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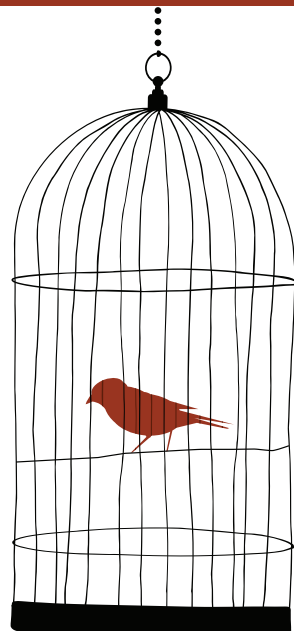
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## INTERVENTIONS

DON'T  
THEM  
DEATH



LOVE  
TO

by Pat Samples

# Get Help

**I**ntervention is a highly effective way to get someone into addiction treatment. When it's led by a professional interventionist, that is.

Plenty of people try on their own to convince the addicted person to stop using and go to treatment. They might even stage their own attempt at an intervention meeting, gathering friends and family together to confront the person about their substance abuse and urge them to enter treatment.

This type of intervention sometimes works, but it can easily go awry. Tempers flare. Walls of resistance go up. The addict (as usual) takes over the conversation and makes one or more of the intervening people the "bad guy." Or the addict makes promises to get help but doesn't follow through (as usual).

Professional interventionists are much more likely to get the job done – and with a lot fewer ruffled feathers. They tend to

succeed in getting the person into treatment almost every time. The person with the disease typically is escorted directly from the meeting to the treatment location. Arrangements for travel, treatment, and payment are already made by the family, with the help of the professional. Even bags are packed.

### MISCONCEPTIONS ARE SCARY

Fear, due mostly to misconceptions, tends to keep people from planning an intervention or seeking a professional to guide the process. Some people assume that an intervention will be a tense, anxiety-producing confrontation with the addict, designed to shame them into seeing the error of their ways. They may believe that the addict will be dragged away to treatment against their will. Or they may fear that the addict will retaliate or hate

**DON'T LOVE THEM TO DEATH** to pg 6

FROM THE STATE OF MINNESOTA

## Self-Empowerment Through Peer Recovery Support

by Paul Fleissner

People in long-term recovery know the drill.

They have been down. They got up. And they're staying up.

With some training and supervision, they can share their experience, understanding and reassurance with others who are recovering from substance use disorder. In fact, they may be able to help others become ready and willing to seek treatment.

"Peer recovery support," as it is formally called, can be extremely empowering for people before, during and after going through treatment. Peers can help reduce fears, answer questions, support motivation and convey hope.

Services provided by peers can include:

- Education and advocacy
- Mentoring
- Attending recovery and support groups with clients
- Helping clients access resources to get jobs and housing
- Support in transitioning from treatment into the recovery community.

Individuals providing peer support must complete training, certification, and continuing education requirements. Training must address ethics and bound-

**PEER RECOVERY SUPPORT** to pg 5

JOHN H. DRIGGS, LICSW

## Becoming a Better Version of Yourself

**M**ost of us don't think much about what type of person we are. We have a hard enough time attending to the practical details of daily living—staying virus-free, caring for children, paying the bills, having enough food in the house, and knowing what our next project is at home. Few of us would choose having better character as our next trial. Most of us are so overwhelmed by the problems of modern living that the last thing we would think about is what type of person we are becoming. We live in an age of many challenges, and it only makes sense that first things ought to be first.

Nevertheless, let's not fool ourselves. When we spend too much time on human doings, we may neglect our human being. Our good character can sustain us way more than all of our mortal accomplishments and success. Afterall, when we have good character, we always have the best of all possible friends to rely on—namely ourselves. Also, our kindness towards others and self-awareness can make us quite successful in our human endeavors. When we focus on personal betterment, we may learn to control our impulses, anticipate the needs of others, make lasting friendships and have better control of the demons within us, allowing us to more easily compromise in our dealings with others. Actually, character awareness and improvement may be the very best use of our time when so many external forces are making demands on us. Working on being a better version of yourself will likely outweigh any of our worldly successes and have greater meaning to us. Or, as Paul Tsongas, a former US Senator once said, "I doubt that any of us on our death beds will say, gee, I wish I had spent more time at the office."

### WHAT IS A BETTER VERSION OF YOURSELF?

Each of us must answer this question for himself or herself. Some of the guiding principles that may assist your efforts include:

1. Can we put ourselves in other people's shoes and experience life as they see it?
2. Are we able to forgive ourselves as we forgive those who harm us?
3. Are we the center of the universe or are we small stars twinkling in the heavens along with many other stars?

**BETTER VERSION OF YOURSELF** to pg 12



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LETTER FROM THE EDITOR

# A Worldwide Recovery of Our Time

by Louise Elowen



*"For there is always light,  
if only we're brave enough to see it.  
If only we're brave enough to be it."*

EXCERPT FROM "THE HILL WE CLIMB," INAUGURATION POEM BY AMANDA GORMAN

The world today is in on-going recovery. *Why?* you might ask. Think about the past eighteen months: A pandemic (which is not yet over), civil unrest, and climate change as intense fires and floods ravage our communities.

*So, what effects might these events have on our psyche? How do we respond?*

To illustrate this point, I will recount my experience of a recent trip to a well-known big-box store, my first since the pandemic began. It was a trip I had enjoyed in the past, and always took along my dog, perusing the paint colors and checking out the plants in the garden center, while speaking to the odd person or two along our travels down the wide aisles. *How things have changed.* Social distancing now means nothing to some folk, as well as respect and common courtesy. Hands thrust into my poor dog's face without permission, angry, hostile glares from those who didn't respect my boundaries when asked to keep back as I am immune compromised (and making me feel like I had done something wrong). As they encroached on my personal space at check-out, the once-wide aisles now seemingly enclosed in on me. I left with four samples of paint in almost the *exact* same color and nothing at all like I wanted due to the extreme anxiety and panic I experienced in my rush to get out of there as fast as possible. *What in the world has happened?*

The world is in a collective state of post-traumatic stress disorder (PTSD). PTSD symptoms include anger and irritability, negative thoughts, blame-pro-

jection, and risky behaviors. *Think about it.* I experienced anger, irritability, blame-projection, negativity, and risky behavior (at least, for the time of a pandemic) in my recent trip to the store. I flashed back to the emotional abuse I had experienced in a past relationship and realized that not just I, but the world out there in general, is suffering some form of PTSD.

*So, how do we recover from these on-going events which are leaving trauma in their wake? How do we instigate a world-wide recovery?*

Firstly, we must learn to live in the present. We can't change what's past, but we can *learn* from it. Establish a *safe space* where you can take a *time-out* from the world to recover and heal when needed. Cherish the little things: Family, friends, community. Slow down. Get back to basics. Consider each other as equals. Remember respect for each other. And let's *reconnect*. Not disengage.

In some ways, we have been gifted a *huge* opportunity to recover from a world which seemed to be barreling towards disaster. It's not too late for us to recover. But let's try to figure out our future tomorrow, *together*, and put trauma in our rear-view mirror so that this period in history will be seen as one of the positive turning points in time because of the way we recovered from it, both as one and together.

*Louise*

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# What's Wrong With Me?

by **Patricia Rogers**

I grew up as a girl with so much potential. I was musically inclined and became a bit of a prodigy. What I may have lacked in academic achievement I made up for with people skills and likability. But by the time I hit puberty it became evident that something was wrong with me. I was hospitalized at age 13 for detoxification after I wrote a goodbye letter and took all the pills in my parents' medicine cabinet. At age 16 I was admitted to an inpatient psychiatric ward after my father found self-inflicted wounds on my wrist.

I made it through high school and began to find my way, a bit, in my first two years of college. I excelled in many of my music classes and came alive with excitement in an anatomy and physiology lecture with a cadaver lab. But crying spells, which had started as a young teen, were becoming less controllable and more frequent.

I transferred to a different university for my third year. This is where alcohol took a hold on my life. Sure, I'd been inebriated at times since my early teens. But this was the first time I found myself in a culture that embraced regular overconsumption. And when I joined the rugby team things really took a turn. It was a club sport, and free of the regulations that applied to the university's team sports. We had kegs on the field and a house on frat row. My apartment was a few blocks away from the rugby house, an easy walk even stumbling drunk. There were no holds barred.

Even still, I graduated. Uninterested in any particular graduate studies or career path, and weary from focusing on the never-ending task of figuring out what was wrong with me, I turned to the service of others. I joined the Peace Corps and after two years in West Africa I served an additional three years with AmeriCorps VISTA on Indian reservations and in Appalachia. These years were filled with moments of fulfillment and some successes. The month I served in jail for drunk driving during this period did not slow down my drinking habit. Alcohol was necessary to medicate what ailed me. The antidepressants I'd been prescribed since my teenage years did not suffice, and alcohol was my preferred numbing agent.

During the few months of my short first marriage, my drinking habit grew to include regularly snorting crushed-up opioids off toilet tank lids through rolled up dollar bills. By that time OxyContin was flowing through the streets of West Virginia's small towns like Noah's floodwaters. God only knows why I was spared the ravaging disease of opioid addiction that has taken the souls and lives of so many promising peers of my youth.

Fleeing from what had become an obviously hopeless situation, I left my



marriage and enrolled myself in massage school a thousand miles away. It was there and then that I began my healing journey.

I'd made an agreement with myself to stop drinking. But as I started trading massages with fellow students, the crying spells returned and soon my emotional state became a source of major disruption for my fellow students. Fulfilling a requirement to remain in the program, I sought counseling.

The counselor that was recommended turned out to be a good fit for me. And for the first time in my life, at the age of

31, I was treated for trauma. It was news to me that I'd grown up with PTSD (post-traumatic stress disorder) from early childhood trauma. I learned from him that my condition was a normal human response to trauma. What's more, I was empowered to heal! As it turns out, he argued, there was nothing wrong with me. He facilitated EMDR (eye movement desensitization and reprocessing) to work with memories of repressed traumatic events.

During this time, I was also introduced to craniosacral therapy. I learned how trauma is stored as somatic memories in the body and about the impacts trauma has on nervous system function. With a little bit of counseling and a ton of craniosacral therapy, additional bodywork and yoga, I rid my body of the emotional charge associat-

ed with old traumas. I healed my body, and with it, my mind and spirit.

Healing from trauma alleviated my need to medicate, and with commitment to quitting, addiction eventually lost its hold on me. I have no specific sobriety date, but alcohol/substance abuse has no place in my current life and hasn't for over a decade.

**Patricia Rogers, CST-D, Diplomate CranioSacral Therapist & Owner, Body to Brain Therapy, has an advanced CranioSacral practice in Charleston, West Virginia. She is a teaching assistant, advanced preceptor and primary therapist at Intensive Therapy Programs thru the Upledger Institute as well as Integrative Intentions. She treats people of all ages with all types of conditions, including participants of an opioid recovery program.**

Please send your 1st Person story to [phoenix@thephoenixspirit.com](mailto:phoenix@thephoenixspirit.com).

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## Resource Directory

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### Substance Use Disorders

#### Minnesota Teen Challenge

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### Workaholics Anonymous Meeting

Burning out? Workaholics Anonymous provides steps and tools to break free from non-stop work and activity — or work avoidance. Meeting is currently online via Zoom. Call Pat for link to the meeting or questions: 763-560-5199. [www.workaholics-anonymous.org](http://www.workaholics-anonymous.org).

To place a Resource Directory listing call David at 612-298-5405 or email at [david@thephoenixspirit.com](mailto:david@thephoenixspirit.com)



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FROM THE STATE



OF MINNESOTA



## Peer recovery support services are part of Substance Use Disorder reform passed during the 2017 Minnesota legislative session

aries, mentoring, advocacy, culturally based approaches, and community resources. The Minnesota Certification Board sets the policies and procedures for certification.

Individuals providing peer support must complete training, certification, and continuing education requirements. Training must address ethics and boundaries, mentoring, advocacy, culturally based approaches, and community resources. The Minnesota Certification Board sets the policies and procedures for certification.

An individual providing peer support must have a minimum of one year of recovery from substance use disorder and be supervised by a qualified Substance Use Disorder (SUD) professional who understands the responsibilities and scope of work of a recovery peer.

Peer recovery support services are part of Substance Use Disorder reform passed during the 2017 Minnesota legislative session, which included person-centered changes intended to provide the right level of service at the right time and treat addictions like other health conditions. The state received federal approval for the reforms, which we at the Minnesota Department of Human Services (DHS) have been implementing over the past four years.

Peer support is not limited to people seeking to recover from substance use disorder. Minnesota also offers cer-

tified mental health peers and family peers. In fact, more than 1,000 people in our state are certified as peers, providing services in an array of facilities and programs, including intensive residential treatment services, adult rehabilitative mental health services, chemical dependency licensed treatment facilities, assertive community treatment teams and Recovery Community Organizations (RCOs).

More than a dozen RCOs in Minnesota provide services outside of traditional treatment, expanding the continuum of care for individuals with substance use disorder. RCOs are independent, non-profit organizations led and governed by people in long-term recovery, their families, friends, and allies as well as addiction and recovery professionals. RCOs work to increase the prevalence and quality of long-term recovery.

In working to ensure a solid continuum of services, DHS is proud to collaborate with all of these organizations. And we are pleased that peer recovery support is a vital part of the continuum.

*Paul Fleissner, is the Director of the Behavioral Health Division at the Minnesota Department of Human Services.*



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**PUBLISHERS**

Aaron and Jen Shepherd  
4190 Vinewood Ln. N  
Suite 111 PMB 403  
Minneapolis, MN 55442  
612-615-9740

**EDITOR**

Louise Elowen  
phoenix@thephoenixspirit.com

**SALES DIRECTOR**

David Goldstein  
612-298-5405  
david@thephoenixspirit.com

**COMMUNITY RELATIONS DIRECTOR**

Jen Shepherd  
jen@thephoenixspirit.com

**CONTRIBUTING WRITERS**

John H. Driggs, Paul Fleissner,  
Mary Lou Logsdon, Patricia Rogers,  
Pat Samples, Rachel T. Schromen

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them forever. Another misconception is that the addict can only be convinced to get help when they hit rock bottom. They'll even sit by when the addict is hospitalized, jailed, or having liver failure, waiting for that bottom.

Intervention, in fact, is a way to raise that bottom or to get ahead of it, says interventionist Jeff VanVonderen, but in a loving way. VanVonderen has been interviewed on TV by Oprah, Larry King and other talk show hosts and has conducted live interventions on A&E Network's documentary series "Intervention." Says VanVonderen, "In order for a family to decide to do intervention, they have to hit bottom first. They have to say this is far enough down. At that point they still don't have control over what the addict does. They just only have control over what they do."

A primary goal of the intervention, says VanVonderen, is to leave the addict with this message: "There's nothing we won't do to help you get better but there's nothing we will do to help this go on." What that does, according to VanVonderen, is "it hands the person's problem back to them, because through the years they have managed to hand the problem and the consequences to everybody else and that's why it keeps going."

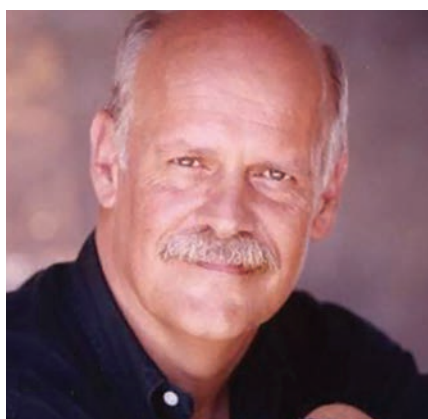
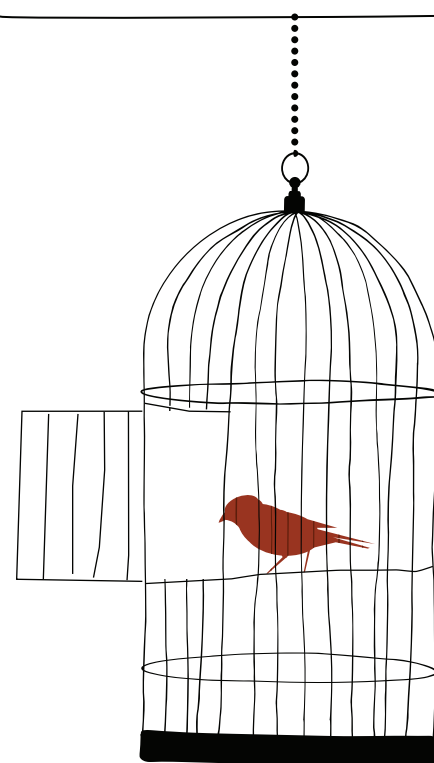
#### SHOW THE WHOLE BROKEN MIRROR

The addict's life is like a broken mirror, say interventionists, and those around them have different pieces of it to bring to the intervention. The intervention professional meets with them the day before the intervention to prepare them to do that effectively.

"What we want to do on the first day is build one great big mirror and on the second day hold the whole thing up," says VanVonderen. Says Justin Diehl, and interventionist and founder of *Recovery in Action*, a program of support services for people in addiction recovery, "The disease thrives on maybe letting this person know this part of the story and that person know that part of the story but making sure that nobody you know sees the whole picture, and so in that planning meeting we are getting as much of the picture into focus as possible."

The next day, the intervention reveals for the addict this stark moment of

THERE'S NOTHING WE  
WON'T DO TO HELP YOU  
GET BETTER BUT THERE'S  
NOTHING WE WILL DO  
TO HELP THIS GO ON.



Jeff VanVonderen (Photo courtesy of VanVonderen)



Justin Diehl (Photo courtesy of Diehl)



Drew Horowitz (Photo courtesy of Horowitz)

truth, but not in a harsh way. According to Drew Horowitz, addiction specialist at *Drew Horowitz & Associates*, "It's not a confrontation, it's not a fight, it's not any of that. It's a civilized discussion." He says, "The goal is to empower this person to see they're cared about and that they have an opportunity to make this change. There's calmness. There's love. There's empathy. There's support."

The intervention is thoroughly planned. Where people will sit. What order they'll speak in. Who will respond if the addict tries to leave. Every detail is anticipated, thanks to the experience and skill of the interventionist. The intervention is typically held at the home of the addict, where everyone shows up togeth-

er unannounced. Using skills honed over many years, the interventionist takes the lead in a friendly and respectful way to build rapport, asking the addict to sit and listen. Almost always, the addict agrees, even if displaying some resistance.


"You have to go in with respect and dignity," says Horowitz. "You're in somebody else's home, and you have to remember this person is ill, not bad."

#### READ LETTERS OF TRUTH AND LOVE


The centerpiece of the intervention is the reading of letters written by those who have come. These are not rants about the horrors of the addict's behavior; they are essentially love letters. VanVonderen says he asks the letter writers "to talk

about memories of what it looked like before all this. I want them to talk about how things have changed and how that has affected them." Each letter ends with a plea for the addict to go to treatment immediately. Says Horowitz, "It's empowering them, letting them know that we just want to see them at the best version of themselves."

If the addict interrupts, argues, or otherwise interferes with the letter reading, the strategy is typically to listen to them without commenting and then keep reading. Unless the addict verbally attacks the person who is reading. In this case, VanVonderen says he pre-advises readers to say something like, "Well, I'll think about that, but today we're here for



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# THE LETTERS AND THE FACT THAT EVERYONE IS SO PREPARED AND UNITED IN SUPPORT OF THE PERSON WITH THE DISEASE TENDS TO STOP THE ADDICT IN THEIR TRACKS.

you,” and then go on reading. “Otherwise,” says VanVonderen, “If it’s not in your letter, you don’t get to say it.”

The letters and the fact that everyone is so prepared and united in support of the person with the disease tends to stop the addict in their tracks. Says Horowitz, “We usually see the person tear up and cry who’s reading it, and we see the person we’re intervening on cry. It’s very moving. It’s very powerful, and that’s where we see change happen.”

Many addicts, after hearing the letters, agree right away to go to treatment. The interventionist then explains what will happen next and takes them directly to the treatment center, where pre-arrangements have been made. This may be thousands of miles away. Says Diehl, “I work with an amazing travel agent. She has all the info, and the seats aren’t booked until I get a ‘Yes.’ And then, as family members or loved ones are hugging the individual, I’m texting her, ‘We’re a go.’”

Some addicts hesitate before agreeing, wanting time to consider what has been said. But the skill of the interventionist again comes into play. There is no pressure put on the individual, but they are invited to stay and continue to consult further with the family on this big, medical decision.

Most, however, agree to go to treatment by the end of the meeting and, says Horowitz, “they go in with a good attitude because the intervention was effective.” If the addict remains resistant, the last straw, says VanVonderen, is to point out consequences to them. Family members have pre-agreed that they will no longer support their loved one’s addiction, and details are spelled out. It may be that no one will give them money or a place to live anymore or they won’t be bailed out if arrested. The bottom line for the circle of family and friends to communicate, according to VanVonderen, is “I’m not helping this sickness happen anymore.”

## KEEP UP THE FAMILY SUPPORT

Regardless of whether the addict accepts the help on the day of the intervention, the interventionist continues working with the family for another month or more. They may be given advice about how to respond to messages they are getting from the addict so that the family’s enabling behaviors don’t continue. The interventionist may also become an advocate for the family in dealing with the treatment center.

Sometimes families need more than we can offer,” says Horowitz, “and we will refer them to a family coach or family therapist that specializes in what they need.”

“It’s in my contract for the intervention that, if there is a family program at the facility, the family will participate,” says Diehl. He also sends the letters that are read during the intervention to the treatment program staff to use, if needed, to help maintain the patient’s motivation.

Costs for an intervention can range from \$2500 upward. Insurance does not cover these services, but some intervention programs offer discounts or other subsidies. Families often have to get creative and work together to cover program costs, but the costs for not intervening can also be very high.

“I’ve sadly lost more friends to this disease than I can count,” says Diehl.

“No matter how it turned out, I’ve never had anybody telling me they wish they hadn’t done it,” says VanVonderen of interventions.

“Don’t wait for them to hit bottom,” advises Horowitz. Seek out an interventionist. He adds, “Our job is to help suffering people to get the care they need.”

*Pat Samples is a Twin Cities writer, writing coach, and champion of creative aging. Her website is [patsamples.com](http://patsamples.com).*

## INTERVENTIONISTS

**Recovery in Action**  
**JUSTIN C. DIEHL, LADC**  
651-336-9256  
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**JEFF VANVONDEREN**  
949-677-8354  
[jeffvanvonderen.com](http://jeffvanvonderen.com)

To find a trusted Intervention specialist, please do your diligence or contact a substance use disorder treatment provider in your area. You can also reach out to the interventionists in the article to see if they have any recommendations. Our best to you in finding help and freedom for your loved ones.

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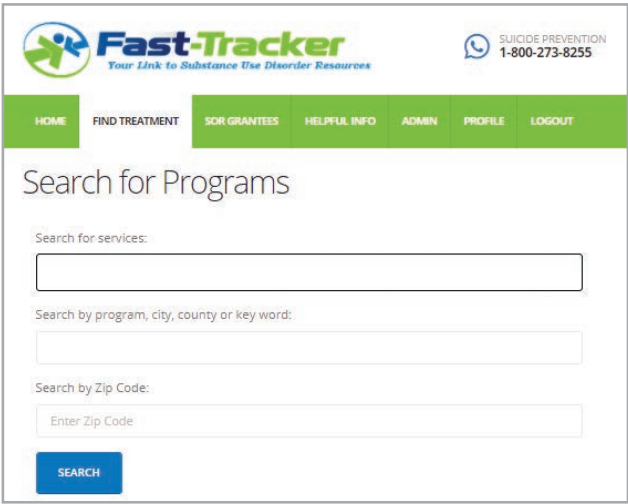
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# Treatment Providers

The following list consists of some of the substance use disorder programs/providers in Minnesota that have listed their services on Fast-Tracker (as of the end of September 2021).

It's easy to find a list of those who offer these services by going to the SUD side search page at [sud.fasttrackermn.org](http://sud.fasttrackermn.org). Search using city, name, county, zip code, service or by keyword.

Fast-Tracker MN is a virtual connection resource funded by the Minnesota Department of Human Services Behavioral Health Division and the State Opioid Response grant. Fast- Tracker connect providers, care coordinators, and consumers with a real-time, searchable directory of mental and substance use disorder resources & their availability.



**2118 NUWAY Counseling Center**  
Minneapolis  
612-235-4677

**3R'S NUWAY Counseling Center**  
Minneapolis  
612-789-8030

**A Better Connection, Inc**  
Park Rapids  
218-252-2785

**Abria Recovery**  
Burnsville  
952-406-8105

**Alliance Wellness Center**  
Bloomington  
952-562-3740

**Amazing Grace Recovery Services**  
St. Francis  
763-753-6639

**Anishinaabe Miikana Gid-maajjaamin**  
Tower  
218-753-2347

Nett Lake  
218-757-0233

**Avivo Outpatient**  
Minneapolis  
612-752-8074

**Burkwood Treatment Center**  
Hudson  
888-412-2374

**Canvas Health**  
Cottage Grove  
651-777-5222  
Forest Lake  
651-777-5222

North Branch  
651-777-5222

Saint Paul  
651-777-5222

Stillwater  
651-777-5222

**Club Recovery**  
Edina  
952-926-2526

**Conceptual Counseling**  
St. Paul  
651-221-0334

**Cornerstone Therapy and Recovery Center**  
Minnetonka  
651-645-0980

St. Paul  
651-645-0980

Burnsville  
651-645-0980

**CREATE, Inc.**  
Minneapolis  
612-874-9811

Saint Paul  
612-874-9811

Burnsville  
612-874-9811

**Divine Hope Counseling**  
Willmar  
320.231.9763

**Douglas Place**  
East Grand Forks  
218-399-4041

**Elite Recovery**  
Saint Paul  
612-719-4137

**Fairview Adult Substance Use Assessment Services**  
Minneapolis  
612-276-2736

Lodging Plus Program-IOP with Lodging (DHOH)  
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612-672-2736

Crystal  
763-541-4993

Elk River  
763-241-3558

**Freedom Center**  
Princeton  
763-308-0006

Milaca  
763-308-0006

Cambridge  
763-308-0006  
Onamia  
763-308-0006

**Gateway Recovery Center**  
Inver Grove Heights  
833-DETOX-80

**Gamblers Choice**  
Fargo, ND  
1-877-702-7848, Ext. 3279

**Grace Counseling Services**  
East Bethel  
763-413-8838

**Haven Chemical Health**  
Woodbury  
651-734-9633

**Hazelden Betty Ford Foundation**  
Chaska  
800-257-7800

Maple Grove  
800-257-7800

Center City  
800-257-7800

St. Paul  
800-257-7800

Plymouth  
800-257-7800

**Hope House of Itasca County, Inc.**  
LaPrairie  
218 326-1443

Outpatient w/lodging  
Minneapolis  
612-594-2029

**Integrations Wellness & Recovery Center, LLC**  
Hutchinson  
320-434-1312

**Lake Country Associates**  
Menahga  
218-564-9229

Park Rapids  
218-366-9229

**Lakeplace Retreat Center**  
Bovey  
218-245-1395

**Lakeside Academy**  
Buffalo  
844-768-8336 (TEEN)

**Life Transformations**  
Breckenridge  
701-640-8915

**Living Free Recovery Services, LLC**  
Brooklyn Park  
763-315-7170

**Minnesota Adult & Teen Challenge**  
Minneapolis  
612-373-3366

Brainerd  
218-833-8777

Duluth  
218-529-3733

Rochester  
507-288-3733

**Minnesota Alcohol/Drug Assessments**  
Menahga  
218-640-6133

**Minnesota Alternatives**  
Spring Lake Park  
763-789-4895

**Native American Community Clinic**  
Medication Assisted Treatment Program  
Minneapolis  
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Wiinodewe Intensive Outpatient Program  
Minneapolis  
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River Ridge

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4555 Erin Drive, Suite 200  
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### Services:

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Men's & Women's Residential Programs

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Mental Health Diagnostic Assessments

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Waverly  
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St. Peter  
507-931-0918

Stillwater  
612-326-7600

Minnetonka  
612-326-7579

Olivia  
320-400-0001

St. Paul  
612-326-7579

**New Freedom Inc. OP and IOP With Lodging**  
Princeton  
763-220-5483

**Northland Recovery Center**  
Aitkin  
218-670-0005

Grand Rapids  
218-327-1105

**Northstar Behavioral Health**  
Fergus Falls  
651-900-3881

Oakdale  
651-900-3881

St. Paul  
651-900-3881

**NorthStar Regional Co-Occurring Disorders Program**  
Chanhassen  
952-297-8665

Maple Grove  
763-898-3838

Men's Residential Program  
Shakopee  
952-297-8665

Chaska  
952-297-8665

**Northwestern Mental Health Center**  
Crookston  
218-281-3940

**NUWAY**  
Rochester  
507-225-0400

St. Paul  
651-404-2000  
651-333-4410

Duluth  
218-207-2130

Minneapolis  
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**Nystrom & Associates, Ltd**  
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Apple Valley  
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Bloomington  
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Sartell  
651-529-8479

Otsego  
651-529-8479

Minnetonka  
651-529-8479

Big Lake  
651-529-8479

**Omada Behavioral Health Services**  
Northfield  
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**Options Family & Behavior Services**  
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952-564-3000

Roseville  
952-564-3000

**Park Avenue Center**  
Minneapolis  
612-871-7443

**Partners In Recovery**  
Virginia  
888-648-7652

Hibbing  
888-648-7652

Roseville  
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**Pear Lake Women's Program**  
Grand Rapids  
218-327-9944

**Professional Recovery Organization LLC**  
Woodbury  
651-204-9144

**Progress Valley**  
Minneapolis  
612-345-4227

Recovery Center for Men  
Richfield  
612-827-2517

**Project Turnabout Center for Addiction Recovery**  
Granite Falls  
320-564-4911

Marshall  
507-532-3008

Redwood Falls  
507-637-8783

Willmar  
320-214-7744

**Recovering Hope Treatment Center**  
Mora  
844-314-4673

**River Ridge, LLC**  
Eagan  
952-894-7722

**Riverplace Counseling Center**  
Elk River  
763-427-9777

**Rogers Behavioral Health**  
Minneapolis  
763-318-2800

Saint Paul  
612-225-4141

**RS EDEN - Eden House**  
Minneapolis  
612-338-0723

**Sage Prairie**  
Burnsville  
1-877-915-7243

Eagan  
1-877-915-7243

**ShareHouse, Inc.**  
 Fargo  
701-282-6561

**St. Cloud Hospital- Adult Addiction Services**  
(formerly Recovery Plus)  
St. Cloud  
320-229-3760 (23752)  
Adolescent Addiction Services  
St. Cloud  
320-229-4996 (79888)

**The Rubicon**  
Edina  
612-200-9870

**Tubman's Chrysalis Center**  
Minneapolis  
612-870-2426

**Turning Point**  
Minneapolis  
612-520-4004

**Valhalla Place**  
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**Vinland National Center – Outpatient**  
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Loretto (Residential)  
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**Wayside Wellness Center**  
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**Wayside Women's Treatment Center**  
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**Woodland Centers**  
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**Lynsey Miron,**  
PhD, LP  
Clinical Supervisor,  
Psychologist

*is a licensed clinical psychologist and Clinical Supervisor for the adult, child and adolescent partial hospitalization and intensive outpatient programs at Rogers Behavioral Health in St. Paul, MN. Dr. Miron provides training and supervision that promotes evidence-based treatments for OCD, anxiety, depression, PTSD, and substance use disorders*

**OBSESSIVE-COMPULSIVE DISORDER**

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to neutralize them by engaging in a compulsion or ritual.

Compulsions are repetitive behaviors or mental acts that are done in response to an obsession or according to rigidly applied rules. Examples of compulsions includes washing, hoarding, and repeating actions. These behaviors or mental acts are completed in order to prevent or reduce anxiety or keep a feared event from occurring. The behaviors are either clearly excessive or not logically connected to the feared event.

**Q** How is OCD different than anxiety? How are they similar?

This is a really common question, and it's important that we differentiate OCD from anxiety disorders. Anxiety is a more general reaction to experiences characterized by emotional responses, such as fear or worry; physical responses like a racing heart, shortness of breath, stomach upset, or sweating; and cognitive responses such as "I'm in danger" or "Something bad is going to happen." OCD on the other hand is a specific type of anxiety disorder.

**Q** What is the relationship between OCD and substance use disorders (SUD)?

It's really interesting because, at a glance, it may seem like OCD and substance use disorder are very different.

However, both conditions include unwanted repetitive behaviors, frequently with negative consequences on someone's ability to work, maintain personal relationships, keep up with school, and take part in social activities.

In both disorders, the individual tries to escape from emotional, physical, or cognitive distress by engaging in behaviors that, over time, become unwanted and time consuming. For OCD this may involve rituals, while for SUD this involves the repeated search for and use of a substance. But in both instances, the relief is very temporary, and those unwanted symptoms eventually return, leading to a difficult-to-break cycle.

Additionally, studies have found that about 25% of individuals suffering from OCD may also suffer from a substance use disorder, so we know it's quite common. These individuals may seek relief from their obsessive thoughts and rituals by using a substance, or they may incorporate substance use into their existing OCD rituals.

**Q** What is the most effective type of treatment for OCD that is evidence-based?

The most effective treatment for OCD is exposure and response/ritual prevention, or ERP. In ERP, individuals learn to control their fears while also resisting urges to perform rituals in a prolonged, repetitive, and gradual manner. ERP is evidence-based, meaning there has been substantial clinical research demonstrat-

ing that the treatment works well for a wide range of people and presentations.

Our goal with ERP is to reduce anxiety, help people become more confident in their ability to tackle challenges, and help them learn that many of the things they have been avoiding because of a specific feared outcome either do not occur or are much more manageable than expected.

**Q** Is this treatment effective for depression, anxiety, trauma, and substance use disorders?

While ERP is a behavioral therapy specifically utilized with some anxiety disorders, such as OCD, behavioral or exposure therapy in general (doing things that have become too challenging or are avoided) is an effective treatment for a wide range of conditions, including depression, trauma, substance use disorders, and other forms of anxiety. ERP coupled with strategies to reduce and cope with urges to use substances would be an effective choice for someone struggling with both OCD and SUD.

*If you have a question for the experts, or you are an expert interested in being featured, please email phoenix@thephoenixspirit.com. Experts have not been compensated for their advice.*

**Q** What is OCD?

Obsessive-compulsive disorder (OCD) is characterized by obsessions, compulsions, or both, that cause significant distress or difficulty in day-to-day functioning.

Obsessions are recurrent thoughts, urges, or images which are intrusive and unwanted, and they lead to a great deal of anxiety or distress in most individuals. Examples of obsessions include a fear of germs or contamination, a need for perfection, or fear of harm. Individuals with obsessions may attempt to ignore or suppress those thoughts, urges, or images, or



**One out of two people living with a brain injury suffers from some form of substance abuse issue, according to the Office on Disability.**

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**Our residential facility is on 180 acres, just 20 miles west of the Twin Cities on Lake Independence.**

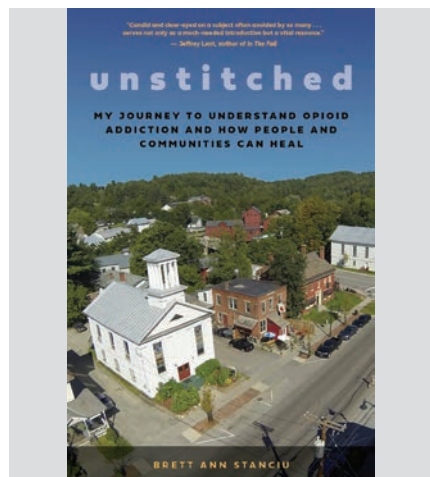


**Outpatient Services is on Stinson Boulevard in northeast Minneapolis. Rule 25 Assessments are offered at this location.**





# Books



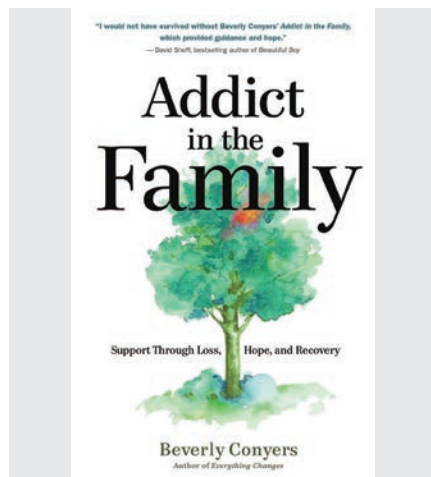
## Unstitched

My Journey to Understand Opioid Addiction and How People and Communities Can Heal

By Brett Ann Stanciu  
STEERFORTH PRESS

*Unstitched* shares the powerful story of one librarian's quest to understand the impact of addiction fed by stigma and inevitable secrecy.

The opioid epidemic has hit people in communities large and small and across all socio-economic classes. What should each of us know about it, and *do* about it?



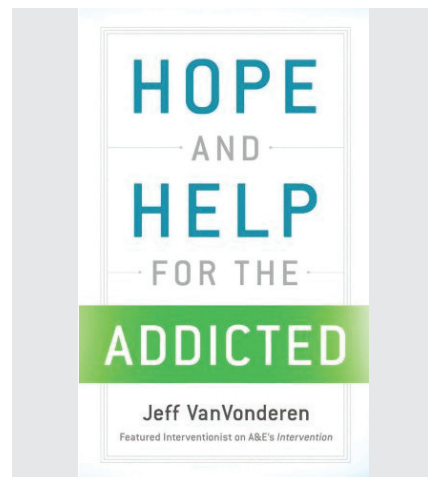
## Addict in the Family

Support Through Loss, Hope, and Recovery

By Beverly Conyers  
HAZELDEN PUBLISHING

The family recovery classic, *Addict in the Family*, has been revised and updated to offer parents and other family members support when faced with the reality of a loved one's addiction. Solid, actionable advice and information about what helps and what doesn't—and how to care for themselves—make this an indispensable guide.

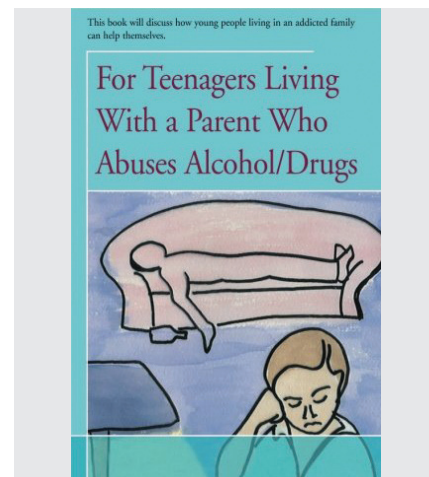
NEW EDITION OUT OCTOBER 26, 2021



## Hope and Help for the Addicted

By Jeff VanVonderen  
FLEMING H REVELL CO

Millions of people are caught in the spiral of addiction, leaving confusion and broken relationships in their wake. What does it take to get an addict back on track and functioning as normally as possible? *Hope and Help for the Addicted* provides answers to this and many other questions facing those with addictions and people looking to help them.



## For Teenagers Living With a Parent Who Abuses Alcohol/Drugs

By Edith Lynn Hornik-Beer  
AUTHORS GUILD BACKINPRINT.COM

This book answers questions about alcoholism asked by teenagers. Included are: What causes alcoholism? Where can I get help? What do I do about the abuse? Should I stay at home? Where can I go? How can anyone expect me to concentrate in school? Why do I fight with my parents even when they are sober?

If you have a book you'd like featured or have an old favorite you'd like to share with others, please contact us at [phoenix@thephoenixspirit.com](mailto:phoenix@thephoenixspirit.com).

## Your Space to Breathe, Reflect and Recover

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- How to handle and release resentments
- The core and crux of sponsorship
- The practice of meditation
- How to emotionally manage the present

Openings fill quickly, so make a plan to stay and treat yourself to good fellowship, quiet inspiration and reliable Twelve Step support.

\*Guests who attend in-person Renewal Center programs at the Center City campus must be fully vaccinated for COVID-19 and agree to additional COVID-19 mitigation requirements.



[HazeldenBettyFord.org/RenewalCenter](https://HazeldenBettyFord.org/RenewalCenter)  
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For more information about problem gambling visit [www.northstarPG.org](http://www.northstarPG.org)





from page 1

4. Can we hold ourselves to a high degree of personal accountability or do we seek others to blame?
5. Do we make real amends to people we have hurt and allow ourselves to be humbled?
6. Are we more interested in saving face with others than taking personal and full responsibility for our actions?
7. Can we maintain a sense of humor with our own failings and love ourselves anyway?
8. Do we avoid the traps of holding grudges and being prejudiced towards others?
9. Can we put ourselves second, third and last before others if a greater good is at stake?
10. Do we have a personal relationship with a Higher Power that is part of our daily life?

Probably the most important principle of them all is: Taking our own fearless moral inventory of ourselves that is independent of what others think of us and what they think we should do to improve ourselves. So, you can use these principles above to guide you but it's best if you can come up with your very own list of personal principles. You will know in your heart of hearts if you are doing the right thing in your life. You will feel proud of yourself and more confident in your identity. You will feel it in your body.

#### WHAT STOPS US FROM LOOKING AT OURSELVES?

Many factors contribute to our lack of self-observation: Mindlessness over conformity to social trends and pressures, fear in having to look at our own flaws, helplessness in trying to cope with early child abuse, brainwashing that nothing we do will make a difference, unrealistic fear of genetic inferiority, isolation and the mistaken belief that we are the only people with our personal burdens, and lack of a clear path towards self-improvement. The more these beliefs get repeated the more they get reinforced. Too many of us develop a mistaken belief that we are uniquely unlovable and hopelessly flawed to make a difference in our own lives. We use this pessimism to act out with addictions and abusive relationships. We use these beliefs to think that personal growth is for losers who don't want to have fun. Can you relate?

*"If I had to live my life again, I'd make all the same mistakes – only sooner."*

— TALLULAH BANKHEAD, infamous actress, humanitarian, and shameless bad girl of the 30's and 40's

I hate to break this news to you. You are not hopelessly flawed, you are hardly unique in your life challenges, many other people are in the same boat as you, and you already have many good qualities that knock the socks off others. The problem is you have a persistently distorted and pejorative view of yourself that deflects from how others have failed you. You ought not to use your low opinion of yourself as an excuse to act out. It's a lot wiser and easier to relay on others and your Higher Power to bring out the better parts of yourself. You don't have to know how to help yourself. It's enough to reach out to ask for help from others and have willingness to grow as a person. Although you may be looking at a mountain of challenges you may be surprised by how quickly you can feel hope in yourself. The mountain may in fact become a mole hill. Perhaps you've already taken the first step simply in reading this article. We all have been where you are and where you need to go. You are not different from any one of us.

*"You were born with wings, why prefer to crawl through life?"* — RUMI

#### MY CHALLENGES TO BECOMING A BETTER PERSON

Let me talk about what I do to be a better person. There are a number of areas to work on. My challenge to manage my type 2 diabetes is quite a chore. If I don't keep my glucose level down, I can lose my eyesight (not good for writing articles) or lose one of my legs to amputation (not good for walking with friends). As I also struggle with hypertension, I could easily not manage my weight and fitness and pass away from a stroke or heart attack (equally not good for writing articles or walking with friends). Actually, I am doing quite well with those health issues, which in some way is like having to embrace sobriety forever. The steeper mountains to climb for me are my tendencies to be co-dependent. I have this incredible savior complex. Most of the time it can be helpful to help others. Occasionally I go over the line and feel it is my job to make sure others I love do not suffer. Perhaps a little grandiose you might say?! I just can't stand it when

*You are not hopelessly flawed, you are hardly unique in your life challenges, many other people are in the same boat as you, and you already have many good qualities that knock the socks off others.*

those who I love are really hurting. I don't like dogs, women and children who get abused (not in that order). I can't even watch the ads on TV about abused pets because I feel like strangling their owners! God forbid if anybody even harmed even one hair of my beloved wife! In general, I barely can watch the news each night as the world gets more insane and dysfunctional. I sometimes see it as my job to be the Don Quixote of the world to correct all these injustices. I work to be mindful when I have crossed the line and realize that I'm actually diminishing others from helping themselves. I do not want to use others for my own ego needs. I live and let God do his work. Sometimes I slip and get controlling of my loved ones. I usually apologize and pray.

#### SOME PRACTICAL STEPS ON YOUR OWN CHARACTER WORK

Here are some things you can do to become a better person:

1. Look at yourself in the mirror and decide if you really want to be a better person and why you want to be a new version of yourself.
2. Solicit input from others about how you are honestly impacting them and really let yourself be criticized. They may also tell you lots of good things about yourself too. Remember their faces when they tell you how they feel about knowing you.
3. If you are stuck in patterns that you can't seem to change on your own, then get help. A trusting relationship with a professional helper, like a good connection to a doctor, can be lifesaving.
4. Be around other people who are working on their identities. Perhaps pick a challenging sponsor in a 12 Step program and a connection to peers who work their program and don't just occupy space. Do this especially if you're scared to do so.
5. Don't forget you have a body to take care of. Get regular exercise that

is moderate (3 x 20-minute walks a week, preferably with a friend). Avoid marathons. Just enjoy your workouts no matter how intense they are. Remember to always get back on the horse when you have taken a break from exercise.

6. Get regular restful sleep each night. You may need a helper to advise on how to do this. Your energy level should pick up when you do.
7. Find a good nutritionist through your health clinic and get guidance on healthy and tasty nutrition. Don't worship food to medicate your feelings. Let good food nurture you.

Study what it means to develop good character. Visit the on-line VIA Institute of Character Building and get on their mailing address. It is a treasure house of unbiased education and research on how to have better character along with practical testing to assess and improve your personality.

Read the amazing writings of healers like Confucius, an Ancient Chinese Healer who said,

*"Before you set out to avenge wrongs done to you, dig two graves."* — *The Wisdom of Confucius, Lin Yutang, Modern Library.*

and Epictetus, a Greek Philosopher who said

*"No man is free who is not a master of himself."* — *The Philosophy of Epictetus, Dover.*

Both of these guys were the ethical geniuses of their time and today's modern world. They will knock your socks off if you let them.

May you take my words and sentiments in your journey to good character.

**John H. Driggs, LICSW, is a Licensed Clinical Social Worker in private practice in St. Paul and co-author of *Intimacy Between Men* (Penguin Books, 1990). He can be reached at 651-699-4573.**



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[www.centerlifecounseling.com](http://www.centerlifecounseling.com)



# Substance Use Disorder and Trauma by Rachel T. Schromen

As a woman in long-term recovery and a regular contributor to The Phoenix Spirit, I have written about my experience finding sobriety, struggling with and addressing cross-addiction, and being a part of a 12-step program. What I have not yet shared is that I am a trauma survivor, and how addressing my trauma has been an integral part to addressing my substance use.

I am a survivor of childhood trauma and, like many women, a survivor of sexual assault. After I found recovery and continued to work a recovery program, the ongoing effects that my trauma had on my physical and mental health became more apparent. Without substances to “self-medicate,” I struggled to find ways to cope. In recovery, life was certainly better, but I was surviving, rather than thriving.

Eventually I read *The Body Keeps the Score* by Bessel Van Der Kolk, M.D., and learned about Polyvagal Theory, which explains, in part, how our bodies store trauma, and how our nervous system may become dysregulated as a result of traumatic experiences. Trauma survivors can find themselves in a constant state of “fight or flight,” even when there is no crisis or threat. Dr. Van Der Kolk’s work further expounds that traumatic events from the past often fuel addictive behavior – even when such events are not cognitively remembered. Subsequently, addressing substance use disorder and/or addiction often requires work to resolve past trauma events.<sup>1</sup>

*Even though I found, and maintained, sobriety I still suffered from being in a constant state of trauma response.*

Numerous studies have shown the correlation between substance use disorder and trauma and/or post-traumatic stress disorder (PTSD) to be significant. One U.S. study found correlations between the severity of substance use and levels of childhood physical, sexual, and emotional abuse, as well as PTSD.<sup>2</sup> Alcohol abuse has also been associated with physical and emotional abuse.<sup>3</sup> The consequences of trauma can lead survivors to anxiety, numbing, and rage and affect their capacity to concentrate, to remember, to form trusting relationships, and even feel

at home in their own bodies. Coping with dissociative and/or numbing substances is a common result but, when those substances are removed, the consequences of trauma remain.

When it comes to “fight or flight,” I found myself always turning to flight. Even as a child, I read books almost constantly – mentally escaping into the worlds created by the pages. I was an over-achiever who stayed busy with school and extracurricular activities, escaping into the next goal or achievement I was working towards. Eventually, substances became a dissociative tool I would use that succeeded in helping me flee from reality and the feelings of crisis that I could not control. So did over-working, eating excess amounts of sugar, working out compulsively and many other cross-addictions that I struggled to address solely using a 12-step program approach. It wasn’t until I received treatment and support in addressing the underlying trauma, in conjunction with 12-step work, that I truly began to thrive.

Even though I found, and maintained, sobriety I still suffered from being in a constant state of trauma response. In situations where others seemed to be able to navigate successfully, my nervous system went into a state of “fight or flight.” Things like interpersonal conflict, challenges at work, and holiday gatherings with family. Even situations where I felt like I was trapped where there was no present threat sent me into panic – flights, standstill traffic, and professional public speaking in a room when the door was closed.

Prior to finding recovery I would manage these situations with alcohol or prescribed benzodiazepines. After recovery, I found myself in these situations without adequate tools to successfully navigate them. I would either suffer through the overwhelm, avoid the situations entirely, or find another means of checking out – distracting myself with work, television, or daydreaming, eating sugar, staying constantly busy...the list goes on.

12 Step meetings and working the steps with a sponsor provided a reprieve and helped to manage these symptoms to an extent. It also helped get to the point of health and self-awareness to start seeking other avenues to address my trauma history. Things such as working with a trauma therapist who also specialized in somatic experiencing and experiential therapy. I addressed mental health concerns and challenges with a mental health professional. Other types of treatment that I have become aware of that can support trauma recovery include residential trauma treatment, outpatient trauma treatment, psychodrama therapy, eye movement desensitization and reprocessing (EMDR), acupuncture, massage, yoga, rolfing, and homeopathy.

Addressing my trauma included talking about the traumatic experiences and processing the emotions I was not able to process at the time as a child. In this process, new memories surfaced which was incredibly challenging, but ultimately helped me move towards further healing. It also included addressing my past substance use and cross-addiction behaviors by focusing more on what emotions were coming up in the situations which I felt the need to dissociate from, as well as how they were rooted in the traumatic events. I was provided with support to identify and develop new coping and self-soothing tools – things like meditation, breath work, grounding tech-

niques, and self-awareness on a physical, mental, and emotional level.

With a magnifying glass on the emotional and traumatic responses, I worked to become more self-aware of when those same feelings or responses arose and practiced applying new coping tools which allowed me to stay present and grounded. I became better able to navigate situations and memories that used to overwhelm me entirely – I could respond in a way that was intentional, purposeful and in line with my values and ideals for myself. I finally started to thrive in my recovery! I no longer felt like I was treading water or playing an on-going game of “whack-a-mole” with



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cross-addictions. I found confidence in my recovery and in myself. Ultimately, exploring the role of unresolved past trauma was the missing key that allowed me to turn a corner in my recovery from substance use disorder.

Like any sort of recovery, my trauma recovery is ongoing, and I am sure it will continue to change and evolve. It is something I work to maintain and build upon – much like a 12 Step program addresses substance use disorder, alcoholism, and addiction. Recovery, for me, is a

lifelong journey that gets more beautiful with every step.

As always, I share my experience, strength, and hope with the intention of encouraging others with their own recovery and healing. After all, I have found my own path in recovery continuously lit by the vulnerability, authenticity, and honesty of others. I often find myself in awe of human resiliency and how relationships with other people can have the power to heal. I am grateful for the opportunity to share a part of my journey

as we all continue to “trudge the Road of Happy Destiny”<sup>4</sup> together.

#### Sources

- <sup>1</sup> Van der Kolk, B.A. *The Body Keeps the Score: Brain, mind and body in the healing of trauma*. Viking.
- <sup>2</sup> Fullilove MT, Fullilove III RE, Smith M, et al. *Violence trauma, and post-traumatic stress disorder among women drug users*. J. Traumatic Stress.
- <sup>3</sup> Schwandt, M. L., Heilig, M., Homer, D. W., George, D. T., & Ramchandani, V.A. *Childhood trauma exposure and alcohol dependence severity in adulthood: Mediation by emotion*

al abuse severity and neuroticism. *Alcoholism: Clinical & Experimental Research*.

<sup>4</sup> W., Bill. *Alcoholics Anonymous: the story of how many thousands of men and women have recovered from alcoholism*. New York: Alcoholics Anonymous World Services

**Rachel T. Schromen**, is an estate planning attorney and owner of Schromen Law, LLC in St. Paul, MN ([www.schromenlaw.com](http://www.schromenlaw.com)). Schromen speaks frequently on the topic of Addiction Trust Planning, including providing training on the topic to attorneys in the Metro Area.

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A photograph of a Black man with a short haircut, wearing black-rimmed glasses and a light blue denim jacket over a white t-shirt. He is smiling broadly, looking off to the side. The background is slightly blurred, showing what appears to be a staircase or a modern interior space.

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## Pause

by Mary Lou Logsdon



"Human freedom involves our capacity to pause, to choose the one response toward which we wish to throw our weight." — ROLLO MAY

Consider the pause. A delay in responding. A No to reaction. A time to assess. The pause is a place to evaluate options. Pause to stop automatic reactions. Pause to regard another perspective. Pause to mitigate the demanding electronic world.

I spent several days in the north woods this summer—camping, resting, relaxing. I find it gets harder to really get away. My electronic world follows me, climbs into my pocket ready to claim complete attention.

I leave town to set aside routine and rest the automatic pilot that governs my life. When I imagine a pilot, say of a ship or airplane, they are perched above the fray with a big picture view. A pilot sees long distances. Small plane crashes happen when that long view is obscured, when clouds and storms interfere and the pilot becomes disoriented, lost in space. When that happens, the pilot relies on instruments to echolocate where she is until her view is clear again.

Our large aircraft fly mainly by instruments. Instruments are more reliable and consistent than people's eyes. Flying above the clouds or at night is too difficult and unsafe. So, pilots depend on navigation tools, automatic pilots.

My automatic pilot is always at the ready to take charge. It's slick, fast, and reliable. Unfortunately, it is also biased, habitual, and out of date. When I don't update her, my automatic pilot reverts to a much less mature version of me. I am investigating this internal decision maker and updating her algorithms. The trick is, I can only see how she operates when I catch her in action.

Thus, I am installing a *Pause Button* to separate stimuli from automatic reaction. A pause to notice. What is it I want to say -- now? For instance, I am programmed to say *Yes*. I get lots of positive strokes when I say *Yes*. But do I want to say *Yes* to this? I can follow the pause with "Let me think about that, I'll get back to you in an hour."

A pause can be a powerful tool to break the trance of patterns that no longer serve me.

Sometimes my automatic response is *No*. But do I really want to say *No*? Or do I want to consider what might get me to *Yes*. "No, I cannot do it this weekend, but I am available in two weeks." Or "Tell me more so I have a fuller picture." Or "While that sounds like fun, I have to clean the house today. If you want to join me this morning, I could participate this afternoon." Or "No, that doesn't work for me." Or "No, but with more notice next time..."

Both saying *Yes* and saying *No* can be automatic. I then live into these answers, sometimes with a full cargo of resentment.

Many of us were conditioned to say *Yes*. If someone needs me, it is my duty to say *Yes*. It is hard to say *No*. *What will they think of me?* Maybe they'll never ask again.

I can create dependencies when I predictably say *Yes*. A relative can rely on my extra sweater, extra cash, extra bedroom and never have to plan ahead. Is that serving them well? Or me? Hardly!

A friend who needs an ear, but rarely calls to see how I am, might be surprised and even angry when I am not immediately available. I have trained her on how to treat me. I can change that. Not with an automatic *No*, but with a pause to consider what it is I really want.

Too often my automatic responses lead to resentments and expectations on my part. If I say *Yes*, then I expect the other person to be appreciative. When they aren't, is it because I have primed them to think they deserve a *Yes*? Or I expect that if I help them, they will help me in return. Not necessarily so!

With a pause, I can look at my own expectations. I see where I'm not freely saying *Yes*, where I expect a quid pro quo. When I really consider the ask, I can say *Yes* wholeheartedly, without unspoken expectations. Or I can name my expectation. I can do this, and I would like you to ....

A pause is useful in my meditation as well. I sit quietly, aware of the present moment until thoughts intrude. I notice. Here I am thinking again. Pause. Back to presence. Breathe. More thinking. I watch that thought pass by like a summer's cloud. Tempted to grab it and open it up, I stop. Pause. Return to presence. Over and over.

The pause is so useful. Little puffs of calm in a parade of thoughts, reactions, and annoyances. If I were a cartoonist, I'd draw a slew of those empty bubbles and distribute them throughout the day. *Oh, I can see one would help here! Oops, missed that opportunity!* At day's end, I'd gather the used ones and notice how I appropriated them. I'd replay my day in 10th step fashion. *Here I could have used one, here I did, here it might have saved me an amends.*

As I gain experience pushing my newly installed *Pause Button*, I can rely on it in more difficult situations, like when I am afraid. Fear plunges me into my fight, flight, freeze response. Now I really need to pause. *Am I in actual danger? What is the story I am telling myself? Is that story true? How do I want to respond?* As the psychologist Rollo May says, the ability to pause gives us the freedom to choose our response. *Do I want to be free?* Or do I want to turn that freedom over to my underdeveloped automatic pilot?

We are learning from physicists that the universe is full of emptiness. Even in the atoms that are the basis of everything, the electrons float in nothingness. Pauses are my empty spaces that allow thoughts, fears, hopes to float free and give me the opportunity to choose my response.

As with any new tool, I must practice using my *Pause Button*. I see already, she has much to offer. Are you ready to consider if you might want one, too? Free installation! No charge! Money back guarantee! Give her a try!

**Mary Lou Logsdon** is a Spiritual Director in the Twin Cities. She teaches in the Sacred Ground Spiritual Direction Formation Program. She can be contacted at [logsdon.marylou@gmail.com](mailto:logsdon.marylou@gmail.com).