

Recovery,
Renewal and
Growth

The Phoenix Spirit

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JAY PEE BRINGS

A Glimmer of Hope for Those On the Streets

by Pat Samples / Photos by Tracy Walsh

Jeff Powell, better known as Jay Pee, came from the hellish side of Chicago, broken. In his first 30 years, he did it all – drug dealing, gangs, crime, jail.

“It was pretty much like a war zone out there,” he says. Yet the streets were the only place where Jay Pee felt he could belong.

At age 30, he headed to Minneapolis searching for “new horizons” and found the same kind of street action. He dove into hard drugs and collected arrests. “50, maybe 100,” he says.

Today, Jay Pee still feels he belongs on the streets, but with a whole different purpose. The website for the nonprofit organization he started, Minnesota Hope Dealerz, says, “He has dedicated his life to helping people feel less broken and has become a beacon of light to people that are living in darkness.”

It took five years of being homeless be-

fore Jay Pee first saw the light for himself.

“I would walk the streets for days,” he says, even while his money from drug dealing bought him fancy cars and the appearances of a high lifestyle. What owned him though was his addiction, and it kept getting worse, “to the point where I lost everything, including myself.”

Then things changed.

“I was in the trap house [drug house] one day, and that’s when I felt like, you know, God called me,” Jay Pee says. “I was doing the same thing that I used to do, as far as being the dealer. And then it’s like, you know, my whole life was like flashing in front of my eyes, so to speak. It was a kind of moment where things get clear for you suddenly.”

From there, he checked himself into a shelter and before long came across his probation officer.

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HABIT CHANGE IN THE NEW YEAR

The Power of Exercise and Nutrition Towards a Healthier You and a Stronger Recovery

Here we are, standing squarely in the month of January, a “new beginning.” The most common resolution that consistently tops the list is the commitment to a healthier lifestyle, which is especially important for people in recovery.

See page 8 to read more.

JOHN H. DRIGGS, LICSW

Perilous Thoughts That May Harm You in the Long Run

Watch your thoughts, they become your words; watch your words, they become your actions; watch your actions, they become your habits; watch your habits, they become your character; watch your character, it becomes your destiny.

—LAO TZU

It may strike you as odd that persistent thoughts can be dangerous for your well-being or the well-being of someone else. But in fact this is quite true. Many people with depressive illnesses have irrational thought patterns that reinforce their low moods. Also, people who are prone to prejudice are more inclined to relationship problems in general, often due to the pessimism and blame inherent to prejudice and narrow mindedness. These days, with the proliferation of social media perilous thinking, it is more like an epidemic. Thoughts are not just kept to oneself, but they are spread like a social disease over vast numbers of people. It is best not to argue about such thoughts but to examine how you think and how those thoughts affect you and your relationships.

Over 42 years of clinical work I have found the following thoughts to be central to dysfunction and unhappiness in people over the long run.

“I CANNOT BE HAPPY UNLESS I AM BEATING OTHERS OUT AT THE GAME OF LIFE.”

Some of us are consumed by comparisons. We want to know who is better looking, who makes more money, who is smarter, who has a better job, who has smarter kids, etc. The list is endless in how we rank in comparison to others. In reality we each have special skills and distinct deficits. What does it really matter in the bigger picture if we are all different from one another? It doesn’t really matter! If our team wins, we are just as valuable after the loss as we were before. Although it is fun to compete sometimes, the final outcome really doesn’t make any difference. Most of us forget how we did after the last game. And it doesn’t make any real difference in the long run. What matters is being a gracious loser and a humble winner at the game of life. Playing the comparison game only makes us feel

PERILOUS THOUGHTS to pg 12



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LETTER FROM THE EDITOR

Planting Seeds of Hope

by Louise Elowen



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"The tiny seed knew that in order to grow it needed to be dropped in dirt, covered in darkness, and struggle to reach the light."

SANDRA KRING, AUTHOR

In a world where hope seems to have abandoned us, how can we focus on a new year with optimism that this one "will be the best yet?" What drives us to see hope where hopelessness prevails?

In recent years, I've learned to start at a grass roots level, as the big picture is often overwhelming. Set yourself up for small successes instead of phenomenal failures. *What is going to get me through this particular day? What is happening in my immediate environment?*

For me, it is my garden. Growing plants helps me to slow down and focus on this specific moment in time. Not yesterday, last week, or next month. But now. I concentrate on the comforting feel of the soil slipping through my fingers as I plant my tiny seeds of hope. I press them gently into the earth and lightly cover them with a dark blanket of dirt. I learn patience through the stark and gray days of winter, uninspiring even to the most optimistic of beings. Waiting and watching for that first tiny shoot to push through the darkness towards the light. Tender, green, new. And eventually it does. Growing stronger each day, until one day it produces the most beautiful, breathtaking blossoms in early summer. Perhaps an aroma too, which I inhale as I take my morn-

ing wander around the garden. My dog "gets" it. He literally stops to smell each lingering scent in the garden, greeting each one with the same enthusiasm as the last. Each day is a new opportunity to experience the familiar, the different, the *optimism*.

But why does this matter, you ask?

Why does the life cycle of one tiny seed even matter, when people are dying or starving, out there in the big world? Because it gives me faith. Faith to believe in the little things. And little things then grow into big things. Positive things. It gives me strength to go on. And if I have strength, then I can pass that onto the next person I encounter today. And the next. And then suddenly that chain of positivity

and strength grows beyond my concept of it. Maybe it reaches someone who really needs it today. And now also has the strength to change something. All that from planting one tiny seed in my garden.

Tell me, what seed of hope will inspire you in 2024? What will you plant? What will it grow into?

Planting one seed at a time,

Louise

Each day is a new opportunity to experience the familiar, the different, the optimism.



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The opinions and facts presented in this publication are intended to be diverse and represent those of the writers and/or contributors, and are not necessarily those of The Phoenix Spirit. We seek writers and interview subjects who are willing to gift you with their honestly held convictions and insights. We seek to attract advertisers who offer products and services of integrity. But we urge our readers to research, and trust their instincts.

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Becoming Bipolar

by **Seth Perry**

I didn't just wake up with bipolar disorder type one. My mental health condition slowly revealed itself over the course of nine years. It is hard to pinpoint when the symptoms began; however, I am certain I noticed something lurking beneath the surface as a teenager. It was obvious to many who loved and cared for me that I had a concurrent disorder. Addiction and bipolar type one combined to make a perilous uphill battle through my twenties. After years of denial and defiance, I embraced the diagnosis my psychiatrist gave me. Here is how it all unfolded.

As I began twelfth grade, recreational drug use, stress at home, academic pressures, and my involvement in an overwhelming number of extracurricular activities all triggered my first episode. The first significant symptom that surfaced was my inability to sleep. The initial sleepless night was merely an inconvenience; by the midpoint of the second night, panic had set in. As I approached the third night, I found myself dreading bedtime. I fell deeper into a mire of delusions. Deeply concerned, mom and dad took me to the doctor, and I was prescribed sleeping pills. Initially, it offered a few hours of very light sleep during the first use, but subsequently, it proved to be ineffective. Without sleep, I continued to spiral out of control.

At that point, I remember embracing the unhinged grandeur, energy, creativity, and sense of authority that mania infused into my life. This stage of an episode is incredibly dangerous. I was not yet debilitated by mania; I was inflated by it. I remember angrily ranting at my parents while they sat frozen on the couch, wondering what to do as they said and did nothing. They had nowhere to reach for help.

I grew up in a family where if you had a fever after school, we had a doctor who made house calls. Now, faced with a mental health crisis, mom and dad were outmatched. My parents had no number to call and no professional to contact to intervene in this crisis.

School peers didn't sense much was wrong with me. They seemed to get swept up in the energy, imaginativeness, and excitement of my manic episode. Early stages of mania and teenage angst seamlessly blend together. This is why my teachers

1st Person

didn't even sense that anything was wrong because many assumed I was just another eccentric teen.

In the early hours of the morning, I was making enough noise in my bedroom to wake my father. In that moment, he discovered me in my room, surrounded by scattered sheets of paper covered in scribbles. Surrounded by chaos and incoherency, this moment in my bedroom was a tip-ping point. Yelling and insomnia could all be rationalized as byproducts of stress. Watching your son's involuntary and compulsive behavior take over his life at four am compelled my father to exhaustively research a source for psychiatric intervention.

In short order, I was seen by a psy-

The clock is still running on my recovery because I am still putting the pieces back together.

chiatrist, given medication to weather the storm, and I began to sleep regularly, and the fog of mania lifted. The psychiatrist was apprehensive to diagnose and treat my condition with mood stabilizers. At the time, the psychiatrist believed that I was too young for diagnosis. My parents were told to watch and wait.

A period of malaise set in. Coming down from a manic episode made me fragile and sensitive to stimulation. I couldn't concentrate in the same way that I used to before my manic episode. I didn't know it at the time, but I would become quite accustomed to the shock and uneasiness of recovering from mania over the coming decade.

As high school came to a close, mania returned. Rather quickly, I wasn't sleeping. I feared what would happen next. My mind couldn't shut off, and nothing that I tried worked. My second manic episode escalated quicker than before. I seemed to be more incoherent, less socially acceptable, noticeably unkempt, and seriously delusional. Three weeks remained in the school year. I stopped attending school and went on sick leave until my graduation day.

Prior to my first two manic episodes, I was a textbook extrovert. After graduation, I hid out at home. I felt like shattered pottery that had been superglued back together. Normally, the summer of senior year would be filled with memories. Unfortunately, I spent most of that summer on the couch watching TV.

Having one manic episode was a fluke. Once mania happened again, I had proven that I was changed forever. With no prospects on the horizon and no direction, I continued to hide at home for an entire year. With a stroke of luck, I applied for admission to one college program, got in, and I moved on with my life and started college.

History repeated itself. After an entire post-secondary career free from manic episodes, the looming pressure of graduating coincided with a major psychiatric break. This episode was frighteningly different. My speech had become so rapid it was impossible for other people to understand what I was saying. My roommate and classmates would go for days wondering where I was. I vividly recall the look of fear on my friends' faces when they saw me after days of roaming from bars to apartments, to parties, and elsewhere. Without my knowing, they arranged for me to be assessed at the university student health center by a crisis worker. That day I left the campus in an ambulance and was admitted to a psychiatric ward for eight weeks. I was released only a couple of days before my graduation ceremony.

This is the point in the story that I wish I could tell you it got better. Unfortunately, my life became repetitive and progressively worse. Going AWOL with family, friends, employers, and roommates was an annual occurrence. Over the course of five years, I was hospitalized in five psychiatric facilities. Each time I was admitted, my family held on to any sign of improvement with optimism, only to have their hopes smashed within

weeks of my discharge.

Here is how my life finally changed for the better. At age twenty-nine, I was psychiatrically, emotionally, spiritually, and physically wasted. Years of addiction that pushed me to a physical state that made me fear for my life. That was the turning point. After thirteen years of mania and depression, it was my wasted body that forced me to genuinely seek help for the first time. I am fortunate that when I walked into the psychiatric unit in 2010, the treatment worked for the long term.

Concerned parents, loved ones, roommates, siblings, and friends of the dually diagnosed have heard my story and asked the following requisite questions. What made you change? How did you stick with it? Was there anything your family and friends did to get you to keep seeking treatment after hospitalization? I wish there was a silver bullet for treating bipolar disorder, but I have yet to encounter one. From age sixteen to nineteen, I grew into the serious and sometimes terminal diagnosis of bipolar disorder. Since 2010, I have had to grow into the identity of an adult who is living well with bipolar type one in remission. My treatment has been comprehensive, slow moving and has had many components. It is a solution that was tailored to my specific needs by psychiatrists, psychologists, spiritual care practitioners, addictions counselors and support groups. It took time for my mood disorder and addiction to present itself. The clock is still running on my recovery because I am still putting the pieces back together. With confidence, I can assert that there is no singular treatment path that represents the definitive solution for a dual diagnosis. Each individual is unique in living with their own specific set of circumstances. I can say that the valuable tenets of patience, caution, discernment, perseverance, hope, humility, open-mindedness, cooperation, and acceptance will always assist anyone facing a mental health diagnosis or crisis.

Seth Perry (he/him/his), an ELCA Pastor, devotional blogger, and mental health recovery educator, embraces his journey of living well with Bipolar Type 1. He works to reduce stigma where faith, mental health, and personal growth intertwine. Pastor Seth currently serves Elim Lutheran Church in Scandia, MN. His website is: www.giveupthestigma.com.



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from page 1

“I was just coming down off the high when I seen him. When he dropped me, I was honest with him. I was like, ‘Hey man, I’m using. I need some help.’ I didn’t know the consequences. I thought he might have locked me up or something, but he told me, ‘We’ll get you some help.’”

Jay Pee believes a prompting from God is what allowed him to be honest with the probation officer. From there, it took two weeks to get him admitted to a treatment program. What happened during that time, Jay Pee describes simply as:

“I was having spiritual stuff going on,” he says. “And God was preparing me for what was next.” Jay Pee started examining his life through a new lens, and his sense of guidance from God led him to go beyond just getting clean and sober.

“I was pretty much, you know, just seeing instances of God,” he says. “I started following what he was telling me to do. It turned into working on myself — me becoming a better version of myself. I found out that I was addicted to the lifestyle — the cars and the money, and I had a lot of interior work to do.” He actively examined his past as he worked a program of addiction recovery, reflecting on his character defects. “I was able to pinpoint what was wrong with me and start working on that.”

Jay Pee compares his recovery process to learning to ride a bicycle. It usually takes more than one try.

“I kept falling off the bike and, like, trying to get back on it and ride it, you know,” he says. “I needed some training wheels, you know. I needed somebody to hold the seat just right.”

Several rounds of treatment were required. Each time he worked hard to learn his lessons and tried again, until he final got the hang of it.

Ultimately, he concluded that his barrier to staying clean was his primary addiction to a lifestyle of cars and money. So, he made a decision.

“I started doing volunteer work,” says Jay Pee. “I was trying to learn how to be broke because that was one of the character defects that I had, because every time when I didn’t have any money, I went back out there. That’s how I ended up using.”

In order to stop using, he decided, “I had to learn how to be broke. I had to figure out things that I can do that didn’t cost me no money, which helped me build my [new] identity for myself, because my identity was in money, the streets and lifestyle.”

Jay Pee volunteered at food shelves and



soup kitchens, among other places. Once, while working at the Salvation Army, he was serving spaghetti and a man in line thanked him for giving his time to be there to serve the spaghetti. Jay Pee was stunned that this man who was down and out could “muster up gratitude.” It dawned on him at that moment that “I always felt like I had a void in me,” he said. “I was always trying to fill the void.” In the midst of giving out a spoonful of spaghetti and experiencing a little appreciation coming his way, Jay Pee found at last something that felt fulfilling for him.

“I didn’t know it at that time, but I pretty much had just tripped over my purpose,” he says.

Jay Pee has been pursuing that purpose ever since, lightening the burden for the broken and shining a guiding light out of the darkness of addiction through the example of his own turnaround. To get himself better prepared, he went to school to become a drugs and alcohol counselor, and he also attends a religious college for pastoral training. Even while in school, he started his work centered on the streets, where his calm manner and obvious sincerity, plus his street experience, readily gained the trust of people whose lives were similar to what he left behind.

He created a Facebook page, where, he says, he wanted to encourage and empower people.

“I started following what He [God] was telling me to do. It turned into working on myself — me becoming a better version of myself. I found out that I was addicted to the lifestyle — the cars and the money, and I had a lot of interior work to do.”



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To new beginnings and endless possibilities! Wishing you a Happy New Year from the Lakeview Behavioral Health team.

from page 6



Jay Pee at Life Center; **Photo opposite page:** Jay Pee on the street in downtown Minneapolis; and underneath a hope banner at Westminster Presbyterian Church. (Photos by Tracy Walsh / www.tracywalshphoto.com)

“I started off by taking people to detox and setting them up with treatment,” he says, “taking them to the crisis mental health crisis centers if they needed to go, building connections with them, you know, and just trying to be there with them.” While in school and during his volunteer work, he actively worked on making personal connections with a network of professionals in the addiction services field. These connections have helped him link people from the streets to the services they need. He started Minnesota Hope Dealerz, which quickly became one of the nine Recovery Community Organizations in the state that provide outreach and support to people affected by addiction.

During the time of COVID shutdowns, Jay Pee continued building an online community of support for the down and out. He also made it his mission to get toiletries and other essentials to people living in sober houses when they couldn’t go out to shop. His work has grown by word of mouth, and he now intersects with a community of about 5000 people as he works to support those on the streets in getting out of addiction and building better lives.

“We do sober events. We train peer recovery specialists through our Recovery Coach Academy. We have peer services. We’re distributing NARCAN®,” says Jay Pee. Working in collaboration with other groups, Minnesota Hope Dealerz sponsors sober parties, dances, resource fairs, speaker jams, and more. Sometimes they host raffles, giving away donated items such as a TV, cash, and other prizes. What he wants, he says, is for people whose lives are hard to be able to be sober and safe, enjoy life, have hope, have a caring community of people around them, express themselves, and have fun. He has trained other people to be “Minnesota Hope Dealerz” like himself. A host of volunteers support his work.

“We just pretty much let people know we care, give them somewhere to go, you know, instead of out in the street. Not only can they network and have fellowship, but they also see there’s hope and sobriety and recovery, and that it can be fun too.”

Jay Pee also does ministry and outreach work with the ICCM Life Center,

a Christian urban ministry program in Minneapolis that provides a wide range of services to support people in moving out of homelessness, addiction, and abuse into successful lives. While in school, he started up a small business selling hoodies and rings carrying messages of hope, which helps to support the street work of his non-profit, and he serves as an addiction counselor at Evergreen Recovery.

What he wants to pass on to others is what he learned for himself through connecting with God, going through treatment, and a lot of soul-searching and trial-and-error.

“I learned how to accept my flaws. I learned how to accept my imperfections,” he says. This process made him a better person, he says, “because at that point, I didn’t really care too much about what other people have to say about me. Or, you know, what other people thought about me.” He learned to cry, to be clean, and to follow direction from God as he heard it.

“I pretty much fell in love myself” is the way Jay Pee sums it up. “No additives or no preservatives. Like, I was OK with being who I am in my own skin, you know, and that’s a blessing in itself because that pretty much changed everything for me.

“And I went from just having a little glimmer of hope to being able to look in the mirror and have positive self-talk and, you know, vibrate at a higher frequency and be a positive individual from the inside out. You know, walk the walk.

“It makes anybody feel better when they’re comfortable in their own skin and they can have the freedom to express themselves fully. You know, I thought doing drugs was freedom, but it’s freaking freedom to express yourself and to be you without nothing else involved. It’s the best freedom in the world.”

One thing that feeds him and keeps him going, he says, is “my ability to channel my pain. I had a lot of pain. So, I use that as a fuel, you know, especially since I see a lot of people dying from the opioid epidemic. It just fuels me for what I do.”

Jay Pee’s message, he says, is, “Never lose hope.” Even during the worst of his street life action, he says, “It was glimmers of hope that I had that, you know,

just one day I want to be able to get out of this lifestyle.” Now he works day and night to help other people in similar situations to keep that glimmer of hope alive, to keep remembering that there is “a slim possibility that some things can change,” as he puts it.

“Don’t let go of that,” he advises, “because a lot of us let go of our dreams and a lot of us let go of who we are. Sometimes all we have left is that little glimmer of hope that things are going to get better.” Jay Pee keeps walking the streets, ready to fuel that glimmer of hope in others and make it brighter.

Pat Samples, is a Twin Cities freelance writer, writing coach, and somatic coach. Her website is patsamples.com.

TO LEARN MORE ABOUT JAY PEE AND MINNESOTA HOPE DEALERZ

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A photograph of a brick fireplace with a warm fire burning inside. The mantel is decorated with winter-themed items, including a large white vase with frosted pine branches, a small wooden crate with white flowers, and a lit candle in a glass holder. The background is a red brick wall.

RECOVERY AND HEALTH

Habit Change in the New Year: The Power of Exercise and Nutrition Towards a Healthier You and a Stronger Recovery

by Nell Hurley

This page: Nell Hurley / Photos courtesy of Hurley Health



People who reject the idea of making New Year's resolutions recognize that you don't have to wait until January to make a change. Yet, there's just something about the feeling of a clean slate that comes with turning the calendar over into a new year. So here we are, standing squarely in the month of January, a "new beginning." The most common resolution that consistently tops the list is the commitment to a healthier lifestyle, which is especially important for people in recovery. While there are various ways to achieve this, two of the most transformative and rewarding choices are incorporating regular exercise and better eating habits into our daily routine. Let's explore the benefits of exercise and healthier nutrition, tips for getting started, and how to stay motivated throughout the year.

THE BENEFITS OF EXERCISE AND HEALTHY EATING

- 1. Physical Health:** Regular exercise and healthy eating habits are cornerstones of physical well-being. They help to maintain a healthy weight, improve cardiovascular health, and boost the immune system. Even small changes like committing to a daily brisk walk or drinking more water throughout the day can contribute to overall vitality and longevity.
- 2. Mental Well-being:** Exercise and healthy eating habits play crucial roles in mental health. Physical activity releases endorphins, the body's natural mood lifters, reducing stress and anxiety. Healthy eating habits like reduc-

ing your intake of caffeine, sugar, and processed foods will boost your mood and enhance cognitive function by improving memory and concentration. Improvements in mental well-being are especially important for people in or seeking recovery because substance use is often related to poor mental health.

- 3. Increased Energy Levels:** Regular physical activity improves the efficiency of the cardiovascular system and enhances the delivery of oxygen and nutrients to tissues, leaving you feeling more energized and alert. An improved diet can also remedy the sluggish feeling that comes with eating foods that lack the fiber and nutrients needed to give you energy and keep your digestive system functioning properly.

GETTING STARTED

- 1. Set Realistic Goals:** Begin with achievable goals. Setting realistic goals will help you stay motivated and build confidence in your ability to stick to a routine. Small consistent changes have a more positive impact than big changes that don't last. So, rather than signing up for a CrossFit membership, commit to something you are more likely to sustain like going for a 30-minute walk every day. Once you are in the habit of exercising, you can gradually increase the intensity of your workouts. The same goes for food. Although you may be inspired to make dramatic changes to lose weight this year, take it slow and steady. Commit to replacing one "unhealthy" habit with one healthy one. For instance,

commit to replacing soda with water or commit to adding a salad to your dinner each night. These small, doable changes are more likely to put you on a lasting path to a healthier lifestyle.

- 2. Choose Activities and Food You Enjoy:** Exercise doesn't have to be a chore. Healthy food can be delicious! Find activities and foods that bring you joy so you won't feel deprived of the comfort that junk food and inactivity can (falsely) provide. Enjoying your workouts and healthier eating habits increases the likelihood that you'll stick with them over the long term.
- 3. Create a Plan:** Incorporate exercise into your daily routine by scheduling specific times for workouts. Treat these appointments with the same level of importance as other commitments to ensure consistency. And start food planning. Keep your kitchen stocked with ingredients for easy, healthy recipes so you don't find yourself feeling "starved" and reaching for junk food.

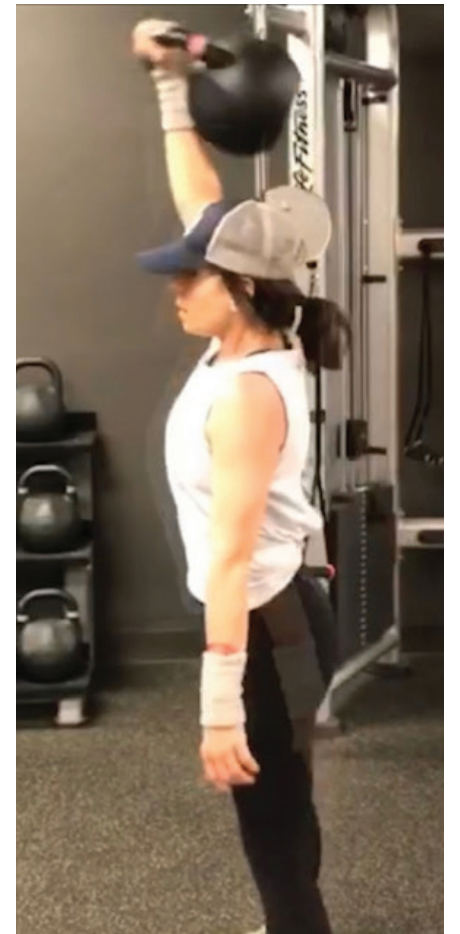
STAYING MOTIVATED

- 1. Find a Workout Buddy:** Having a workout partner can make exercise more enjoyable and provide mutual motivation. Whether it's a friend, family member, or colleague, having someone to share the journey with can make a significant difference. There are lots of free opportunities to exercise and have fun with other people in recovery in the Twin Cities:

- The Phoenix offers free fitness classes at FitHaus in Long Lake on Fridays at 5:30 pm and Sundays at 9 am.
- Los Campeones St. Paul trainer Ben Carlson offers a free strength circuit class for anyone in recovery on Mondays and Fridays at 1 pm (Eaton Street location).
- Free indoor soccer on Monday evenings from 5-7 pm at Ninth Street Soccer and Coffee in Minneapolis.
- Free indoor rock climbing at Vertical Endeavors in Bloomington on January 13th from 5-8 pm.

- 2. Mix It Up:** Variety is the spice of life, and the same holds true for exercise and food. Keep things interesting by incorporating different types of foods and workouts into your routine. This is going to require that you get out of your comfort zone and try new things. You can do it!

- 3. Celebrate Milestones:** Acknowledge and celebrate your achievements along the way. Whether it's completing a cer-



tain number of workouts, reaching a weight loss goal, giving up fast food, or mastering a new exercise, recognizing your progress will keep you motivated.

As we embark on a new year, let's embrace the opportunity to prioritize our health and well-being. Exercise and nutrition are powerful tools that not only transform our bodies but also enhance our mental and emotional resilience. By setting realistic goals, choosing enjoyable activities, and staying motivated, we can make exercise and healthy food choices an integral part of our daily lives, leading to a happier and healthier year ahead. Cheers to a stronger recovery in the new year!

Nell Hurley has been in recovery from addiction since December 27, 1997. As a trained life coach, recovery coach, and certified personal trainer, Nell combines fitness and life coaching with other recovery support strategies to help people overcome substance use challenges. Hurley is the owner of Hurley Health Coaching, where she works one on one with individuals who are seeking to make a change and/or improve their health. You can find her at www.hurleyhealth.net.

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FINDING HOPE

Hope Quotes

Don't quit before the miracle happens.

Recovery is an ongoing process, for both the addict and his or her family. In recovery, there is hope. And hope is a wonderful thing.
—DEAN DAUPHINAIS

*Hope is the thing with feathers
That perches in the soul
And sings the tune without the words
And never stops at all.*
—EMILY DICKINSON

*Sometimes the most beautiful people
are beautifully broken.*
—ROBERT M. DRAKE

*Grant me the serenity to accept the things
I cannot change, the courage to change the things I can,
and the wisdom to know the difference.*
—REINHOLD NIEBUHR (AND ALCOHOLICS ANONYMOUS)

Act as if.

*Rock bottom became the solid foundation
on which I rebuilt my life.*
—J.K. ROWLING

*No matter how dark the moment,
love and hope are always possible.*
—GEORGE CHAKIRIS

*It's amazing how a little tomorrow
can make up for a whole lot of yesterday.*
—JOHN GUARE

*May the God of hope fill you with all joy and
peace in believing...*
—ROMANS 15:13

Ride the craving through as it will pass.

We create how we experience the events in our lives.

*Never lose hope.
Storms make people stronger and never last forever.*
—ROY T. BENNETT

*The sooner you make a mistake and
learn to live with it, the better. You're not responsible
for everything. You can't control the way things end up.*
—COURTNEY SUMMERS



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Patti Miller
M.A., Licensed
Psychologist

From basic to more complex adaptations, Patti is passionate about teaching EMDR Therapy from a competency and regulation-based perspective. She specializes in the treatment of Complex Trauma, Post Traumatic Stress Disorder, Other Stressor Related Disorders, and Dissociation. She continues to have an active clinical practice alongside her teaching and consulting.

Patti has co-authored an intensive training modality called AIR (Adaptive Internal Relational) Network Therapy since 2015. AIR is a phase-oriented therapy model which de-mystifies dissociation, and complex trauma symptoms, giving therapists a cutting-edge paradigm to work from. AIR Network's foundational principles are based in the latest research on neurology, developmental neurobiology, and 30 years of working with survivors.

Patti brings her advanced knowledge and warm, casual style to the EMDR Basic Training course. More information at <https://midwestemdrttraining.com>

EMDR IN THERAPY

Ask the Expert

We feature an expert in the mental health and/or substance use disorder fields to answer questions

Q Share about your background and what led you to work with people who experienced trauma and then become a trainer and consultant.

I am Patti Miller. I am a licensed psychologist with a clinical, teaching, and training practice located in Eden Prairie Minnesota. I came into the field in the early 1990s with an authentic want to help people who are suffering. My perspective is informed by developmental neurology, and relational experiences that determine health and wellness outcomes. I have a systems and feminist theoretical orientation. I am grateful for my marriage of 37 years, 3 amazing daughters, and grandson. I deeply value connecting, building relationships, collaborating, and learning in all contexts.

I have loved teaching clinicians to use EMDR for the past 15 years. Starting as an Approved Consultant and now, a Trainer with EMDRIA (Eye Movement Desensitization Reprocessing International Association). For context, EMDRIA was founded in 1995 and maintains the gold standard for EMDR Training and Research. I have developed advanced courses in using EMDR With Complex Trauma and Dissociation.

In 2015, I co-authored Adaptive Internal Relational (AIR) Network Therapy, a paradigm to aid in understanding dissociation and complex trauma from a neurobiological, multicultural, and relational framework. I have taught this course nationally and internationally.

Q What is Eye Movement Desensitization Reprocessing (EMDR)?

EMDR is a comprehensive 8-phase model of psychotherapy that was founded by Dr. Francine Shapiro in 1987. EMDR Therapy Is a method of accessing and resolving disturbing life experiences/



memories that have resulted in disrupted self-beliefs, negative emotions, and distressing body sensations. It is included in the international treatment guidelines for its effectiveness in the treatment of trauma-related stress. Some organizations that name EMDR as a front-line treatment include the American Psychiatric Association, American Psychological Association, SAMHSA, and the World Health Organization.

Q How does EMDR Work? How does it target and process experience?

The theoretical basis of EMDR is the Adaptive Information Processing (AIP) System. The AIP system is intrinsic. In other words, people are wired to make sense of and learn from experience. The AIP is like other automatic biological systems of healing. If environments are “good enough” we can recover and learn from the most difficult experiences. Examples of “good enough” are being be-

lieved, heard, supported, protected, and helped. Disruptions to the AIP system interfere with the ability to have resolution of difficult events. Thus, the event is stored as a trauma network with all the picture's sounds, and body sensations that were true at the time of the event.

Present symptoms have their origins in stored trauma networks. Essentially, cues in the present environment ignite the trauma network and people experience in the present what belongs in the past. For example, a survivor of childhood abuse can grow up and be safe in their current life. They may “know that they are safe” but never “feel safe.”

People are resilient and go on to learn positive current truths about self and life. In EMDR, these are called Adaptive Neural Networks. The example above of the “knowing that safety is real” is an adaptive network. The “feeling” of being unsafe despite knowing is the trauma network. During the protocol, the stored trauma networks (of unsafety) are accessed and then, linked to the adaptive neural networks (of present safety). Bilateral stimulation in the form of



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eye movements, and alternating sounds of kinesthetic stimuli, while revisiting distressing memories is used. This aids in the movement of information from the right hemisphere (where trauma is stored) to the left, resulting in greater integration, presence, resolution, and calm.

Q How is EMDR Therapy different from other therapies?

Every modality of therapy has beliefs about what creates symptoms and assumptions about the healing process. In EMDR Therapy, understanding AIP is a core aspect of what creates symptoms. Next, healing occurs as the protocol facilitates accessing traumatic material and metabolizing it to resolution.

EMDR differs from traditional talk therapy. Once the processing phases have begun, an EMDR therapist refrains from offering insight or deepening questions. EMDR is designed to access what the clients' brain tells us is important.

EMDR Therapy does not require homework.

Clients do not have to tell details of what happened to the therapist for EMDR reprocessing to be successful.

Q Can EMDR be helpful for issues such as depression, anxiety, and other mental disorders? What about addiction?

Extensive controlled research, using EMDR with PTSD and other stressor-related symptoms is clinically proven as an effective method of treatment. Hundreds of published case reports are documented to date. EMDR successfully treats anxiety, depression, and many other mental health challenges that also have their origins in traumatic experiences. Additionally, there are specific protocols that help to manage cravings for addiction and chronic pain.

Addiction requires specific support in place. The supports are put in place in the beginning phases of EMDR before any of the reprocessing phases. Clients must be resourced enough to have successful reprocessing outcomes. Supports range from medical, nutrition, 12-step or other support group, and sponsors. Some clients need an in-patient setting. EMDR gets at the underlying negative feelings, beliefs, and experiences that sustain any addiction. I have witnessed EMDR helping those in recovery sustain their sobriety. Similarly, I work with people who have had eating disorders. EMDR resolves underlying causes and helps sus-

tain the ability to have greater emotional regulation without the substance/behaviors. Over my years of practice, I have witnessed these results being sustained over time.

Q Are there populations where EMDR can be very beneficial or contraindicated?

The benefits of EMDR have a positive impact on young children through senior adults. EMDR treats single-incident traumas to more complex traumas. Inadequate preparation is the main factor that contributes to poor outcomes versus any specific population. Clients who are dissociative and/or have complex trauma histories, panic disorder, or co-occurring addiction and mental health diagnoses will need specialty care and additional preparation to move into reprocessing.

Caution also needs to be taken around people who have specific medical conditions. Clinicians are advised to collaborate with client's physicians when medical conditions are present. Examples include pregnancy and cardiac conditions.

Q What are ongoing developments in the field?

I am most excited about the advances in research on the brain that show the neurological impact of EMDR. There are already scans showing the efficacy and I expect this area to grow in the next generation of therapy.

Q A resource to learn more about EMDR.

The EMDRIA website is the best resource for learning more about EMDR, research, publications, and much more.
<https://www.emdria.org>

Q How does one become trained in EMDR?

Midwest Center for EMDR Training has information on Spring 2024 Basic EMDR Training.
<https://midwestemdrtraining.com>

If you have a question for the experts, or you are an expert interested in being featured, please email phoenix@thephoenixspirit.com.



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Litchfield, MN	114 North Holcombe
Olivia, MN	104 So. 4 th Street
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Driggs from page 1

insecure because we are only as good as we achieve in life.

"LOOKING GOOD IS WAY MORE IMPORTANT THAN BEING GOOD"

Too many of us are addicted to status seeking. The cult of social media shows how people can maintain shallow relations with one another and lack confidence in their own identities. It's what other people think that matters. Showing off to peers is way more important than doing a thorough self-evaluation and accepting both the good and bad parts of ourselves. People preoccupied with social status have superficial views of themselves and lack the introspection and self-awareness necessary for self-forgiveness. Living on the surface of life keeps us on a treadmill of desperation, people-pleasing in an endless and futile search for life-meaning much like a hamster on a wheel. Unfortunately, superficially seeing others only on the surface puts us at risk for faulty love relationships and a diminished capacity for handling complex relationship conflicts. Loving ourselves and others requires us to delve deeply into who we and other people really are.

"NEVER ADMITTING THAT YOU ARE WRONG IS A SIGN OF A STRONG PERSON"

Actually, just the opposite is true. It takes real strength to admit to our failings and atone for them. Appearing to be flawless gives others a false view of ourselves and makes us look superior to others. People who are never wrong are unavailable for close relationships and lead misguided lives. Our failures in fact make us more human and lovable since

we can all relate to making mistakes. A famous stage actress, Tallulah Bankhead, said it best: "If I had to live my life again, I'd make the same mistakes, only sooner. It's the good girls who keep diaries; the bad girls never have time." Her boldness and humor in admitting her failings clearly conveyed her self-confidence. Those of us who are always right surely are merely pretending to be strong.

"ALL THE FAILINGS IN MY LIFE ARE DUE TO OTHER PEOPLE"

People who regularly deny responsibility for themselves surely are playing the victim role in life and crave attention from other people who feel sorry for them. This "woe is me" approach to life may elicit pity from others, but it mostly alienates others from the complainer as they get tired of all the blame and self-pity. Ultimately, they become aware of all the manipulations behind such complaining and realize that they are wasting their time on someone who is compelled to be miserable and unnecessarily burdening them with tales of woe.

People who externalize blame for their own failings also do damage to themselves. They may become paranoid by how much power other people have over them. Such a loss of personal power may not be clear in how this happens, and the blamer feels even more incompetent and clueless, increasing the need more blame and delusional thought. This vicious cycle causes people to collect injustice in relationships and alienate others who are tired of all the blame and delusional thinking. The reality is once you start blaming others for your own fail-

Thoughts are not just kept to oneself, but they are spread like a social disease over vast numbers of people.

ings you lose control over yourself and you begin dying. The tragedy in all this is that it is really no big deal to own up to your mistakes and it may even cause other people to like you.

"IF PEOPLE WRONG ME, I WILL HAVE A SCORE TO SETTLE WITH THEM"

Holding grudges is a perilous habit. Confucius (551-479 BC) said: "Before you embark on a journey of revenge, dig two graves." How many times have you tried to get even with an enemy only to hurt yourself in the process? Even holding ill will toward another will put you in a destructive negative mood that it will potentially distance yourself from others who don't relate to your grudge. You may have a hard time negotiating with someone you hate as your mood will unbalance any reasonable compromise. Eventually you become a prisoner of your own hate and others may see you as an extremist. You may lack the ability to see the complexity of human relationships and adopt black/white thinking. Grudge holding is a disaster in intimate relationships as you may oblige your partner to take the same

extreme view that you hold. It may result in relational alienation.

"I DON'T NEED ANYBODY. I CAN SOLVE MY OWN PROBLEMS"

The poet John Donne said: "No man is an island, entire of itself; every man is a piece of the continent, a part of the main. Any man's death diminishes me, because I am involved in humankind." It's a major mistake to take the lone wolf view of life. All of us genetically have more in common with chimpanzees, who are inherently tribal. Social networking on our computers will never fulfill our personal needs because we all require eye-to-eye social contact and affection. Those of us who try to be lone wolves will quickly get lonely, insecure and hunger for affection. Solitary confinement is one of the worst punishments a person can endure since we are all descended from apes and require social connections. We can hide but not run from our humanity. There is nothing wrong with liking our alone time but too much of it will make us unwell. The book *Bowling Alone* by Robert Putnam (Simon and Schuster) 2001 has all



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Twin Town - St. Paul, MN

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the hard research on this topic.

There are many other perilous thoughts such as “Being rich will make me happy,” “People who don’t cheat are suckers as every body cheats,” “I can live a lie as I can just put it out of my head,” “Love is an illusion. It’s where two people mutually use one another for their own selfish needs.” The list just goes on.

Many of us have passing thoughts like these but we realize our foolishness and move on. I certainly do. Those who don’t see their foolishness and don’t move on, suffer for life and cause suffering in others. If you are consumed by perilous thoughts, don’t blame yourself. Chances are you have been exposed to or

abused by thoughts that made you think less of yourself. Out of loyalty to your upbringing or abusive past you learned to agree with such negative thinking as your only chance to earn other people’s love. Well there is another choice to better your life. I recommend getting good psychological help from a trusted helper and read Martin Seligman’s Authentic Happiness (Simon and Schuster, 2004). You will turn darkness into light.

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

Resource Directory

Counseling
Lehmann Counseling
Help for individuals and families dealing with addiction. Kate Lehmann is an experienced professional offering client-centered substance use counseling. Discrete, flexible, private pay. www.katelehmann.com for more information.

Eating Disorders
Melrose Center
Melrose’s experienced team provides specialized care for those struggling with an eating disorder and substance use disorder – whether currently in treatment or recovery. Melrose Center has five Twin City metro locations. Visit melroseheals.com or call 952-993-6200.

Seniors
Silver Sobriety “Rebuilding Lives, One Senior at a Time!”
Silver Sobriety is a treatment facility specifically for seniors over age 55. Getting sober with a group of peers you can relate to is a better treatment option. Based on the twelve step Program, we focus on strategies to handle issues facing seniors, along with abstinence from alcohol and drugs. Contact us for a free confidential conversation. www.silversobriety.org info@silversobriety.org. 651-431-8308.

Substance Use Disorders
Minnesota Teen Challenge
If you or a loved one is struggling with drugs or alcohol, we’re here to help. In addition to our effective and affordable residential Licensed Treatment, faith-based Long-Term Recovery and convenient Outpatient program, we have extensive prevention and transitional/aftercare services. Freedom from addiction starts here. 612-FREEDOM or mntc.org

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.



NUWAY Alliance New Year News!

COCHRAN RECOVERY SERVICES HAS A NEW HOME!

Managed by NUWAY Alliance and previously located in Hastings, Cochran Recovery Services moved in December to a larger facility located at 2000 White Bear Ave N. in Maplewood. Serving adults identifying as male, this community-based residential treatment program offers individualized co-occurring addiction treatment, in a medically monitored setting, and is GLBTQIA+ and MAT friendly. The new location offers numerous opportunities for recreational and wellness activities along with a safe, comfortable atmosphere. To learn more about Cochran Recovery Services or any of the other residential programs under the NUWAY Alliance, contact Residential Admissions at 612-767-0309 or residential.admissions@nuway.org



NUWAY ALLIANCE — HELPING MINNESOTA MEET ITS BEHAVIORAL HEALTHCARE NEEDS

NUWAY Alliance operates addiction treatment programs for adults of all genders at NUWAY®, Cochran Recovery Services and The Gables as well as supporting recovery housing access through recovery residence partnerships and Housing Support at the NUWAY Recovery Foundation. As Minnesota’s largest nonprofit provider of extended behavioral healthcare, we provide high-quality, evidence-based addiction treatment available statewide!

RESIDENTIAL TREATMENT:

- NUWAY I
- NUWAY II
- NUWAY III
- Cochran Recovery Services
- The Gables

OUTPATIENT TREATMENT:

- St. Paul NUWAY Counseling Center

TELEHEALTH:

- Available to all qualifying adults statewide

HOUSING SUPPORT WITH SUPPLEMENTAL SERVICES:

- Arrigoni East
- Arrigoni West

INTENSIVE OUTPATIENT TREATMENT:

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- 2118 NUWAY Counseling Center
- NUWAY – University Counseling Center
- NUWAY – Rochester Counseling Center
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- NUWAY – St. Cloud Counseling Center
- NUWAY – Mankato Counseling Center

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FROM THE STATE OF MINNESOTA

New Safe Recovery Sites to Be Centers of Hope and Compassion

by Jen Sather



In many cases, substance use disorder is a disease suffered in isolation, as people often avoid treatment or health care due to stigma and other barriers. Preventing overdoses and providing paths to recovery requires resources – but perhaps the most important resource is human connection.

This year, the Minnesota Legislature authorized the creation of Safe Recovery Sites, which will offer a variety of harm reduction supplies and services for people experiencing substance use disorder. Communities offering such spaces have documented how safe recovery sites save lives and provide public health and economic benefits for communities. They reduce 911 calls, ambulance rides, and hospital stays for overdose, and reduce HIV and Hepatitis C transmission, as well as substance use-related wounds and infections. They attend to social and communal impacts of substance use disorder, like reducing syringe litter or public use. And most importantly, they provide connections that help people access treatment and needed supports.

Safe Recovery Sites provide outreach and wraparound services, and compassion to people who are struggling. These sites can foster trusted and stabilizing relationships – especially for those belonging to marginalized communities and those who are unhoused. At these sites, staff can provide education and referrals to treatment and recovery services, mental health services, housing, nutrition, health care, holistic support, and other critical services. Safe Recovery Sites are centers of hope and acceptance where people can embrace the possibilities of healing and recovery.

There have been questions about the establishment of safer use spaces, which was included in the legislation as a possi-

ble service at these sites. Safer use spaces are places within a harm reduction program where people who use drugs can do so under the supervision of trained professionals. This ensures that people are reducing the risks of injection-related wounds, while having someone nearby to respond in the event of an overdose.

In places where spaces like this have been established, the results have been highly effective in saving lives and improving public health. For instance, since opening in November 30, 2021, New York City's safer use space program has served more than 3,000 people and overseen more than 66,000 doses. In that time, they have intervened in more than 800 overdoses. None of those overdoses have resulted in death. In addition, participants have reported an overall reduction in use and injecting after accessing services.

We see tremendous value and life-saving potential to having this service in Minnesota and recognize the ongoing policy development work and community engagement needed with community partners, law enforcement, and other critical partners on the safer use aspect of the Safe Recovery Sites.

While those discussions continue, the Minnesota Department of Human Services (DHS) plans to release the first funding for Safe Recovery Sites to expand existing harm reduction services. This funding will build capacity at existing harm reduction sites – and possible new sites – to provide the other seven services included in the legislation:

- Sterile syringe exchanges
- Opiate antagonist rescue kits
- Fentanyl and other drug testing
- Street outreach
- Education and referral services

- Health, safety, and wellness services
- Access to hygiene and sanitation.

Creating these settings can be a breakthrough for Minnesota's work to remedy substance use disorder. To help us start these settings in a good way, DHS is beginning community engagement efforts for Safe Recovery Sites. We are committed to engaging people and communities who have experienced substance use disorder and have been most impacted by this disease.

We value the work of all our partners in the harm reduction community and know we need their perspectives to get this right. Individuals and families across the state are suffering and are counting on us to get this right. We need their perspectives, too. Together, we can save lives, prevent the spread of disease, and reduce the impacts of opioid abuse on our communities.

I invite you to learn more about Safe Recovery Sites and Minnesota's process for establishing them at <https://mn.gov/dhs/people-we-serve/adults/health-care/alcohol-drugs-addictions/programs-and-services/safe-recovery-sites.jsp>.

Jen Sather is the deputy director of substance use disorder services at the Minnesota Department of Human Services' Behavioral Health Division.

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Books



It's OK That You're Not OK

Meeting Grief and Loss in a Culture That Doesn't Understand

By Megan Devine
SOUNDS TRUE

Megan Devine reveals a path for navigating grief and loss not by trying to escape it, but by learning to live inside it with more grace and skill. Through stories, research, life tips, and creative and mindfulness-based practices, she offers a unique guide through an experience we all must face. Here she debunks the idea of trying to “cure” grief, offering skills and tools to help us move forward through our own grief and provide genuine comfort to others experiencing intense loss.

When a painful loss or life-shattering event upends your world, here is the first thing to know: there is nothing wrong with grief. “Grief is simply love in its most wild and painful form,” says Megan Devine. “It is a natural and sane response to loss.”

So, why does our culture treat grief like a disease to be cured as quickly as possible?

In *It's OK That You're Not OK*, Megan Devine offers a new approach to both the experience of grief and the way we try to help others who have endured tragedy. Having experienced grief from both sides—as both a therapist and as a woman who witnessed the accidental drowning of her beloved partner—Megan writes with deep insight about the unspoken truths of loss, love, and healing. She debunks the culturally prescribed goal of returning to a normal, “happy” life, replacing it with a far healthier middle path, one that invites us to build a life alongside grief rather than seeking to overcome it.

Many people who have suffered a loss feel judged, dismissed, and misunderstood by a culture that wants to “solve” grief. Megan writes, “Grief no more needs a solution than love needs a solution.” Through stories, research, life tips, and creative and mindfulness-based practices, she offers a unique guide through an experience we all must face—in our personal lives, in the lives of those we love, and in the wider world.



Annual Clarity Retreat Workbook

By Kerry Ann Rockquomore
GET IT DONE PRODUCTIONS

As each new year dawns, it extends an invitation to pause and reflect upon your life's journey. The *Annual Clarity Retreat Workbook* is your trusted guide, leading you through a meticulously structured process of journaling and self-reflection. This journey will help you to gain profound clarity about your true desires in every facet of your life.

By navigating a purposeful series of questions, you will:

- Evaluate the previous year,
- Construct a comprehensive Life Vision,
- Unearth and address inner obstacles, and
- Establish achievable goals for the new year.

This transformative process is designed to support you in exploring what constitutes a meaningful and fulfilling life that is tailored to your unique aspirations. It also empowers you to set realistic goals and take the initial steps towards achieving them. Recognizing that the path to a meaningful existence is neither quick nor effortless, the workbook is enriched with valuable insights gathered from past clarity retreat participants.

The *Annual Clarity Retreat Workbook* is a versatile resource that can be used independently or in conjunction with a 4-week online course available at www.AnnualClarityRetreat.com.



Self-Love Workbook for Women

Release Self-Doubt, Build Self-Compassion, and Embrace Who You Are

By Megan Logan
CALLISTO PUBLISHING

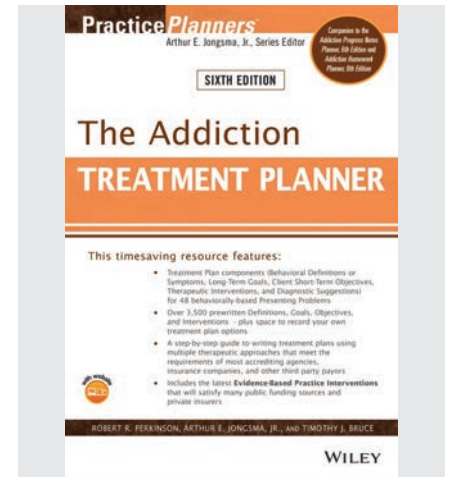
Create a life filled with purpose and greater self-love.

Start the new year feeling amazing with this bestselling workbook. And then keep your journey going with the official companion, the *Self-Love Journal for Women*.

Embrace who you are with this guided self-love book for women of any age and any background. This year, you'll embark on your journey of self-discovery by learning what self-love is, and then immersing yourself in activities that help you build your self-esteem and improve your relationships. This book includes a variety of exercises to engage with your sense of self-love, and the companion journal encourages you to go even deeper with writing and reflection.

- **Proven techniques**—Fall in love with yourself using a variety of compassionate exercises rooted in mindfulness, self-care, gratitude, and positive psychology.
- **Inspiring activities**—This self-esteem workbook features prompts like quizzing yourself on what matters to you, making a happy playlist, and writing a message to your younger self to help you tap into your emotions and let go of limiting beliefs.
- **Empowering affirmations**—Boost your positivity and nurture yourself with the uplifting affirmations interspersed throughout the book.
- **New year, new you**—This book makes an amazing gift for yourself—or any woman in your life who deserves to put herself first and explore how awesome she is!

Meet your new year's resolutions and create a life filled with purpose and pleasure.



The Addiction Treatment Planner

6th Edition
By Various
WILEY

The Addiction Treatment Planner, Sixth Edition: provides all the elements necessary to quickly and easily develop formal treatment plans that satisfy the demands of HMOs, managed care companies, third-party payers, and state and federal agencies. This valuable resource contains treatment plan components for 48 behaviorally based presenting problems including depression, intimate relationship conflicts, chronic pain, anxiety, substance use, borderline personality, and more. You'll save hours by speeding up the completion of time-consuming paperwork, without sacrificing your freedom to develop customized treatment plans for clients.

This updated edition includes new and revised evidence-based objectives and interventions, new online resources, expanded references, an expanded list of client workbooks and self-help titles, and the latest information on assessment instruments. In addition, you'll find new chapters on some of today's most challenging issues- Opioid Use Disorder, Panic/Agoraphobia, Loneliness, and Vocational Stress. New suggested homework exercises will help you encourage your clients to bridge their therapeutic work to home.

This book's easy-to-use reference format helps locate treatment plan components by presenting behavioral problem or DSM-5 diagnosis. Inside, you'll also find a sample treatment plan that conforms to the requirements of most third-party payors and accrediting agencies including CARE, The Joint Commission (TJC), COA, and the NCQA. *The Addiction Treatment Planner, Sixth Edition:* will liberate you to focus on what's really important in your clinical work.

Marking Time

by **Mary Lou Logsdon**

"One can waste years this way, systematically postponing precisely the things one cares about the most" — OLIVER BURKEMAN



Another year dawns. Here in the northern hemisphere, we begin the year in darkness—our earth's fallow time, rest time, quiet time. Yet I hurry to make lists to accomplish, to acquire, to get somewhere rather than pause to be here. I plunge into what seems like an endless pool of time available for the taking.

Psychologist Oliver Burkeman, in his book *4000 Weeks: Time Management for Mortals*, reminds me that my life is finite, and I choose every day how to use the time I have. 4,000 weeks is how much time we have if we live an average number of years. I ask myself: *How many of those 4,000 are left? How will I spend them? And who's in charge of deciding?*

With pen in hand, I write New Year goals, ambitions, dreams. I aim for perfection in my body, my health, my relationships.....my life. The problem is that perfection is a construct of my mind and doesn't exist in the real world. It only exists in some imagined future that never comes.

Burkeman names what I already know: I won't get it all done—not cleaning out my emails, not catching up with all my acquaintances, not getting my photos organized. It's not possible. Time-management gurus entice us with promises of organizational calm—after the last task is done, the last email answered, the last weed pulled. Then we

will be caught up and free to enjoy the bliss of relaxation. But that will never happen—there is always more laundry, more emails, more weeds...and less time for doing what is important.

Time runs out. Sooner than we care to admit.

We treat time like a commodity we own. We sell it to our employers. We waste hours, as though they are an endless resource, on billionaires who trap us in social media rants and fears. We save it for a future we are not sure we'll have. But do we enjoy it? Celebrate it? Inhabit it?

Dare we not be busy? What happens if our calendars aren't overflowing, or our activities stacked one on another?

Busyness is not a badge of honor.

When I consider time a commodity, I start thinking I have to maximize its use—how do I get the most out of it? I torment myself agonizing over whether this is the best use of my time. *What would be more efficient? Is this worth doing? Is this really how I want to spend my time?*

What I want to do is to savor time. When have I spent time that I can later relish in memories? It can be time spent exploring ideas with friends, meandering woodland trails, paddling a kayak on a remote Wisconsin lake. I can rock a baby or play with a curious two-year-old. All these experiences keep me in the present moment.

One way I have found to enjoy time is to spend it on activities at which I will never be accomplished. Things I do just for fun. I play the piano that way—same old music I played when I was in high school. Not any better now—even worse probably. But I do it because it is relaxing and calming. Similarly, I draw simple images. I am lousy. I have never had an art class. What I come up with doesn't look like what I am imagining, yet I am amazed when it looks like anything!

I have a picture in the living room that I painted many years ago while hanging out with watercolors and the person who later became my spouse. We were chatting, engaged in getting-to-know-you talk, playfully letting paint brushes move to the rhythm of the moment. I named it Joy.

That is how I think of leisure time, the time that refreshes and is unbound by minutes or hours. It is also unbound by meaning or purpose. It just is. It differs from escape time. Escape time is what I do when I don't want to deal with life. I avoid my feelings or a task that needs to be done. I clean drawers rather than write an essay. I scroll through the news, rather than schedule a doctor's appointment. I don't come away relaxed or content or free. I come away restless, burdened, unsatisfied.

Does the time that is not work time need to be productive? To improve my life? To compete with nameless neighbors? To earn extra money for toys I don't have time to use?

Burkeman suggests three principles to guide us in accepting that our time is finite, and some things simply won't get done.

Principle one is to pay yourself first when it comes to time, like we do with

our 401Ks. *What do I put on my calendar for me? For nurturing relationships? For causes that I value? For dreams I have?* Now, with a year's calendar—mostly blank—I write in vacations, a retreat, regular 12-step meetings. I schedule time for volunteer work, engaging with my dreams or values or important people in my life. What is it that I haven't found time for that's important to me? How can I protect time for that?

Principle two is limit your work in progress. Time is finite. We will all die. We're not going to get it all done. *How many goals do I have? How many open projects am I working on?* This is hard—I want to do it all. Choose what's most important and let the rest slumber until one of those projects is complete or abandoned.

The third principle is to resist the allure of middling priorities. When everything is important, nothing is. Decide what is important and let go of the rest. Maybe they are someone else's priority. Maybe they are left from a life I no longer have. How often do we hang on to an old life's task afraid to fully enter the life that is facing us now?

I will take some of my precious, limited time to reflect on what I am no longer willing to postpone, with whom I want to share my time and energy, and to fire the taskmaster that wants productivity in all things. I have 52 weeks in this year. You, too. How are you going to spend yours?

Mary Lou Logsdon offers Spiritual Direction in the Twin Cities, in person and remotely. She teaches in the Sacred Ground Spiritual Direction Formation Program. She can be reached at logsdon.marylou@gmail.com.

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