid peptides</td>
</tr>
<tr>
<td>L-Phenylalanine</td>
<td>Dopamine</td>
</tr>
<tr>
<td>L-Tryptophane</td>
<td>Serotonin</td>
</tr>
<tr>
<td>L-Tyrosine</td>
<td>Dopamine</td>
</tr>
<tr>
<td>L-Glutamine</td>
<td>GABA</td>
</tr>
<tr>
<td>Chromium</td>
<td>Serotonin</td>
</tr>
<tr>
<td>Rhodiola rosea</td>
<td>COMT</td>
</tr>
<tr>
<td>N-Acetyl-Cysteine</td>
<td>Glutamine</td>
</tr>
<tr>
<td>Pyridoxine</td>
<td>Enzyme catalyst</td>
</tr>
</tbody>
</table>

Figure 1 The Brain Reward Cascade

Following many years of intensive research thirty studies have been now published showing the many clinical benefits of KB220. The following are highlights of some clinical outcomes of KB220 variations published in peer reviewed journals:

Continued on page 38

KB220Z A PRO-DOPAMINE REGULATOR, BALANCES BRAIN REWARD CIRCUITRY INDUCING “HOMEOSTASIS.”

By Kenneth Blum, Ph.D., DHL, John Giordano, MAC, DHL and Lyle Fried, CAP, ICADC, CHC
What doctors say about Synaptamine

I have been very pleased with the results using Synaptamine in my practice. Patients comment that they are better able to focus, have more energy and are less anxious.
I have used Synaptamine to help my patients with addiction, depression, and eating disorders. The results have been consistently positive - I feel it has given me another tool to use instead of prescription medications.
- Dr. Carolyn Ross, MD, MPH

And their patients ...

I am a 56 year old in recovery from alcoholism. I started using Synaptamine - taking it daily and within the first week noticed that I was more focused and felt great - I was able to stay sharp in a demanding job without feeling overwhelmed or taxed. It has given my recovery a boost that I'm not willing to be without!
- Bill G.
A New Approach In Addiction Treatment

Executive Ranches Creates a Recovery Experience based on Respect, Caring and Dignity.

Multiple Individual Therapy Sessions Weekly / Group Therapy / Hypno Therapy / Trauma Release
Relapse Prevention / Physical Therapy / Nutritional Therapy / Brain Chemistry Balancing
Toxicity Testing / Acupuncture / Massage Therapy / Reiki / Chiropractic Care / Chef Catered Meals

Executive Ranches believes that treatment should be a fully immersive experience that allows the opportunity to deal with the core issues surrounding addictions.

Executive Ranches is featured on WWW.ADDICTIONRECOVERYEXPERIENCE.COM

Harmony Hills
Addiction Treatment
Opening in 2016 on the edge of Ocala National Forrest,
Combining the nature and recovery into a life changing recovery experience.
call 1-855-24-Recover for more information.

Karyn Hurley, BHS, CNC, MNLP
Program Director

Scott Jones, BSW, CHAP
Program Developer

Darren Cefalu, MSW, MCAP
Clinical Director

Luxurious Rooms and Suites
On Site Pool and Fitness Center
Complete Access Business Center

Most Out of Network Insurers Accepted

1-855-24-RECOVER
1-855-247-3268
We know Lives are on the line...

We understand a fast turn around time is required, NOT optional. Which is why our lab technicians will do whatever it takes to ensure you receive your results within 24 hours.

Results are checked by 2 MT’s before the certifying scientist reviews and releases the results.

Don’t get forced into a panel you don’t want, customize your test panel based on your patients needs, not the labs.

We can customize how you view your laboratory results: mail, fax, portal, even automatically upload them into many EMR’s.

Our SOP’s require hand offs and sign offs whenever samples change hands. Specimen tracking is more than important.

As a full service laboratory, we pride ourselves on keeping you completely satisfied. Our customer service and laboratory teams stand ready to answer your questions anytime.

24 HOUR TURNAROUND
ACCURATE RESULTS
CUSTOMIZED PANELS
EASY TO FIND RESULTS
NO LOST SPECIMENS
SUPERIOR CUSTOMER SERVICE

1501 Green Road, Suite A, Pompano Beach, Florida 33064
754-222-5150 | 844-DRUG-LAB
AtlanticBioTech.com
I am in recovery from Body Dysmorphic Disorder (“BDD”). BDD is basically when a person takes a small or even non-existent, imagined “defect” in his or her body and exaggerates it into their perceived reflection to the point that it affects the ability to function “normally” in life.

For me, every time I saw my reflection in a mirror, mall window, car window, etc., I saw this huge, grossly deformed stomach. BDD correlates with abuse of plastic surgery, eating disorders, addiction, depression and suicide. These are examples of the numerous destructive behaviors that can come into play. BDD affects 1-2 percent of the population of all men and women equally.

BDD is a disorder that has taken me to the brink of suicide. It has occurred with other destructive behaviors. I am also in recovery from substance use disorder for alcohol and cocaine as well as bulimia, steroids and still battle clinical depression. All of these are known to correlate with BDD.

I cannot point to any one issue that caused me to develop BDD but I can look back on my life and point to many possible environmental events that may have been the trigger to a young, very shy boy, desperately wanting acceptance. A child who internalized every negative thing said to him. That was me.

One day, while I was walking home from middle school with some kids who I thought were my friends, they suddenly tore my pants off and threw them into the street. I was “pantied.” They made fun of my big exposed stomach (I was overweight) and my hanging “man boobs,” telling me I needed to “get a bra.” I walked a mile home in my underwear with the sounds of their laughter at what they had done to me ingrained in my mind--forever. It was so traumatic that decades later I can still point out where it happened.

I also had a very difficult relationship with my mother growing up. She would fat shame me when she thought I was eating too much, telling me I would end up a “fat pig”. When I came home with bad grades I was a “dumb bunny”. These were the things her mother said to her. Fat shaming is often generational.

First, I want to make it clear that I do not blame my mother or the bullies. There is a saying, “genetics loads the gun, and environment pulls the trigger”. Parents do not cause BDD. They do not cause addiction or eating disorders. They are however part of the environment that may or may not be triggers to such problems.

As I moved into young adulthood and then middle age, I felt alone with my body shame. I was too afraid to tell anyone for fear of how they would judge me. Not my family, not my roommates, not even my wives (I had three failed marriages). I failed at all three marriages because I was so ashamed of my reflection that I was unable to be intimate both physically and emotionally. I put a brick wall around myself to shut everyone out. No emotion let in. No emotion let out.

Men do not admit such things. Men do not talk about “feeling fat” or about hating their bodies. Gender stereotypes are powerful. What could I tell them anyway? I had no name for it. “Bulimia” and “anorexia” would be unknown words to me until I was in my forties. These were just things I did every day like breathing. An integral part of my existence.

I used alcohol and drugs in an effort to change who I saw. Then the steroids, but none of it made me feel better about myself, albeit a few brief moments of that cocaine high that I sought out again and again with the nightly Jack Daniels chaser. Intense depression would follow the realization that I was still that shy little boy wanting acceptance in the mirror. In 2005 came my brush with suicide. Luckily, a friend -- alert to my despair, saved me with a call to my brothers who showed up, took my weapon and took me on my first of two trips to a psychiatric facility for a mental evaluation.

They say that your lowest moment in life can ultimately be you’re most triumphant if you survive it. I survived. I would head back to that same psychiatric facility after a drug and alcohol induced blackout April 6th, 2007. While standing in the parking lot waiting for intake, I realized that I would either soon be dead or I would lose what I feared most, my family. A family’s love may be unconditional, but their desire to see you kill yourself is not. Distancing occurs.

April 8th, 2007 began the journey of intense honesty and recovery. I finally got honest with the shrink I had been seeing. Why would I lie to him? Shame knows no hourly rate. I was too ashamed to even get honest with my treatment provider. That same day I also walked through the doors of a twelve-step meeting and picked up my desire chip. I have not snorted cocaine or taken a drink since then.

I now consider myself a person in long term recovery. It has not always been easy. Recovery is not all blue skies. There have been weak moments, doubts and loss. With the combination of medication for my depression, intense therapy for my addictions and body dysmorphic disorder, support from family and liked minded individuals including 12-step, as well as the practice of mindfulness help me continue on my journey day by day and step by step. I recover out loud and speak about my journey throughout the country in the hope that others may take something from my pain and recovery to help themselves begin their journey.

As long as we are above ground, recovery is possible. Whatever you have to do, whatever support you need- stay above ground. Yes, recovery can be scary but there is no courage without fear. It all starts with one tiny step…then another. Recovery is possible. Recovery is wonderful.

Brian Cuban is a lawyer, activist and T.V. host. He is also the author of the best-selling book: My Triumph Over Body Dysmorphic Disorder.
A New Start, Inc.
Restoring Life, Fulfilling Dreams

INTENSIVE OUTPATIENT PROGRAMS • EXTENDED CARE PROGRAMS • STRUCTURED HOUSING COMPONENT
LOW CLIENT / THERAPIST RATIO • COURT RELATED LEGAL COUNSEL • INDIVIDUALIZED CLIENT CARE
FAMILY AND ART THERAPY • INDIVIDUAL THERAPY

1261 SOUTH CONGRESS AVENUE, PALM SPRINGS, FL 33406
PHONE 561-408-9055  DIRECT ADMISSIONS  1-877-TALK-ANS

RESTORING LIFE, FULFILLING DREAMS

WE ACCEPT THESE MAJOR INSURANCE CARRIERS

To Advertise, Call 561-910-1943
Stop by Summer Savings!

$10 OFF with a purchase of $50

Valid through June 2016. Some exclusions apply

Located in The Shoppes of Atlantis
5865 S. Congress Ave.
Lake Worth, FL 33462

Monday - Friday 7:30am - 5:00pm
Saturday 8:00am - 4:00pm
Closed Sunday

561-922-0313
WithinBooksCafe.com
The highest standard of patient care did not exist, so we created it.

The disease of addiction does not limit itself, so why should you limit your treatment options? We offer the most comprehensive variety of treatment to address your physical, spiritual, and psychological needs:

- Inpatient Care
- Adolescent Treatment for 13-17 year olds
- Outpatient Services
- Faith-based Treatment
- Family Therapy
- Legal Liaison Services
- Drug & Alcohol Detox

Multiple Track Options

- Traditional 12-Step
- Christ-centered Program
- Relapse Prevention
- Pain Management
- Adolescent Treatment
- Dialectical Behavior Therapy

Lindsay Sober Since 2013

TheTreatmentCenter.com • (855) 602-4082 •
When I was a young man, someone much more seasoned than I once told me that if I wanted to answer anything in the world today, just follow the money. Perhaps one of my all-time favorite stories of how creative pharmaceutical lobbyists can get when they’re skirting transparency laws to curry favor with a politician revolves around one of the longest sitting Senators, his son, a lobbying firm, pharmaceutical companies and industry’s primary trade association - the Pharmaceutical Research and Manufacturers of America (PhRMA). There are a lot of moving parts to the story so follow closely.

Let me set the stage and give you a little background that’s relevant to what I’m about to tell you. Senator Orrin Hatch was elected to congress in 1977 and has been in Washington ever since. In the 90s, Hatch helped start and is active in a local charitable organization in his home state, Utah Families Foundation. He often serves as a host at their fund raisers. The Senator has sat and/or chaired many powerful committees during his tenure, including the Senate Committee on Health, Education, Labor and Pensions. This committee provides oversight over the FDA. In fact, he has been on this committee for nearly his entire thirty-nine-year career. In addition, Hatch’s close ties to the pharmaceutical industry are well documented.

The story I’m about to tell you, as crazy as it might sound, is true and can be quickly verified with a simple Google search. It’s made possible by a couple of up and coming Washington insiders and a sitting senator’s son. The year was 2001. Jack Martin along with H. Laird Walker and Hatch’s son Scott opened Walker, Martin & Hatch LLC; a lobbying firm. During his career, Jack Martin was a staff aid to Senator Hatch for 6 years. Walker is a known close associate of the senators.

At first blush nothing seemed out of the ordinary; just another shinning example of Washington’s revolving door of power brokers. Senator Hatch told the LA Times in March 2003 that Walker, Martin & Hatch was formed with his personal encouragement and that he saw no conflict of interest in working on issues that involved his son’s clients. The Senator went on to say he sees no conflict of interest in championing issues that benefit his son’s clients.

Although the words sound righteous, what actually occurred in the shadows tends to blur their intentions. In 2008, the IRS mistakenly made public Utah Families Foundation’s tax returns revealing pharmaceutical companies and PhRMA’s contributions to the charity totaling $172,500.00 just for 2007. According to the Washington Times, Walker, Martin & Hatch LLC was paid $120,000 by PhRMA in the same year to lobby Congress on pending U.S. Food and Drug Administration legislation. Is this a coincidence or just a new tactic PhRMA employs to buy influence in congress?! It makes me wonder how many phone calls to the FDA Hatch made behind the scenes and out of sight on PhRMA’s behalf and how it may have affected our lives.

Melanie Sloan, a former federal prosecutor who now heads Citizens for Responsibility and Ethics in Washington, said; “This could be more common than we know.”

Ken Johnson, senior vice president at PhRMA, which began donating to the group in 2000 stated; “any charitable cause backed by Mr. Hatch automatically carries the gold seal of approval.”

Senator Hatch continues to be one of the biggest recipients of political funding from the nation’s health industry and pharmaceutical giants. When his heated reelection campaign struggled in 2012, PhRMA stepped up and gave $750,000.00 to Freedom Path, a nonprofit group that spent close to $1,000,000.00 dollars on TV ads to help Hatch win. If you think PhRMA coughed-up that much cash for a state election because of altruistic reasons you’re dead wrong. They don’t hand out a nickel without an expectation welded to it. PhRMA needed their guy in Washington to fulfill their goals.

Russ Walker, FreedomWorks’ vice president of political and grassroots campaigns, stated that; “Freedom Path is a front group set up to protect Orrin Hatch. Orrin Hatch has always worked hard for the drug lobby; he has always been an advocate for their positions.”

The Washington Times also reported that Mr. Hatch described himself to the Generic Pharmaceutical Association “as one of your good friends in the Senate,” during a speech in 2005. He urged those in attendance to “get on the Congress’ radar screen,” and adding, “I will do everything I can to help you.”

I’ve got to ask, when was the last time you heard anyone in government say to you “I will do everything I can to help you.” Did any one of the family members or friends of the 28,647 people who died avoidable deaths in 2014 from prescription opioids and heroin overdoses hear any politician say “I will do everything I can to help you” to them? Does anyone know of any lawmaker who stood up, looked their constituents in the eye and said; “we’re in the middle of a deadly opiate/opioid epidemic and this is how I’m going to end it?” I didn’t think so.

Senator Hatch is probably a really nice guy to go have dinner with; but he and his son are beholden to the very people that are fueling America’s addiction to opiates and opioids. They are bought and paid for. Hatch brazenly admits he views initiatives and legislation involving the pharmaceutical industry with a blind eye towards our health and safety. His voting record verifies it.

For his efforts, the Senator and his son are rewarded handsomely. The Hatch family has taken millions upon millions of dollars from PhRMA in the form of campaign contributions, charity contributions, and bottomless amounts of money to allied Political Action Committees (PAC), trips, favors and income. Does anyone really believe that PhRMA pays Walker, Martin & Hatch’s hefty fees for reasons other than their connection to Senator Hatch?!

It’s hard to accept that someone who claims to hold the moral mantle in government could have such a blatant disregard for the health and safety of the people who elected him to protect them. But then again, the people who elected him didn’t pour nearly as much cash into his coffers as did the pharmaceutical industry’s lobbyists.

We’re in the middle of a deadly epidemic and need to have all options on the table. Instead of taking control and putting an end to this epidemic, Senator Hatch and his associates on the hill decided to look the other way and let the markets work. 79 people will die an avoidable death today from prescription opioid and heroin overdoses. That is one hell of a price to pay for free markets. Follow the money! Hatch is not a rogue senator; many more use the same playbook. His behavior and actions exemplifies the strangle hold lobbyists have on our lawmakers and the negative impact their decisions have on our everyday lives. What sets him apart is his willingness to embrace and benefit from the despicable culture endemic on the hill and being promoted by lobbyists in centers of government across the country.

The power PhRMA and their lobbyists wield over our lawmakers today cannot be overstated. As recently as the end of April (2016)
ASI specializes in coordinating treatment alternatives to jail time for those facing alcohol or drug related charges in the court system. ASI is affiliated with a network of treatment centers and licensed attorneys who are qualified and experienced in defending alcohol and drug related charges.

For those who are not covered by health insurance for Substance Abuse Treatment, we offer rehab alternatives at a rate substantially discounted from what the treatment centers will normally charge you.

WE PROVIDE:
- Interventions
- Drug Evaluations
- Drug Charges *
- DUI’s *
- Expert Testimony
- Marchman Acts *
- Criminal Record Expungement

Call for a FREE consultation
Myles B. Schlam, J.D., CAP/CCJAP
CEO, Advocare Solutions, Inc
954-804-6888
mschlam@drugtreatmentpro.com
www.drugtreatmentpro.com

*All clients with legal cases will be represented by one of ASI’s licensed network attorneys
WHY ADDICTION TREATMENT AND RECOVERY NEED TO BE BACKED BY SCIENCE
By Jacob Levenson

Much has been written and discussed about the addiction epidemic currently devastating our nation. We’ve seen the television coverage, heard the shocking statistics, and read about the fractured families and lives cut short. We’ve heard a great deal about the problem, we’ve not heard nearly enough about the solution.

We know that addiction is a difficult disease to overcome. The very nature of the disease is to manifest itself with destructive behavioral patterns and many individuals struggling with addiction are resistant to getting treatment – also a disease manifestation. We know that a very high percentage of individuals who are treated for addiction will either experience a use event or return to a lifestyle of addiction; many cycle in and out of treatment facilities for years. Recidivism rates for addiction treatment facilities are high and it could be argued that some treatment professionals have come to accept, and expect, use events, relapse, and returns to addiction. Patients being treated for addiction have reported being told that upon admission to a facility, and during group therapy sessions, that the majority of individuals who enter treatment will fail. Furthermore, because addiction is known as a ‘family disease’, in many cases there are polarizing and dysfunctional dynamics that can erode progress toward recovery.

In order to get where we are going, it is important to know where we have been and this holds true for treating and managing any chronic illness. Being able to understand what isn’t working when it comes to treating addiction is important, yet it is more important to understand why. Science, in the form of outcomes data, can help to answer ‘why’.

**Part of the solution = outcomes data**

In the past five years, we have witnessed major advancements and changes in the amount of data that we collect, demonstrate, and rely on in our everyday lives. From the number of steps we take each day, to tracking weather patterns, to monitoring our heart rates and comparing them to the day, week, month and year before, to the types of movies, music, and entertainment we prefer and are likely to enjoy (based on predictive analytics) – we have evolved to a society that collects and analyzes data and compares the results. Increasingly, we rely on technology to help interpret the massive amounts of data, in essence, to help us understand what it all means.

Part of the solution to effectively treating addiction today is to adopt a similar approach to the treatment and management of other chronic diseases. Put simply, we must measure treatment efficacy rates and report those rates to the public. We ask individuals and families battling addiction to hold themselves accountable to working their treatment plans and the same needs to be required of every facility and professional rendering services. Treatment providers owe it to healthcare consumers to provide their outcomes and rates of success and anything that falls short of that is ultimately a disservice to the consumer and to everyone battling addiction.

Take, for example, the information we know today about the addiction epidemic. The information being reported is not anecdotal, rather it is based on factual, empirical data. The American Society of Addiction Medicine (ASAM) reports that drug overdose is now the leading cause of accidental death in the U.S. This statistic is available to us based on information gleaned from data and due to this, we are able to grasp the enormity of the epidemic.

**The demands can be met**

Effective and successful addiction treatment demands outcomes data. Healthcare consumers and their loved one’s demand to know what is likely to be the most effective treatment regimen for their particular disease state. Health insurance payers demand to know that their financial investment in treatment services has the highest potential for success with minimal recidivism.

The collection and demonstration of empirical data has already proven its value in other segments of healthcare. Data has helped providers, physicians, hospitals, and systems cut and contain costs and avoid duplicative services; improvements are continuing to be implemented. The time has come for addiction treatment facilities to provide empirical data to their potential patients and health insurance payers much like other healthcare specialties.

**Why outcomes matter**

At MAP Health Management, we have collected, and guided professionals to collect, addiction treatment outcomes since 2011. Recently, we released our first white paper* which comprehensively recaps findings from five years of outcomes data collected from thousands of patients. Information gleaned from the data has informed addiction treatment for many treatment providers and has also effectively steered our organization, whose mission is to improve financial and clinical outcomes, toward the delivery of population health management solutions, predictive analytics, risk management and care coordination which we assert to be critical components to improving overall outcomes.

Specifically, one sampling of information gleaned from our data is the positive impact that extending the care continuum for discharged patients has on whether or not long-term recovery is sustained. Our data reflects that patients who have completed addiction treatment and maintained a connection with a post-treatment support professional had a higher likelihood of remaining in recovery.

Treatment providers who have begun to collect and demonstrate their outcomes have reported to have more knowledge as to the efficacy of their services and we expect to see recidivism rates decline as treatment efficacy increases.

**More than just outcomes**

As the field of addiction treatment evolves and expands to include a ‘backed-by-science’ philosophy, outcomes data will be just one component of a comprehensive system change. Treatment efficacy rates will inform providers to hone in on the specific population that they treat with the most success. The healthcare consumer along with their treatment team and/or personal physicians will

*Continued on page 40*
Certifying safe and dignified recovery residences for individuals seeking peer-supportive housing.

www.farronline.org

Reclaiming Alcohol and Drug Addicted Men and Women Through CHRIST and Christian Love

Penfield Christian Homes, Inc.
1-866-KickDrugs

Georgia licensed residential intensive and residential transitional alcohol and drug treatment facilities for adult men and women.

www.penfieldrecovery.com

MAP Recovery Network
The Premier Outcomes-Driven Provider Network

Treatment Providers
Ensure that your facility is a Center of Excellence in the addiction treatment field.

Track and improve outcomes
Optimize your census & reimbursements
Expand the value of your program

For Information on How You Can Join The Network
Call: 844-627-1449
Email: info@MAPNetwork.com
Visit: www.ThisIsMAP.com/MRN

To Advertise, Call 561-910-1943
Late one evening, a friend went to the university cafeteria to get a cup of coffee. The kitchen was closed and he inadvertently walked into an Al-Anon meeting, but the group was welcoming and invited him to stay; he accepted the invitation and took a seat. As he listened to the group he gleaned two principle messages. First, “You can’t argue with a drunk.” And second, “He was not responsible for his husband’s alcoholism.” While these themes were specific to spousal members of alcoholics, their message was universal. We all have “drunks” in our lives: irrational individuals with self-defeating behaviors.

When I recommend Al-Anon to the parents and families of my clients, they often report that it doesn’t apply to them. “Most of the people at the meeting were dealing with an alcoholic spouse. I can’t see any connection to them.” Some complain, “Those people seemed so stuck, so depressed. I walked away feeling sorry for them.” In his book Addictive Thinking, Twerkski offers that people suffering from codependency have the same excuses for avoiding treatment as addicts. Excuses like “those people are different,” “I don’t have a problem,” and “the people in those meetings are much worse than me” are common refrains.

The fact is that everyone could benefit from attending 12-step meetings for codependent behaviors. When clients tell me they are not going to get anything out of treatment, I respond tongue-in-cheek, “Wow. You must really be sick. There is a lot to learn here and the healthier you are, the more you will benefit. If you are so sick that you can’t get anything out of treatment, the problem is more serious that I thought.”

I have treated many addicts and alcoholics who have either refused to look at their own codependency or have never considered it. It is my experience that codependency is at the root of most addiction. In some ways it is the purest form of addiction. The addict is often medicating guilt, shame and anxiety from relationship trauma. The problem in codependency is that the markers are subtler than those in chemical dependency. After all, our codependency usually doesn’t lead to jail or the hospital.

I was talking with an acquaintance in long-term recovery for addiction some time ago. He was telling me the story of his engagement and he shared some of his doubts. “I don’t think I am ready to be married, but my fiancé has told her family and we have a date.”

“What does she say when you tell her about your reservations?” I asked.

“I haven’t told her,” he responded. “She would freak out.”

I asked him if he had ever been to an Al-Anon or CoDA meeting and he laughed at the thought. “I don’t have codependency! Those meetings are full of pathetic people.”

This sentiment is not rare. Many addicts see the codependents as weaker people, perhaps because they project onto codependents the traits they see in their codependent family members. Regardless of the resistance, I believe most could benefit from a closer exploration of their own codependency. Whether through misunderstanding or due to the negative associations of codependency, I think that many of the core tenants of the disease are missed by many. I want to highlight a couple of ideas that I think many miss when considering their own codependency.

**Guilt is not the cure.** Shame is the feeling that “one is bad” while guilt is “what I did was bad.” The implied idea might be that guilt somehow correlates with morality: shame is something that causes us to hide, but guilt is how we know right and wrong. The idea that guilt is our conscience is both universally accepted and fundamentally incorrect. Most of us learn guilt from our parents. They tell us how we upset them or hurt them in an attempt to get us to change our behavior. We replicate that dynamic when we tell the addict about how their addictive behaviors hurt us and worry us, “We love them and they should stop doing those things so we will stop hurting.”

While relating to the addict how their addiction hurts us can inform the addict, it usually doesn’t work as the reason for recovery. Others being hurt by our behavior is not necessarily an indication that we did something wrong. We can all think of examples where we have felt guilt while doing the right thing. When I talk to family members of alcoholics, they often tell me they did the wrong thing even though they knew it was wrong at the time. Inevitably they state, “I felt guilty.” We must have the courage to feel guilty in order to do the right things. And we mustn’t reduce our interventions with the loved ones in our lives to “guilting.” We do tell them that we care, but more centrally we offer a mirror to them so they might see how they are failing themselves. Morality and empathy come as we learn to feel. When one learns to feel one’s feelings, one recognizes and is sensitive to the feelings of others.

**Healthy detachment, connection and healthy attachment.** During a family weekend, a parent complained “You are always talking about detachment. When are you going to talk about reunion and connection?” I was taken back by the question and paused. Had I, in my emphasis on detachment, missed honoring the need for connection?

He was grieving his son and wanted reassurance that this process would conclude with an improved relationship with his son, not estrangement. I responded,

> **“Healthy detachment is healthy attachment. The opposite of healthy detachment isn’t connection; the opposite is unhealthy detachment or unhealthy attachment. If we can develop differentiation in our relationships, we also create intimacy. Intimacy requires the separation of identities. This development of individuals is the first ingredient in intimacy.”**

Many make the mistake of equating over-identification with “too-much-love.” Over-identification or enmeshment is the most severe form of abandonment since over-identifying misses the other person altogether. The fusion of selves in over-identification results in one person being left out of the equation.

Finally, addiction and codependency are insidious diseases, inextricably linked. The addict is suffering from facets of codependency and these dynamics play out in their relationships. Treating professionals also suffer from codependent traits and if these are not explored, they will play out in relationships with clients. To be effective, treating professionals should lead by examining and exploring their own codependency. Just because the disease of addiction is an insidious one, it should not preclude the self-examination of the therapist or the therapeutic approach.

**Brad Reedy, Ph.D. is the Owner and Clinical Director of Evoke Therapy Programs**

He is also the author of The Journey of the Heroic Parent: Your Child’s Struggle and the Road Home
**Spacious Sober Home Rentals For Your Facility.**

We guarantee the perfect home and location that will suit your needs. New Inventory constantly added for availability. 1-5 year lease terms Servicing Broward and Palm Beach County.

561-277-2734 | SoberHousingConsultants@yahoo.com

---

**The Journey of the Heroic Parent**

“Perhaps the last parenting book you will ever need.”

Amazon.com or wherever books are sold.

Becoming a better parent means becoming a better person. When your child is lost and all you’ve done is not enough, Dr. Brad M. Reedy can help.

“Far too many parents are torn apart by not having the tools Dr. Reedy provides. This is a must-read for any parent and an awakening for behavioral health professionals.”

— Miles Adcox, CEO, Onsite

Visit us at: www.drbradreedy.com

---

To Advertise, Call 561-910-1943
When we think of chronic pain, we think of something that is persisting for an extended period of time or something that is constantly recurring. Chronic pain is frequently a long-lasting problem (e.g., illness, physical ailment) that is difficult to manage and eradicate. It is often associated with health-related matters, but there is a psychological component to chronic pain.

The psychology of chronic pain may have more to do with the psychology of the person than the chronic pain itself. In fact, the chronic pain may have little to do with the physiological self and more to do with the psychological self, thus leading itself to fictitious disorders, malingering, and a host of other psychological problems.

While the development of the chronic pain may be associated with an injury or a series of injuries such as physical abuse, employment, sports injury, an acute or chronic illness, or a number of other problems; the psychology of chronic pain may be perpetuated by the individual’s ability to prove resilient or not.

“Pain is a very personal and subjective experience. There is no test that can measure and locate pain with precision. So, health professionals rely on the patient’s own description of the type, timing, and location of pain. Defining pain as sharp or dull, constant or on-and-off, burning or aching may give the best clues to the cause of the pain. These descriptions are part of what is called the pain history, taken during the start of the evaluation of a patient with pain.” Thus, the chronic pain itself lends itself to interpretation, which may be skewed by the individual’s own biases whether that individual is the patient themselves or the treating physician.

MANAGING CHRONIC PAIN

Managing chronic pain is a bit of a balancing act; too little medication or treatment may leave the patient in a state of suffering; whereas, the medications themselves may lend themselves to a life of addiction and substance abuse. Managing chronic pain is not without its problems. “In many cases, there is no cure for chronic pain. Therefore, treatment goals and clinical focus include pharmacologic and non-pharmacologic methods to improve the management of pain, improve quality of life, and decrease suffering. AAPM advocates a collaborative approach which includes biological, psychological, and social interventions in order to improve pain control and psychosocial functioning.”

“At the recent American Psychiatric Association meeting, pain specialists said that treating patients in pain who are dependent on opioids involves a delicate balance between managing pain relief and risk of drug abuse.” As a professional, I have worked collaboratively with other practitioners to treat chronic and acute pain. Sadly, I have also worked with practitioners who are trying to wean their patients from medications (e.g., Chronic opioid therapy, COT) previously prescribed to treat pain.

The Struggle with Chronic Pain

Chronic pain is not selective in its sufferers. In fact, chronic pain is capable of reaching anyone, at any time, without cause or rationale selection. The onset of chronic pain may not be directly correlated with an injury, surgery, physiological or psychological event. Yet we know that chronic pain is capable of leading anyone down a road of addictive narcotics and choices.

Treating chronic pain can prove a slippery slope. You want to provide aid to those who are suffering with chronic pain, but you must be cautious in offering aid when using narcotics. We must remember that narcotics can have a direct effect upon one’s personal mood, behavior and ability to function.

THE ADDICTIVE NATURE OF PAINKILLERS

Painkillers are like a dual-edged sword; they undoubtedly offer relief from chronic pain, but they are also composed of addictive substances. Opioid painkillers are the most prevalent among the pharmaceutical family. It is the long term use of painkillers that have been known to lead to physical dependency and the possibility of addiction. Painkillers have been designed to provide a short-lived euphoria and relief from pain. Unfortunately, patients with long term usage of painkillers can develop a physical dependency, which creates a physiological attachment.

“Chronic opioid therapy (COT) should be reserved for those who have intractable chronic pain that is not adequately managed with more conservative or interventional methods. AAPM does not advocate opioids as a first-line therapy, but we believe that these medications may be useful if prescribed in a judicious manner as part of a logical progression of treatment.” Postoperative or post-traumatic pain account for a significant number of COT users. However, COT users are not only those who have had a “… major surgery or a major trauma, as even minor operations such as herniotomy can have significant consequences with regard to development of chronic pain.”

As physicians, we have a duty to provide care, but providing care is also intended for the long term treatment and overseeing of the patient’s wellbeing. “…The physician must prescribe in a manner calculated to avoid addiction, diversion, respiratory depression, dependence, and other adverse effects. We also believe that responsible prescription of opioids should not be inhibited by fear of criminal prosecution or regulatory action.

PROTECTIVE FACTORS

“As chronic pain is notoriously difficult to treat, it would be desirable to find methods to prevent the development of persistent post-surgical pain.”

~ International Association for the Study of Pain

Pain is pain, whether chronic or acute. It is the treatment of pain that involves a healthy balance of the physiological and psychological self. Clinicians should avoid with all cost a singular approach to pain management. The approach to pain management should be an eclectic collaboration of professionals and the patient.

• Be an active participant in your treatment and medication regimen.
• Always be an informed patient or caregiver, discuss the addictive nature of medications with your physician, as well as your pharmacist.
• Consider alternative modalities to pain management.
• Meditation, breathing, and focus driven therapies can be a great source of pain management.
• Consult a primary care physician, a psychologist or other healthcare physicians for questions related to chronic/acute pain management.
• Be certain to have a periodic review of treatment efficacy.
• Consult a psychologist, counselor, or other healthcare physicians for questions related to mental health issues around pain management.
YOUR FUTURE SELF WILL THANK YOU

The Shores Treatment & Recovery provides highly individualized treatment plans for both men & women. Our integrated holistic & medical methods of care foster healing for mind, body & spirit, all in a supportive, nurturing environment.

- Beachfront Men’s Housing
- Substance Abuse Treatment
- Mental Health Treatment
- Residential & Outpatient Support
- Faith-based & 12-Step Options
- Strong Recovery Community
- Alumni Support
- Nutrition & Physical Wellness
- Massage Therapy
- Chiropractic & Acupuncture

Thank you for reaching out for help. One phone call changed everything. Your future self

We Are Here For You 772.800.3990
TheShoresRecovery.com
The Florida Certification Board (FCB) is pleased to offer the Certified Recovery Residence Administrator (CRRA) credential to eligible applicants. The CRRA is the person responsible for the overall management of the Recovery Residence; supervision of residents and paid or volunteer staff; ensuring appropriate response to resident needs and maintenance of the residence. The CRRA accomplishes these goals being accountable for implementation of and compliance with the National Alliance of Recovery Residences (NARR) Quality Standards and Code of Ethics for Level 1 – 4 Recovery Residences, or equivalent nationally recognized standards and code of ethics pursuant to 397.487, Florida Statutes.

The CRRA program is in a grandparenting period from April 1, 2016 through March 31, 2017. Individuals certified in the field of recovery residence administration have demonstrated competency in five (5) performance domains:

1. Recovery Residence Operations and Administration
2. Maintaining the Physical Residence
3. Resident Screening and Admissions
4. Resident Recovery Support
5. Legal, Professional and Ethical Responsibilities

**CRRA GRANDPARENTING PERIOD CERTIFICATION STANDARDS**

**CRRA Grandparenting Period Certification Program Requirements:** The following table provides an overview of the minimum requirements to earn and maintain the Certified Recovery Residence Administrator (CRAA) credential during the GRANDPARENTING PERIOD of April 1, 2016 through March 31, 2017. The purpose of the CRRA grandparenting period is to provide current practitioners with the opportunity to earn certification without having to complete supervision requirements and pass a written exam. Grandparenting period standards include minimum formal education, content-specific training, related work experience and letters of recommendation. Applicants must provide formal, verifiable documentation to support each requirement shown below.

Carefully read the CRRA Candidate Guide – Grandparenting Period document for detailed information regarding certification application, award and maintenance policies and procedures. If you have any questions, please contact the FCB for clarification or assistance.

The Florida Association of Recovery Residences (FARR) requires applicants for voluntary certification as well as all previously certified programs to evidence compliance with Florida Statute 397.4871 – Certified Recovery Residence Administrators on or before June 30, 2016.

Florida Statute 397.487 - **Voluntary Certification of Recovery Residences** requires the Florida Association of Recovery Residences (FARR), as the credentialing entity of recovery-oriented housing, to consider certification only for applicant programs that demonstrate they are managed by CRRA as defined in Florida Statute 397.4871 (one CRRA is required for every three locations operated by the applicant program).

Effective July 1, 2016 DCF licensed Behavioral Healthcare providers are bound by Florida Statute 397.407(11) which reads: Effective July 1, 2016, a service provider licensed under this part may not refer a current or discharged patient to a recovery residence unless the recovery residence holds a valid certificate of compliance as provided in s. 397.487 and is actively managed by a certified recovery residence administrator as provided in s. 397.4871 or the recovery residence is owned and operated by a licensed service provider or a licensed service provider's wholly owned subsidiary. For purposes of this subsection, the term “refer” means to inform a patient by any means about the name, address, or other details of the recovery residence. However, this subsection does not require a licensed service provider to refer any patient to a recovery residence.

**Please visit** http://fccertificationboard.org/certifications/certified-recovery-residence-administrator-crra/ to carefully read the CRRA/G Candidate Guide. This Grandparenting Period document provides detailed information regarding certification application, award and maintenance policies and procedures.

If you have any questions pertaining to the introduction of CRRA by FCB, please contact the FCB directly at http://fccertificationboard.org/contact-us/ for clarification or assistance.

Questions pertaining to Voluntary Certification of Recovery Residences should be directed to FARR Certification Administrator at whitney@farronline.org.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>CRRA GRANDPARENTING PERIOD MINIMUM REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal Education</td>
<td>High School Diploma, General Equivalency Degree (GED) or higher.</td>
</tr>
<tr>
<td>Content-Specific Training</td>
<td>100 hours*, allocated as follows:</td>
</tr>
<tr>
<td></td>
<td>a. Recovery Residence Operations and Administration: 20 hours</td>
</tr>
<tr>
<td></td>
<td>b. Maintaining the Physical Residence: 20 hours</td>
</tr>
<tr>
<td></td>
<td>c. Resident Screening and Admissions: 10 hours</td>
</tr>
<tr>
<td></td>
<td>d. Residence Recovery Support: 30 hours</td>
</tr>
<tr>
<td></td>
<td>e. Legal, Professional and Ethical Responsibilities: 20 hours</td>
</tr>
<tr>
<td></td>
<td>*During the grandparenting period, applicants may earn the CRRA credential by submitting a minimum of 25 hours of training as part of the application and submitting all remaining hours for approval prior to the CRRA credential's first expiration date.</td>
</tr>
<tr>
<td>Related Work Experience</td>
<td>1,000 hours providing related recovery residence administrator, manager, or closely aligned recovery residence services. Both paid and formal, volunteer work experience is eligible for certification purposes; however volunteer experience in the context of a mutual support type group is not eligible for certification purposes. All work experience must be documented.</td>
</tr>
<tr>
<td>Supervised On-the-Job Experience</td>
<td>Requirement suspended during grandparenting period.</td>
</tr>
<tr>
<td>Recommendations for Certification</td>
<td>2 professional letters of recommendation for certification. 1 personal/character reference letter of recommendation</td>
</tr>
<tr>
<td>Competency Exam</td>
<td>Requirement suspended during grandparenting period. Persons reinstating an inactive CRRA credential earned under grandparenting period requirements must earn a passing score on the CRRA Competency Exam as a condition of reinstatement.</td>
</tr>
<tr>
<td>Criminal History Standards</td>
<td>Must pass a level 2 background screening per s. 397.4871(5), F.S. Must read and sign an attestation agreeing to allow the FCB to conduct a random criminal history check to ensure compliance with the FCB Code of Ethical and Professional Conduct standards related to criminal activity.</td>
</tr>
<tr>
<td>Code of Ethics Standards</td>
<td>Must read and sign an attestation agreeing to comply with the FCB Code of Ethical &amp; Professional Conduct.</td>
</tr>
<tr>
<td>Continuing Education</td>
<td>10 hours annually. Training content must be related to at least one of the CRRA performance domains.</td>
</tr>
<tr>
<td>Renewal</td>
<td>Annual, on June 30th of each renewal calendar year.</td>
</tr>
</tbody>
</table>
JAX Sober Living RECOVERY RESIDENCES

JACKSONVILLE BEACH

a safe, sober environment on the journey to sobriety... one day at a time.

904.300.6050
www.jaxsoberlivinghouse.com

Choices Recovery LLC.
Sober Living for Men and Women

A Safe and Orderly Sober Living Environment for those Recovering from Alcohol and Drug Use.

(954) 593-7312
www.choicesrecovery.net

Discipleship House
Men’s Christian Sober Home in Pompano Beach

954-501-0660
www.discipleshiphouseftlauderdale.com

We pray that every man experiences a new day of total recovery.

Serenity Sober Living
SERENITY HOUSE, LLC

Located in: North Palm Beach, FL
www.serenitysoberliving.com
561-876-6237 | serenityhsefl@gmail.com

Clean, Peer Based, Sober Living Environment and Supportive Program

RIVERSIDE RECOVERY $185 / WEEK

Office 561.855.6376
761 Hummingbird Way
North Palm Beach, FL 33408

Waterfront Living in the Northern Palm Beaches
www.Facebook.com/RiversideRecovery
www.RiversideRecoveryFL.com

To Advertise, Call 561-910-1943
WHAT IS A LEVEL 4 TRANSITIONAL CARE HOUSE?

Sunset House is currently classified as a level 4 transitional care house, according to the Department of Children and Families criteria regarding such programs. This includes providing 24 hour paid staff coverage seven days per week, requires counseling staff to never have a caseload of more than 15 participating clients. Sunset House maintains this licensure by conducting three group therapy sessions per week as well as one individual counseling session per week with qualified staff. Sunset House provides all of the above mentioned services for $300.00 per week. This also includes a bi-monthly psychiatric session with Dr. William Romanos for medication management. Sunset House continues to be a leader in affordable long term care and has been providing exemplary treatment in the Palm Beach County community for over 18 years.

As a Level 4 facility Sunset House is appropriate for persons who have completed other levels of residential treatment, particularly levels 2 and 3. This includes clients who have demonstrated problems in applying recovery skills, a lack of personal responsibility, or a lack of connection to the world of work, education, or family life. Although clinical services are provided, the main emphasis is on services that are low-intensity and typically emphasize a supportive environment. This would include services that would focus on recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the world of work, education, and family life.

In conjunction with DCF, Sunset House also maintains The American Society of Addiction Medicine or ASAM criteria. This professional society aims to promote the appropriate role of a facility or physician in the care of patients with a substance use disorder. ASAM was created in 1988 and is an approved and accepted model by The American Medical Association and looks to monitor placement criteria so that patients are not placed in a level of care that does not meet the needs of their specific diagnosis, in essence protecting the patients with the sole ethical aim to do no harm.

TEN WAYS TO KILL A PSYCHIC VAMPIRE

By Maxim W. Furek, MA, CADC, ICADC

Continued from page 10

Centers for Disease Control and Prevention.

9. Honor the temple: “The body is the temple of the Lord,” proposes a matrix of good health, wellness and spirituality.

Heart disease (which includes Heart Disease, Stroke and other Cardiovascular Diseases) is the No. 1 cause of death in the United States, killing nearly 871,000 people alone in 2011. Coronary heart disease is the most common type of heart disease, killing nearly 380,000 people annually. In the United States, someone has a heart attack every 34 seconds, and every 60 seconds, someone dies from a heart disease-related event. High blood pressure, high cholesterol and diabetes are all risk factors for the most common form of Alzheimer’s disease and dementia. Heavy drinkers (men who consume 15 or more drinks per week or women who consume eight or more drinks per week) and heavy smokers develop Alzheimer’s disease earlier than those who do not.

Diet is essential for good health. The government recommended DASH diet can lower blood pressure and prevent heart attacks and strokes. DASH suggests a basic dietary strategy of fruits, vegetables, whole grains, low-fat milk and plant-based protein over meat. In a study of 88,000 healthy women who, over a 25-year-period embraced the DASH program, 24 percent were less likely to have a heart attack and 18 percent were less likely to have a stroke. The research began in 1980 with a core group of women in their mid-30s to late 50s and provided evidence of the long-term benefits of a low blood pressure diet.

10. Reevaluate yourself: Albert Ellis maintained that difficult people “are rigid, daring, critical, often procrastinating, defensive, don’t face their problems, childish, argumentative, stubborn, vindictive, bizarre, grandiose, mean, boring, repetitive, irresponsible, resistant to authority, often depressed, frequently moralistic, inert, passive, passive-aggressive, neurotic, and I could go on…” Ellis is probably correct although there is something else that needs to be addressed. As televangelist Joel Osteen noted, “Every day we have plenty of opportunities to get angry, stressed or offended. But what you’re doing when you indulge these negative emotions is giving something outside yourself power over your happiness. You can choose to not let little things upset you.”

So, there you have it … ten strategies to deal with those little beasts. But be forewarned! The psychic vampires are lurking out there and will try to get you. Don’t let them! Don’t focus on external distractions but on your internal power. Remember, your strength, confidence and resilience is far stronger than any wooden stake or clump of garlic.

Maxim W. Furek, MA, CADC, ICADC is passionately researching aspects of happiness. His rich background includes aspects of psychology, addictions, mental health and music journalism. His book Shepton: The Myth, Miracle & Music explores the psychological horrors experienced by two entombed Pennsylvania miners. Learn more at sheptonmyth.com
RUN WITH US IN
Ft. Lauderdale, FL!

Save $5 off your South Florida registration! Use promo code SOBERWORLD2016

Help break the stigma of addiction and mental health conditions by signing up for our 6K run/walk in lovely Ft. Lauderdale, Florida.

To register and for more information, visit Heroes6K.com

BENEFITING

HEROES IN RECOVERY

PRESENTED BY

YPR
Young People in Recovery

Palm Springs, CA | Orange County, CA | Memphis, TN | Charlotte, NC
Atlanta, GA | Leiper’s Fork, TN | San Diego, CA | Gilbert, AZ | Malibu, CA

To Advertise, Call 561-910-1943
My name is Maria and I am a 38 year old divorced mother of two and in March, I celebrated 3 years sober. I developed dependence to alcohol and marijuana starting when I was 15 years old. I was raised in an extremely dysfunctional, physically and emotionally abusive home. I became excellent at covering my internal stress and pain by developing many maladaptive behaviors. The first of which was banging my head starting when I was 4 or 5 years old. I usually banged my head against the wall above my bed. I would get on all fours and rock back and forth banging my head on the wall. Often times even today, I have to rock back and forth in the fetal position to be able to fall asleep. By the time I reached 10 years old I had developed an eating disorder, restricting my food intake. I also was drinking different cough medicines that were readily available in the bathroom. Things escalated rapidly by high school and continued to do so until the time I turned 34. My life really began to unravel and the facade of being happy all the time began to crack. Looking back, I could easily have won an Oscar for my life really began to unravel and the facade of being happy all the time by high school and continued to do so until the time I turned 34. My life really began to unravel and the facade of being happy all the time began to crack. I have basically endured a lifetime of trauma. This was a continuous cycle with 13 stays in 2012. I was diagnosed with every disorder and acronym in the DSM. I’ve tried and was put on about twenty different medications in the attempt to stabilize me.

My last therapist who really got to know me concluded that I had PTSD (Post Traumatic Stress Disorder) with Dissociative Episodes. I also display a number of Borderline Personality Disorder traits ingrained in me from my mother. I have been extremely anxious. I have extensive knowledge of how to ground myself and stay in the moment but after a few hours of trying every technique I knew, the dreaded panic attack began. My attacks had escalated from hyperventilating and chest pain into seizure like convulsions, my mind becoming stuck in horrifying flashbacks that leave my body 100% numb, completely dissociated, paralyzed and unresponsive. Since I could feel this was about to happen, I reached out to my fiancé to tell him he needed to come home and to help me because the dreaded “it” was coming. After texting him, all time and reality stopped. After getting no response from me, my fiancé frantically dialed 911.

Eight police and firemen barged in while I was having my episode. I could see and hear clearly what was going on around me yet I was stuck in a kind of out of body experience. It’s like watching a movie of myself but not being able to participate. I knew what was going on in reality but was stuck in my head and all I thought about were my traumas. I could actually see and hear the flashback scenes playing clearly in my mind. Sometimes, I can actually smell what it smelled like in that moment. I reacted to them like they were the perpetrators of my past and I started crying and hyperventilating all over again. They had to pick me up and carefully place me onto the stretcher and get me into the ambulance. It was in there that I began to come back and started saying my fiancé’s name and inquiring where I was and where I was being taken.

We arrived at the hospital. Once they got me into an examination room, an extremely aggressive male doctor barked at me with total disdain that I was Baker Acted and committed for at least the next 72 hours to a psychiatric hospital. I had to wait to be transferred there. I felt completely confused, upset and scared. I immediately requested a female doctor since this doctor was an aggressive male and I was scared to death just looking at him. He then stood right on the side of my bed and barked again in my face that I was making my situation worse for myself and there were no female doctors, he was all I had. I really cried. The look in his eyes and the harshness of his voice is so ingrained in my mind. The beginning of my 72 hour nightmare had begun. I was forcefully stripped out of my clothes and threatened repeatedly that if I didn’t comply immediately with their orders I would be restrained to my bed. I was also asked repeatedly what drugs I had taken or what I was on. I kept crying and blubbling that I was two and a half years sober. That statement fell upon deaf ears. They again forcefully stuck me a number of times in both arms claiming they couldn’t find a vein for my IV. As the nurse dug away at my arms, she asked me over and over if I was a heroin IV drug user. I swore to her up and down that I have never in my life stuck a needle in my arm. The look on her face told me she didn’t believe me. Then another nurse came in and started hammering me with more questions and demanded a time line of what had brought me into the hospital. The questions weren’t helping me feel any better and were exasperating the situation.

Finally, they forced a shot of Ativan on me and left me alone in that room for the next 28 hours. I had a guard at my door that wouldn’t make eye contact with me let alone speak to me. I wasn’t allowed out of bed except to use the bathroom under supervision. I tried to get out of bed to stretch because my muscles felt tight and sore and I was angrily told to get back in my bed or security would be called. I felt like a prisoner. I pleaded with anyone who would listen to get a doctor so I could explain my situation and be released. I was told that my request was impossible.

I was transferred to a Baker Act facility and my nightmare continued and actually became worse. Upon admittance I begged to see someone who could hear my story and put an end to this torture. They told me that wasn’t possible. They brought me up to my floor and that was when I saw the saddest part of this situation. Every single patient was stumbling around dazed, confused and looking like zombies. Many of them approached me asking me why I was there. I asked them what medications they were taking and was blown away by the answers I was receiving. I have a lot of knowledge about different types of medications and what they are for. No wonder these people looked the way they did! In my opinion they were over medicated so the staff wouldn’t have to be bothered. No staff member spoke or even looked at us. No smiles. No words of encouragement- nothing!

On day three my pre-assigned doctor finally approached me and quickly started telling me what I had experienced, but in question form. He adamantly apologized for my ordeal and said the words that I have never in my life stuck a needle in my arm. The look on her face told me she didn’t believe me. Then another nurse came in and started hammering me with more questions and demanded a time line of what had brought me into the hospital. The questions weren’t helping me feel any better and were exasperating the situation.

The reason I want to share my story is not because it’s unique but because I’ve seen from the inside how mental health in this state is handled. Needless to say, not very well. Only one person, the doctor, knew and understood what PTSD was. I was repeatedly asked if I was in the military or in a war. I responded by saying, yes, the war of my life. Those in the military aren’t the only part of the population affected by PTSD. It’s time to end the stigma in regards to mental health and develop proper and more compassionate ways of treating those affected. I pray my story can make a difference and start the ball of change rolling. My message is this, don’t suffer in silence and become complacent. What if we all started to stand up for our rights and speak out about the lack of knowledge amongst those who are in charge in these types of situations? Our first responders, Police, Fireman, Nurses and Doctors need to be properly trained.

Education is key to understanding and treating those affected with mental health challenges. I choose to refer to myself as a person with mental challenges rather than mental illness or mental disorder because I feel it speaks more positively. I’m a survivor and I’m finally walking out the dark and into the light. I can love myself today. Maria and her fiancé, Lincoln C. Coleman, former Dallas Cowboy and Super Bowl Champion, are the owners of the Soul Connection Group Inc. which works with current and former NFL players getting them the treatment they need for addiction, TBI’s and brain disease. Their other venture, Coleman’s Coaching, is an individual football training program working with adolescents from 9-21 to strengthen and excel their football skills.
911 Good Samaritan Law

- 911 Good Samaritan Law
- Signs/Symptoms of a Drug Overdose
- Death by Drug Overdose
- Disposal of Used Medications

http://www.pbso.org/violentcrimes/goodsamlaw/911goodsamaritanlaw.htm

Earn 1 Community Service Hour

"be the CHANGE you wish to see in THE WORLD"

Pay it forward. Get a job in recovery.

The Watershed is Hiring!
Behavioral Health Technicians (BHT)
Substance Abuse Counselors
Admissions Coordinators
Registered Nurses

*All applicants in recovery must have a minimum of 1 full year of abstinence from drugs and alcohol to be eligible for employment.

Apply online or call: 866-577-4766

www.thewatershed.jobs

STATE of RECOVERY

Behavioral Healthcare Community & Business Information Conference

July 21-22, 2016
The Diplomat Resort & Spa, Hollywood, FL

FEATURED SPEAKER
Mariel Hemingway

10th Annual
Georgia School of Addiction Studies

August 29 - Sept. 2, 2016 - Hyatt Regency, Savannah, Georgia

www.thegeorgiaschool.org

Confirmed Keynote Speaker-
Dr. Drew Pinsky
Enhanced the brain enkephalin levels in rodents.

- Reduced alcohol-seeking behavior in alcohol loving C57/BL mice.
- Pharmacogenetic conversion from alcohol loving to alcohol hating DBA mice.
- Reduce drug (opiates) and alcohol withdrawal symptomatology reported in dependent humans.
- In a double-blind placebo controlled study reduced stress response, as measured by the skin conductance level (SCL) in recovering addicts.
- Patients in treatment during recovery in a double-blind –placebo controlled study had significantly improved Physical and BESS Scores (behavioral, emotional, social and spiritual).
- Following detox compared to placebo patients (both alcoholics and cocaine abusers) there was a six-fold decrease in Against Medical Advice (AMA) rates.
- A ten-month abstinent rate in DUI offenders 73% (alcoholics) and a 53% (cocaine dependent).
- Enhanced focus was demonstrated by healthy volunteers after 30 days of treatment.
- Reduced cravings for alcohol, heroin, cocaine, and nicotine have been shown.
- Reduced inappropriate sexual behavior demonstrated.
- Reduced post-traumatic stress (PTSD) symptoms, such as protracted alleviation of lucid nightmares, have been reported.
- Prolonged (12 months) elimination of life-long fearful lucid dreams.
- Reduced wide-spread theta power in the anterior cingulate cortex (where decisions are made) in both alcoholics and heroin addicts.
- Induction of enhanced alpha and low beta waves in anterior cingulate cortex of abstinent psychostimulant abusers using qEEG.
- In abstinent heroin addicts, fMRI investigation compared to placebo a single dose increased resting state functional connectivity improved the prefrontal-cerebellar-occipital neural network and activation of the NAc (Figure 2). Seemingly “dopamine Homeostasis”.
- In abstinent heroin addicts, compared to placebo a single dose reduced hyperactivity of the putamen potentially decreasing unwanted emotionality (Figure 2).

**Figure 3 Human fMRI Placebo (Left) vs. KB220Z (Right) combined results five abstinent heroin addicts**

Enhanced focus was demonstrated by healthy volunteers after 30 days of treatment.

- Reduced cravings for alcohol, heroin, cocaine, and nicotine have been shown.
- Reduced inappropriate sexual behavior demonstrated.
- Reduced post-traumatic stress (PTSD) symptoms, such as protracted alleviation of lucid nightmares, have been reported.
- Prolonged (12 months) elimination of life-long fearful lucid dreams.
- Reduced wide-spread theta power in the anterior cingulate cortex (where decisions are made) in both alcoholics and heroin addicts.
- Induction of enhanced alpha and low beta waves in anterior cingulate cortex of abstinent psychostimulant abusers using qEEG.
- In abstinent heroin addicts, fMRI investigation compared to placebo a single dose increased resting state functional connectivity improved the prefrontal-cerebellar-occipital neural network and activation of the NAc (Figure 2). Seemingly “dopamine Homeostasis”.
- In abstinent heroin addicts, compared to placebo a single dose reduced hyperactivity of the putamen potentially decreasing unwanted emotionality (Figure 2).

**Figure 3 Rat fMRI placebo (B) vs. KB220Z (C)**

- An ADHD case study using LORETTA qEEG analysis revealed that after one dose the frequency of each band; in the anterior, dorsal and posterior cingulate regions, as well as the right dorsolateral prefrontal cortex increased during Working Memory.

In fact, it has been shown that a form of gene therapy that increases the number of D2 receptors (DNA-directed compensatory overexpression of the Dopamine D2 receptors) results in a significant reduction in alcohol and cocaine craving behavior in drug-prefering rodents. The basis of dependence on psychoactive substances is a “hyperdopaminergic state” as seen in alcohol withdrawal or due to other (epigenetic) environmental stressors or a “hypodopaminergic trait” due to the genetics of the brain reward circuitry.

The above preclinical and clinical results suggest that KB220 variants may help restore the required dopamine regulation (homeostasis). It is quite possible that utilization of this nutraceutical instead of highly abusable MATS should be considered as a frontline approach to treating Reward Deficiency Syndrome, (functionally dopamine dysregulation), especially during recovery.

**References Provided Upon Request**

Kenneth Blum, B.Sc. (Pharmacy), M.Sc., Ph.D. & DHL; received his Ph.D. in Neuropsycharmacology from New York Medical College and graduated from Columbia University and New Jersey College of Medicine. He also received a doctor of humane letters from Saint Martin’s University Lacey, WA. He has published more than 550 abstracts; peer-reviewed articles and 14-books.

John Giordano DHL, MAC is a counselor, President and Founder of the National Institute for Holistic Addiction Studies and Chaplain of the North Miami Police Department. For the latest development in cutting-edge treatment check out his website: http://www.holisticaddictioninfo.com

Lyle Fried graduated Magna Cum Laude with a Psychology degree from Liberty University. He is a Florida Board-Certified Addictions Professional (CAP); Internationally Certified Alcohol & Drug Counselor (ICADC); Board Member, Alliance for Addiction Solutions (AAS); member of the International Substance Abuse & Addiction Coalition (ISAAC); an Approved Training Provider through the Florida Certification Board; and a member of the Florida Association of Drug Court Professionals. He currently works as Co-Founder/CEO of The Shores Treatment & Recovery.
Get CEs and CMEs as you network, learn from the experts and soak up the scenes of Nashville! The IIBH conference is about driving results for patients, professionals and providers in the addiction and mental health treatment field.

Visit FoundationsEvents.com for more details. We look forward to seeing you there!

INNOVATIONS IN BEHAVIORAL HEALTHCARE
June 20-21, 2016
Hilton Downtown | Nashville, TN

Effective Student Assemblies
Professional Development Workshops
Drug & Alcohol Awareness Seminars

michaeldeleon@steeredstraight.org
www.steeredstraight.org • (856) 213-5157

To Advertise, Call 561-910-1943
aim to throw a lifeline to those struggling with the nightmare of a loved one’s use, abuse or addiction to drugs or alcohol.

We have three simple but very effective strategic aims:
1. To provide support to families, friends or carers affected by someone’s use, abuse or addiction to drugs and alcohol.
2. To provide support to families, friends or carers bereaved by someone’s addiction to drugs and alcohol.
3. To provide education and raise awareness of the impact of someone else’s addiction to drugs or alcohol on communities, families, friends or carers.

In the work we do with active addiction in our family groups and through our seven day a week telephone support line, we try to help the families who come to us realise they have a choice. They don’t have to continue to enable their addict as I once did, or have drugs in their home or put up with chaotic behaviour. But when the drugs have caused psychosis or mania, it can be a living hell for the families, but we have seen a lot of families rebuild their lives.

In Nick’s memory and on behalf of families- I’ve spoken at political conferences, on television and radio shows, given talks to schools and had meetings with the Archbishop of Canterbury, the Prime Minister’s wife, the Home Office, and many more. Every now and then I stop and think, “Wow, how on earth did I, an ordinary wife and mum, get here?” And every day I look to my healthy son, now a lone twin who is free from addiction and I always say it is important to never give up hope. There is no shame, guilt, or fear any longer.

Over his brother’s body, Simon resolved to turn his life around and he has done just that. When you compare pictures of him now with ones taken only a few years ago, you see two completely different people.

On the anniversary of Nick’s death each February Simon writes a poem for his twin and this is what he wrote this year on February 19, 2016

FOR NICK
I reminisce, think back of the memories of those times we shared.
All the brotherly love, many moments together.
Time and life ticks by, never could I have known that you’d ever say goodbye.
A lifetime you’ve flown, gone, spread your wings.
Yet both together we had grown and have left many things.
   But, after so much time you’re still there ...
I feel you inside, you live in my soul and I draw strength and pride.
When a life’s chapter ends another begins - I remember, all around me are our friends.
A new family, a wife, children and a home - how I wish you could meet them, and see how they’ve grown.
I have no fear now in life, not alone when I walk supported by family and friends when I need a talk.
Wherever you are, be happy and know, I walk in your shadow but continue to glow.

I am determined to do as much as I can to offer support for other families, just as he would want me to do... Yes, Nick’s tragic death gave Simon his life back, and an amazing opportunity to speak publicly about something we’d hidden for such a long time. From that darkest time for me, as a bereaved mother, there has come so much good and something I’d urge all families who are dealing with addiction to do - let go of all shame and to never give up hope for the future.

If you would like to make a donation to the work DrugFAM does, our IBAN number is GB14MIDL40092921296108 and, if you are asked, the BIC number is MIDLGB22. HSBC BANK
Our registered UK charity number is 1123316
Elizabeth Burton-Phillips is the Founder and Director of the UK Charity DrugFAM www.drugfam.co.uk
She is also the Author of ‘Mum, can you lend me twenty quid? What drugs did to my family’
https://www.amazon.co.uk/Mum-Can-Lend-Twenty-Quid/dp/0749951729/ref=sr_1_1?ie=UTF8&qid=1462644481&sr=1-1&keywords=mum+lend+me+twenty+quid
Contact elizabeth@drugfam.co.uk
DrugFAM Offices, 8 Castle Street, High Wycombe, Buckinghamshire, HP13 6RF
Tel: 01494 442777
Helpline: 0300 888 3853 (7days a week, 9.00am – 9.00pm)
Mobile 07766113679 DD 01189320725

WHY ADDICTION TREATMENT AND RECOVERY NEED TO BE BACKED BY SCIENCE
By Jacob Levenson

Continued from page 26

Jacob Levenson founded Austin-based MAP Health Management, LLC in 2011, and has served as Chief Executive Officer since its inception. MAP has established itself as the nation’s leader in the provision of a comprehensive, accessible technology platform specifically developed to improve treatment outcomes for individuals treated for addictions and other behavioral health illnesses. Levenson has hired research analysts, clinical directors, recovery advocates, technology professionals and billing experts all dedicated to improving outcomes, empowering treatment providers with data, reducing costs and driving facility revenue. Levenson is a frequent contributor to leading addiction and population management publications.
I am very excited on the launching of this new page. There are so many families affected by the disease of addiction, and one by one are finding their voices and trying to make a difference. I believe we can, if we all come together, share resources and work as one. I want to thank Katrin O’Leary, Executive Director with Magnolia New Beginnings for helping to connect The Sober World with many wonderful family groups throughout the country. These groups all have their own missions which you can read about at www.thesoberworld.com but with the same final goal in mind. Each month we will be adding more groups.

Magnolia New Beginnings  
www.magnolianewbeginnings.org

A New Path  
www.newpath.org

Family Against Narcotics  
www.familiesagainstnarcotics

The Long Island Council on Alcoholism and Drug Dependence  
www.licadd.org

**MAGNOLIA NEW BEGINNINGS**

Magnolia New Beginnings, Inc. is dedicated to advocating for those affected with the disease of addiction, creating educational opportunities to inform and raise awareness about substance abuse, and supporting addicts and their families in the process of seeking recovery, maintaining sobriety, and reaching their highest potential through a new beginning.

**What We Do**

Magnolia New Beginnings, Inc. is dedicated to advocating for those affected with the disease of addiction, creating educational opportunities to inform and raise awareness about substance abuse, and supporting addicts and their families in the process of seeking recovery, maintaining sobriety, and reaching their highest potential through a new beginning.

**Education and Advocacy**

In an effort to advocate for addicts and their families as well as educate the local community on the dangers of substance abuse, particularly opioids, and create an awareness of the disease of addiction we speak at and attend various local community events and disseminate information relative to addiction awareness and where assistance for the addicts and their families is available both in person and online. We are a source of information on prevention, resources for treatment options, and support for the addict and their families during the process of finding the appropriate care. We do this by creating and maintaining information on available resources.

**Supporting addicts and their families in recovery**

Many addicts have exhausted their family’s financial and emotional resources. They often enter treatment with only the clothes on their back. Families are steered toward support groups that can help them support instead of enable their family member. Recovering addicts in treatment are given access to transportation to treatment facilities, sent care packages consisting of a variety of necessary and supportive materials such as clothing, hygiene supplies, cards and games, books and other materials.

**Helping addicts maintain their sobriety**

Often when an addict leaves a detox facility or even after leaving an inpatient program they find they have nowhere to go except back to the very places their addiction took root. We strive to help in that process by providing assistance for addicts entering approved sober living communities with deposits or portions of deposits toward first and last month’s rent, who otherwise would not be able to afford these healthier living arrangements until they are able to secure employment and provide for themselves. Recipients are expected to prove financial eligibility as well as act as mentors to others in return for this assistance.

**Helping recovering addicts reach their highest potential**

Recovering individuals will be given assistance in furthering their education and or help with establishing themselves in productive enterprises after leaving treatment through financial assistance and mentorships.

Magnolia New Beginnings has no paid staff, no overhead aside from postage, and all donations go to the intended purpose; raising awareness and helping to create new beginnings for those affected by the disease of addiction.

It’s time for the suffering to end. We are here to help you find your New Beginning.

www.magnolianewbeginnings.org  
www.facebook.com/MagnoliaNewBeginnings/  
www.facebook.com/groups/beforethepetalsfall

**Our Bond**

By Heidi Houle

I belong to a group of mother’s that no others can understand, they are strong, fierce, loyal, and are taking an amazing stand. We do not talk of play dates or picnics in the park, we speak of things no others will as they would haunt you in the dark. We lift each other up when they can no longer stand; we sit in silent prayer while holding each other’s hand. We are always on the ready for that one urgent call that may take us on the road for a loved one about to fall, or to bring someone a warm meal or a coat, just to fill their belly or shield them from the cold. You might wonder why we would do this for a child that seems grown. I can tell why we do this because that child could be our own.
President Obama proposed a controversial five-year pilot program intended to lower drug prices for Medicare patients. At the heart of the matter is how doctors get paid on the drugs they prescribe. Personally, I think it would be a far better protocol if the doctors prescribed what is best for the patient and not what profit he or she makes on the different drugs; but those days are long behind us.

Upon arrival of the initiative, the pharmaceutical industry and medical community waged an immediate and aggressive campaign to stop it. PhRMA deployed one of their tried and true strategies; fear. They claim this initiative would limit patient’s access to drugs. It’s obvious to me and many other experts that the pharmaceutical industry is waging a battle to protect their profits and not our health.

Nothing really new here, except who is lining up on which side of the battle line. What surprised me along with most other observers was Nancy Pelosi’s response. The office of top Democrat in the House of Representatives helped forge a letter that cautioned fellow Democrats in their support of the President’s efforts to reduce drug prices and then circulated it among her caucus. According to the Huffington Post, whose editors have reviewed the drafts and final letter, states that, “The Democratic tsunami is written with an eye to those who want the rule to go forward, but don’t want to attract the ire of two powerful lobbies.”

PhRMA is so powerful that they can manipulate the top Democrat in the House into hedging on – and potentially compromising – an initiative with the potential to save America’s seniors money on the prescriptions that was proposed by fellow Democratic and President of the United States. The balance of power hasn’t been tipped; they’ve been toppled over!

California has a similar drug cost saving measure planned for a ballet vote this fall. If approved by voters in November, the ballet initiative would give the state authority to pay the same price for prescription drugs as the U.S. Department of Veterans Affairs. The VA is one of the few federal agencies allowed to negotiate drug prices.

The drug industry sees this as a dangerous precedent and plans on spending over $100,000,000.00 dollars to defeat it. They’ve assembled an All-Star list of lobbyists to defeat the measure and protect their profits.

According to Politico, lobbyists have lined up some unconventional allies, such as patient advocacy and civil rights groups, raising alarms about potential economic harm to consumers and sowing doubt about the sponsors. Many of the groups signed up have received money from PhRMA and its members over the years. Once again PhRMA buys influence, only this case to blur the lines of the status of the patient.

In looking into all of this, I have a renewed respect for our founding fathers. They designed a governing system around checks and balances to insure a balance of power. Millennials have passed since our constitution was first ratified and – even with what some would describe as a few shortcomings – Democracy, based on the three pillars of governance - the executive, legislature and judicial branches – has proven to be the best form of governance for a free and open society. I’m a red, white and blue, flag waving proud American.

With decades of tacit approval by politicians, PhRMA, its lobbyist and their counterparts in other industries, they have created a forth pillar of government. These multinational groups have infiltrated our institutions and taken over our government. PhRMA owns a majority of the politicians in both the house and the senate. They write the bills and demand their minions vote for it. Any dissent will be harshly dealt with as Nancy Pelosi quickly found out. Politicians can not get reelected without the financial support of these trade groups and their lobbyists. Like Senator Hatch, the forth pillar pays them to look the other way; so they do.

The forth pillar is effectively turning our government against the people it is supposed to be protecting. 28,647 Americans died an avoidable death in 2014 from prescription opioids and heroin overdoses and congress cannot even pass a drug policy bill they’ve been working on for three-years! I don’t want to seem callous but more than four times the amount of Americans died from prescription opioids and heroin overdoses in one year than all of the American soldiers in Iraq and Afghanistan since 2001. Where is the outrage in congress?!

People are inconsequential to the forth pillar. Opioids or eye drops, it’s all the same to PhRMA, just sell a lot of it. They don’t differentiate between life threatening or life saving, just profit margins. Nothing happens in Washington regarding health without PhRMA’s approval. Yes, PhRMA and the forth pillar are that powerful.

Our only option to end this epidemic is to engage our lawmakers. They need to realize that we are sitting up and paying attention to their actions. We must tell them that we will no longer sit idly by and watch this epidemic claim more lives. Connect with your lawmakers at town hall meetings, online, in blogs and any other means available to you and ask them one simple question: “what are you doing specifically to end America’s Second Opiate/Opioid Epidemic”

John Giordano DHL, MAC is a counselor, President and Founder of the National Institute for Holistic Addiction Studies and Chaplain of the North Miami Police Department. For the latest development in cutting-edge treatment check out his website: http://www.holisticaddictioninfo.com

LIVING BEYOND

A Monthly Column By Dr. Asa Don Brown

• “Documentation is essential for supporting the evaluation, the reason for opioid prescribing, the overall pain management treatment plan, any consultations received, and periodic review of the status of the patient.”

• Be certain not to avoid having healthy and respectful conversations with family, friends, and associates of those in chronic pain. Be a resource of support for those in pain.

• Proper management of pain must be a high priority.”

Chronic or persistent pain often proves intolerable; as patients and caregivers we need the freedom to request help and concrete information to make informed decisions pertaining to pain management. As clinicians, we must consider a variety of sound and proven techniques and treatment options to help manage the pain.

May you begin living beyond.

Author: Dr. Asa Don Brown, Ph.D., C.C.C., D.N.C.C.M., F.A.A.E.T.S.
Website: www.asadonbrown.com
Co-Author, Zachary Borodkin, Masters in Public Administration, BA Political Science
Website: www.bupipedream.com/author/zborodkin

References Provided Upon Request
The first Coffee Table Book on AA
A global journey which leads to interesting people and places... All celebrating the foundation of AA.

Look for the second coffee table book on AA coming out in late Spring 2016

“...This book is the story of an AA traveler, who set out after the 2015 release of the Global Sober Book, to visit AA meetings, conventions, tourist spots and out-of-the-way places in over 13 countries.”

Global-Sober.com | 101Shares.com | Global-Zen-Sober.com

From Mongolia to Melbourne, Moscow to Miami, Munich to Medellin, Minnesota to Monte Carlo and Mexico City