

Ask the Expert

Minnesota Adult & Teen Challenge's Saul Selby discusses the use of cannabis in treatment / pg. 8

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HOPE + HEALTH ISSUE

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January
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JOHN H. DRIGGS, LICSW

In a World Without Empathy

Imagine living in a world where no one is capable of understanding anybody else's feelings. In such a world, someone could grasp how you feel only if he or she had exactly the same experiences you've had. If they hadn't had those experiences they would have no idea what you are talking about. Consequently, you'd likely feel all alone in your solitary circumstances. Of course then you would have no way to feel loved since the experience of true love is about someone else accepting us as we really are and not for how we match up to their expectations. Such a world would be grim and lifeless even though our basic needs are met. We would likely wither and die in such a world.

Other problems arise in a loveless world. It would be impossible to trust anyone else as trust is built on faith leaps and human compassion. We would have no way to experience the safety of others unless they exactly conformed to our expectations. Each of us would be self-appointed emperors of our own little world. Inevitably, it would be a rather lonely world as people would undoubtedly fail our expectations and couldn't be trusted. It would be a world where others exist essentially for our own pleasure and would have no meaning to us otherwise. In fact we wouldn't even need to know much about the needs of others. We would each be objects to one another. Conflicts between people would exponentiate as differences between people could not be compromised. Lawyers in such a world would have a field day and almost all aspects of living would have a legal risk. There would be only winners and losers in such a world and most of us would eventually lose. Any creativity would be stifled as the risk of stepping on someone else's toes would be too great if we dared to innovate. Life would have a plastic empty feel where everyone would have to behave perfectly. Our immune systems would get compromised in the absence of true love and many of us would suffer from chronic illnesses. Most would die of a broken heart.

In a cold world there would be a purposelessness to living since doing good for others wouldn't have much benefit. Each of us may have many things that please us materially but our spiritual lives and moral compass would wither away. If an elderly person fell in the street we would look the other way and lose the opportunity to do good for others. We would develop an 'Every man for himself'

WITHOUT EMPATHY to pg 9



INTERVIEW WITH CRYSTAL HILL

From Prison Boot Camp to Recovery Wellness Center Founder

by Mary Berg / Photos by Tracy Walsh

Cystal Hill, founder of Twin Cities Wellness Center and Recovery Gym, remembers the exact moment she decided to get sober. She stood at the black line for boot camp during her second incarceration. Sergeants and CEOs were verbally in her face, "You think you're a pretty girl. You think you can change when you want to." When they said, "You have a chance now, the doors are right there. You're either ready to change your life, or you're not," that was her deciding moment.

Hill had a lifetime history of not just substance abuse disorder but also eating disorders and mental health struggles. Diagnosed with borderline personality at 15, she became anorexic and bulimic shortly after her dad died later that year.

She almost lost her life to eating disorders on four separate occasions, getting to as low as 75 pounds. She explains, "My eating disorder has been as much of a challenge or greater than the substance use disorder. They've gone hand in hand. When I stood at that black line, I had to really think. I thought about my kid that I delivered in prison during the first incarceration. But I said, 'I'm going to do it,' and I did it. On September 7 this year, I've been sober for 10 years and have 11 years remission of my eating disorders. My eating disorders are still a challenge, but I don't make myself sick. I eat six balanced times a day."

Going through boot camp while im-

RECOVERY WELLNESS FOUNDER to pg 6



SPOTLIGHT ON RECOVERY

Solutions for Alcohol Use Disorder with Next Generation Technology

Having founded several business start-ups in his life, David Gandini wanted to make a difference with his next one. "I really wanted to do something that would have more of a social impact or a long-lasting impact."

Read the article on page 10



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LETTER FROM THE EDITOR

A Season of Change

by **Sharon Chapman***"The only constant in life is change."*

GREEK PHILOSOPHER HERACLITUS



Aurora in Minnesota / Photo by Jen Shepherd

Ever since the pandemic hit, almost five years ago, it seems like the world has been in a constant state of flux. For many, this uncertainty, and constant change, is unsettling. We all like to know that tomorrow will turn out as we planned. It's that familiarity and routine that keeps us "safe." It's why we celebrate the holidays, a new year, festivals, and traditions.

But change doesn't have to be all that bad or scary. For sure, having several unplanned changes thrown at us all at once can be hard to manage. But if we keep an open mind, change can actually be good. It's how we grow, and move on, and progress as both a person and as a society. Viewing change as hope vs. despair can help us see new possibilities that we might not have thought about or get to experience.

2025 is on course to be a year of change for me personally. Some of those changes have come about through circumstances over which I've had no control. After I got through the grieving process of that, I began to see how these changes can open up new pathways for me – both personally and professionally. I now have increased hope for the future, and I am excited to see what these new opportunities might mean for me.

Of course, change is not without some hard work – perhaps mentally, physically, or both. So, we have to be ready for the challenge and put in that work to reach our new place of hope.

If life didn't change, where would be? Stuck in the same place, the same routine, doing the same thing over and over again? Perhaps missing out on what more we could be.

So, as we enter a new year, I'm ready to upgrade to Sharon version 2.0 (or whatever version of myself I find myself at now). I feel hope for the new year, despite what outer struggles might be happening in the wider world. Within my own sphere, I feel a sense of hope that I haven't felt since the pandemic.

My hope is that you can find that, too. Whatever stage of life you are at, whatever your state of being, find that one golden nugget of hope that will bring about the change that you will enjoy. No matter how big or how small, hope is the shining light in an uncertain world. Hold onto that.

With a sense of hopefulness for the new year,

Sharon



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Every trial, and every issue we find and face holds within it the seeds of healing, health, wisdom, growth and prosperity. We hope you find a seed in every issue.

The Phoenix Spirit is a bi-monthly publication for people actively working on their physical, mental, emotional and spiritual well-being. We are committed to providing articles, advertising, and information about recovery, renewal, and personal growth to help people experience life in a balanced, meaningful way.

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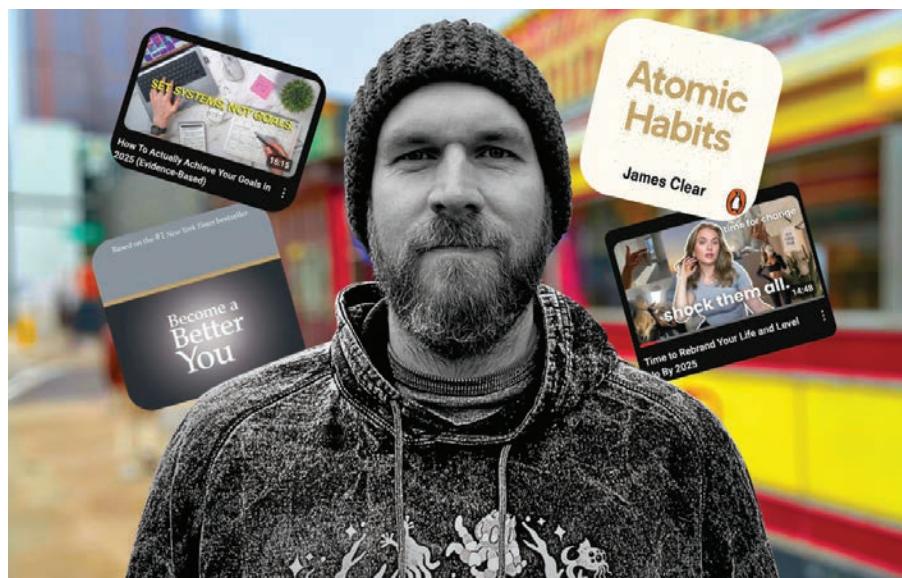
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12 Months to Change My Life... All Over Again

by Seth Perry



The author / Photo illustration by Seth Perry

I always believed that self-help wasn't suitable for people with bipolar disorder. This year, however, I am experimenting on myself. In 2010, when I embraced recovery, numerous doctors and counselors advised me to avoid the personal development industry. They said a severe mental health diagnosis comes with many limitations that popular self-help practices may not account for. Additionally, some personal development offerings blend Evangelical Christianity, the prosperity gospel, and a rigid curriculum for becoming a better version of yourself. That certainly is not my style. I have observed many peers with mood disorders and other diagnoses embrace a bestselling self-help trend, only to fail. This year, I feel confident in testing a hybrid of the most popular personal development schemes on myself.

Looking ahead to a new year can be anxiety-inducing for anyone with a mental health diagnosis. Imagine you have had bouts of depression and mania over the past six months. You scroll through YouTube and see titles like *How to Actually Achieve Your Goals in 2025*, *Time to Rebrand Your Life and Level Up By 2025*, or *Wake Up to a Better Life in 2025*. Looking for change, you consider clicking on the videos because they have garnered millions of views in the final week of the year. After watching the videos, implementing the suggested changes seems appealing. However, it turns out to be unsustainable in the long term because you were recently discharged from the psych ward, and the basic foundations of mental health recovery were left unestablished. What I have described is a highly realistic hypothetical situation based on my lived experience.

Maybe YouTube isn't where you draw inspiration. Let's consider a hypothetical scenario involving a Christian with a newly diagnosed mental health condition. You are leaving church, and a friend suggests popular Christian self-improvement titles like *Become a Better You: 7 Keys to Improving Your Life Every Day*, *Reposition Yourself: Living Life Without Limits*, or *Finding God's Will for Your Life: Discovering the Plans God Has for You*. Reading these books is inspiring at first. However, the promises of the prosperity gospel seem to contradict the medical advice your psychiatrist is giving you. Tithing, devotion, prayer, meditation, and faith healing don't seem to be compatible with the unpredictable ups and downs of mental health recovery. Soon, those books are gathering dust on your shelves, and you feel like you're

back at square one. This hypothetical situation is also gleaned from my personal journey as a pastor living openly with a mental health condition.

I know what you're thinking: It's ludicrous for someone in mental health recovery to experiment on themselves with personal development philosophies. Let me explain why this ambitious plan I have constructed is worth exploring. By the end of 2025, I hope to document a balanced, realistic, and healthy self-improvement strategy that is reasonable for someone in mental health recovery. This year, I will borrow strategies from the personal development community and apply them to my life to see how my mental health recovery and spiritual perspective align with the suggested practices.

There is one key to my approach: Documenting failure. Since 2010, I have implemented incredibly small changes—tinier than any personal development program I have ever come across. Counselors, peers, psychiatrists, therapists, and family have all encouraged me to normalize unfinished plans, distractions, months of unproductive behavior, slow progress, and an inability to do certain things that people without bipolar disorder type 1 find easy. I have no shame or embarrassment admitting these things and writing about them.

Many self-improvement specialists talk about failure. Here's a quote from James Clear, the bestselling author of the excellent book *Atomic Habits*: "What separates the elite performers from everyone else? Not perfection, but consistency. This is why the most important thing is not to prevent mistakes altogether, but to avoid making a mistake twice in a row." I have tried to be an elite performer since high school. Bipolar type 1 affected my acting, filmmaking, and stand-up comedy ambitions. Luckily, I adjusted my expectations and said goodbye to my childhood dreams. I found a fulfilling career as a journeyman pastor. The reality of my vocation is that I not only make mistakes twice in a row—I also make them three, four, seven, and even eighteen times in a row. I don't make excuses for my repeated mistakes; I just don't beat myself up when I struggle. One thing I am comfortable doing is overcoming shame and trying to get something right on the 19th try.

So, here is my detailed plan. In 2025, I will change one habit a day, every day,

*In 2025,
I will change
one habit a
day, every
day, for the
entire year.*

for the entire year. My incredibly small habits are smaller than anything James Clear has ever suggested. It sounds ambitious, but I urge you to think of these habits at the subatomic level. For instance, on January 11, I will introduce the daily habit of meditation—but I will only meditate for 30 seconds. For exercise, I will introduce only one component of a workout. For instance, on January 30, I will introduce five left-handed curls. All of my thirty habits will slowly grow incrementally every month. By the end of the year, I will be meditating for six minutes a day and doing 60 left-handed curls daily.

If you're good at math, you'll noticed I have five spare days left in 2025. Forced by this constraint, I developed five foundational habits for my experiment. In the first five days of 2025, I will ban all screens in bed, drink at least a liter of water daily, walk for 10 minutes daily, eat two servings of fruits/vegetables in the morning, and read my morning recovery meditation.

Whether I succeed in my self-improvement journey or abandon it remains to be seen. I have no idea if this ambitious plan will improve my mental health recovery or impede it. Over the next year, I will document every success and failure in this column. I look forward to you joining me on this journey.

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.ourstigma.com.

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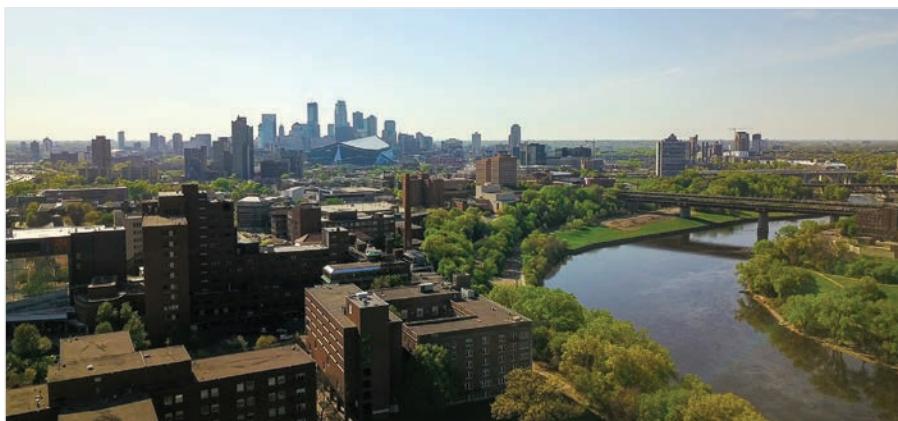
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FROM THE STATE OF MINNESOTA

Housing Resources Key to Stability for Many in Recovery

by **Teresa Steinmetz / Eric Grumdahl**

Minneapolis / Photo by TopSphere Media / Unsplash



Secure, stable housing is more than just a roof over one's head — it is the foundation upon which health, safety, and long-term success are built. Without access to stable housing, individuals struggling with substance use disorders face additional barriers to healing, reintegrating, and thriving in their communities.

At the Minnesota Department of Human Services (DHS), we understand that housing stability is crucial for people experiencing substance use challenges, pursuing recovery, or living in recovery. That's why we encourage people in the recovery community to learn about housing resources available to Minnesotans — including programs designed to help people with substance use disorders.

For many people, housing instability — whether through homelessness, frequent moves, or poor living conditions — often coexists with substance use. This can create a vicious cycle, where the stress and trauma of unstable living conditions contribute to ongoing use of substances as a form of coping. People pursuing recovery need stable, supportive housing to maintain sobriety, rebuild their lives, and avoid the temptations and stressors that could derail their progress.

Research shows that stable housing has a profound impact on recovery outcomes. When individuals have secure housing, they are better positioned to access health care, attend therapy, and participate in community-building activities — all of which are key to maintaining long-term recovery.

For many Minnesotans in need, finding the right housing can be one of the most significant challenges on their path to recovery. That's why DHS works with partners and providers to offer several key housing resources that support people affected by substance use disorders. Some programs of note include:

- **Housing Stabilization Services**, a Medical Assistance benefit that helps seniors and people with disabilities, including mental illness and substance use disorder, find and keep housing. Among other benefits, the program can provide up to \$3,000 to help with moving expenses.

- **The Crisis Housing Assistance Program**, which provides short-term housing assistance to people with a serious mental illness who are receiving inpatient or residential mental health

care or substance use disorder treatment for 90 days or less. The program, administered by The Arc Minnesota, supports people who cannot pay housing-related costs because they are paying for treatment.

• **Housing Support** (previously known as Group Residential Housing (GRH)) is a state-funded income supplement for people with disabilities, including mental illness and substance use disorder, to pay for housing expenses and sometimes additional services. With the help of their treatment provider, people leaving inpatient treatment without a fixed, adequate residence can receive Housing Support for up to three months without paying any of their income toward their housing costs.

Learn more about these and other housing programs on the Housing Benefits 101 website. HB101.org has a wide variety of resources, such as housing search tools, a list of programs that help people pay for rent, and a map of places to get help (including emergency shelters) for people experiencing homelessness.

At DHS, we fully recognize the critical intersection of behavioral health and housing. Early last year, DHS created two new administrations: the Behavioral Health Administration, and the Homelessness, Housing and Support Services Administration. Importantly, these new administrations are not just a reorganization — they represent a fresh approach to tackling the complex challenges of homelessness, housing instability and behavioral health in Minnesota. All staff within these administrations will continue to collaborate closely to ensure integrated support for those we serve.

If someone you know is struggling with housing stability, please share with them information about these life-changing programs or encourage them to reach out to their county or tribe. Together we can build a stronger, healthier Minnesota, where every individual has access to the stable housing they need to thrive.

Teresa Steinmetz is assistant commissioner of the Behavioral Health Administration at the Minnesota Department of Human Services. **Eric Grumdahl** is assistant commissioner of the Homelessness, Housing and Support Services Administration at DHS.



Books

MICHELLE M. MAY

What I Couldn't Tell My Therapist

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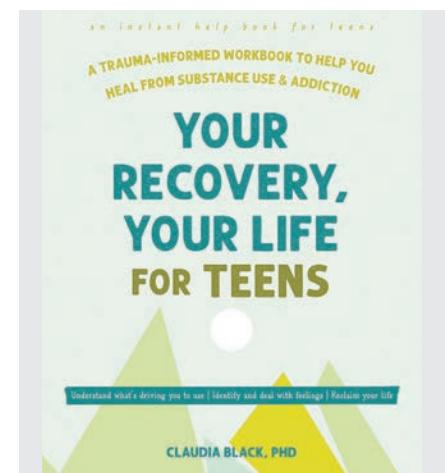
What I Couldn't Tell My Therapist

The Truths We Told to Heal Our Lives

By *Michelle M. May*
SEVEN LEAVES PRESS

What I Couldn't Tell My Therapist shares the unforgettable stories of three patients in intensive therapy. Michelle, a dedicated psychotherapist, struggles with an addiction to people-pleasing and perfectionism while being tethered to opioids by mysterious chronic pain. After her own transformative odyssey, Michelle helps two troubled patients, Walter and Emma. Walter confronts the shadows of crippling depression and an intimate attachment to cannabis, while Emma yearns for a relationship but is stymied by her haunting fear of vulnerability. Within the sacred confines of intensive therapy sessions, their stories intertwine, creating a sanctuary for profound revelation.

Through these stories, the profound truth emerges—that the unspoken holds the power to shape our healing journey. *What I Couldn't Tell My Therapist* serves as a testament to the power of intensive therapy, inviting us to confront the depths of our unspoken truths and unlock the hidden pathways to profound transformation.



Your Recovery, Your Life For Teens

A Trauma-Informed Workbook to Help You Heal From Substance Use & Addiction

By *Claudia Black*
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In *Your Recovery, Your Life for Teens*, internationally renowned addiction specialist Claudia Black presents a comprehensive program for exploring how your life experiences have influenced your substance use, and addresses the problem through guided self-reflection. You'll be equipped with a variety of skills from cognitive behavioral therapy (CBT), mindfulness, and grief work, so you can calmly and confidently gain the upper hand in your battle with substances. You'll also discover tools to help you tolerate difficult feelings, release toxic shame, regulate your emotions, and come to terms with the fact that your use is interfering with your life. Most importantly, you learn how to forgive yourself and set new priorities for a healthy and fulfilling life—without drugs and alcohol.

The road to recovery can feel long and difficult; it demands extraordinary dedication and effort. It also requires a lot of help, and help is out there. With this compassionate guide, you can begin your journey knowing you're on solid ground.

Many of the book descriptions are taken from the publishers or promotional releases. 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 and we may include it in an upcoming issue.

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

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from page 1

prisoned changed Crystal's mindset from one of using exercise to burn counted calories to a means for clear thinking. Exercise became something she needed to stay sober. While incarcerated the first time, Crystal completed her GED. A year and a half later, after the second, longer prison sentence and boot camp, she was released to treatment at RCCS, a center that's no longer around. It was a successful program for co-occurring addictions: Mental health, substance use, and had a criminal component. "For somebody like me, on intensive supervised release (ISR) from prison, RCSS was a good place to go."

She signed up for college the same day she entered RCSS, earning business and master's degrees in five years, all while keeping a GPA of 4.0. She said, "That's amazing considering my school record, but it shows what you can do when you have a clear mind and set it to something."

RCCS's owner, Paul Kustermann, kept up with Crystal after she finished treatment. He offered her a partnership opportunity in a gym solely for those in recovery. They opened it in Maple Grove, January 2020. When COVID hit two months later, they were forced to shut down. Paul retired, but he said to Crystal, "Take the equipment and sit on it. While you're getting your degrees, think of how you can change some lives."

That's how the Twin Cities Wellness Center and Recovery Gym (TCWC-RG) emerged. Crystal said, "Paul sold me the equipment for \$1, which is crazy. He used his lengthy history in the behavioral health field to mentor me. As I got my master's degree, I did research, thinking of ways to pivot and make it work. There were no treatment centers in Minnesota that utilized a fitness component. The current center is literally right across the street from where I went to treatment. Some days I purposely look across the street to remind myself where I came from. I don't know of something more universal or spiritual than that. I believe God had a plan for me. I had to push through all the struggles, yet everything fell into place."

When asked who else besides Kustermann influenced her to go in this direction, Crystal said, "When Paul offered me that partnership, I was operating a fourth sober house. That's where I learned how important the housing piece is to treatment, and how to communicate



The current center is literally right across the street from where I went to treatment. Some days I purposely look across the street to remind myself where I came from. I don't know of something more spiritual than that. **I believe God had a plan for me.**

between the two. TCWC-RG partners with multiple sober house organizations, but we're also in the process of opening a board-and-lodge-housing. We'd manage treatment and housing separately, but connecting the two under one umbrella would allow communication to happen more seamlessly."

When asked why other treatment providers don't incorporate gym and fitness options with recovery, Crystal replied, "Reason one is that nobody's done it before. It's uncharted territory. Even DHS said that no one else had fitness. The behavioral health field follows a lot of policies and procedures. Providers help each other and rely on scripted formats.

The second, almost bigger reason is financial. The field is competitive. A multi-million-dollar company could possibly add fitness, but a startup can't pay what large companies pay, even without the physical fitness piece and the gym,

let alone with it. Third, it's hard to find staff who are willing to build a new, uncharted curriculum and stick with it. Lastly, there's the liability that comes with a gym. We've had a hard time finding an insurance company that will cover both providing treatment services and a gym that's not charging fees. The insurance payers don't have a blueprint to work from either."

Crystal encountered numerous other difficulties in getting TCWC-RG off the ground. It took eight months after DHS approval to get into the space due to zoning issues. Nothing in the area was zoned for treatment services plus a gym. Crystal said, "I don't know how many times I had to explain to the city, 'No, we're not selling gym services.' I had to go to great lengths to prove that. The zoning guy told me, 'The only reason this got approved is because you wouldn't take 'no' for an answer.' In the end, it got attention

when I reached out to an attorney friend who put in a call to the city. Cities make it tough, and it shouldn't be that tough."

Crystal explained, "If you have fitness, a nutrition component is needed as well. It took a long time to figure that out. Since July, we're licensed to have dietary medical services. Our full-time dietitians work with the licensed alcohol and drug counselors who are credentialed personal trainers/certified coaches. These experts give clients the support they need when they're working out. Plus, our staff has seen that our mixed, diverse client population builds a strong bond, stronger the longer they work out together. I can't explain the gratitude that comes with it. It's on a completely different scale compared to when fitness isn't included."

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RALLY FOR A RECOVERY-ORIENTED SYSTEM OF CARE

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Previous page / this page: Crystal Hill at Twin Cities Wellness Center and Recovery Gym. Photos by Tracy Walsh / www.tracywalshphoto.com.

in broccoli and green beans, not those in processed foods. Crystal said, "We're partnered with an organization called Be Kind 2 People to provide food, as well as with Loaves and Fishes. The free and donated lunches they delivered meant clients were fed, but the meals weren't necessarily healthy. It can be expensive to eat healthy. As we've grown, we've better aligned the meals with health and fitness. We offer a group class that teaches clients how to make cheap, nutritious meals, and which groceries to purchase.

When most people go to treatment, they gain weight. It's the opposite at TCWC-RG. Eating six balanced meals a day is better for most of us. It doesn't make us gain weight. The more balanced we eat; the better chance our body will have to be toned and look fit. Keeping everything in balance, including food, has been important for me, because I used to eat when I had feelings, and that's changed. Sure, starving ourselves or making ourselves puke decreases numbers on the scale, but God, what it does to our bodies is so unhealthy, and it doesn't have to be that way."

TCWC-RG uses moral reconation therapy, or MRT, as part of their curriculum and encourages clients to go to meetings when they're no longer in treatment. MRT is a 16-step process for participants to identify their morals, consider how their actions will affect themselves and others, and make choices that fit into social and legal norms.

Crystal said, "Forming a solid leadership team that's aligned with our core values and focus has been my biggest accomplishment. Reframing the core values took a long time. You can't operate a business by yourself. You must trust others to be there for you and to help you. I finally have that. I can be at the center, but I don't have to be there for the company to run and be successful."

Conversely, she stated that the biggest challenge has been to keep staff pleased, to give them what they need, want, or even deserve. "To run the business, I need to keep money coming in and keep

the doors open. Reimbursement rates haven't increased in over 30 years. For example, a treatment that cost \$1 in 1994 got reimbursed for \$1. No matter what today's treatment cost, our company would still only get reimbursed \$1. And we all know how inflation has increased this past year, let alone the past 30 years."

When asked how TCWC-RG gets people with anorexia or bulimia to change their mindset around exercise, when the program still incorporates exercise, Crystal said, "Finding balance for exercise and an eating disorder (ED) is tough. There isn't a right or wrong way to do that. In three years, no one has come in the doors and said, 'I'm anorexic' or 'I'm bulimic.' But if someone did, our licensed alcohol drug counselors/certified personal trainers would coordinate with specialists at the Emily Program."

Prior to prison, Crystal went to drug treatment. When that didn't work, she went to ED treatment where counselors told her that ED was a co-occurring disorder. "Honestly, neither of those combinations did it for me. I went to prison twice and went a completely different route. ED is overlooked in so many ways, even in treatment. Nobody wants to admit they're bingeing and purging. They won't probably admit it unless they're comfortable enough and have a safe space to do it. It's not an easy space to create. I would love, more than anything, to be able to say to someone who has a background like me, 'You can come here and we can help you. We can really help you deal with it.'"

While in prison boot camp, a therapist told Crystal Hill that she should use her business smarts and her street smarts to do something to help change the world. That stuck with her. Crystal said, "I've always had an entrepreneurial mindset, I'm just using it for a way better purpose this time."

Mary Berg is a retired associate professor of clinical education, a resume writer, published author, and poet. . Her website is: marybergresumewriter.com.



Hydration and Nutrition Tips for Recovery from Twin Cities Wellness Center & Recovery Gym

Hydration is key! Aim to drink your weight in ounces of water daily—so if you're 150 lbs., go for 150 oz. If that sounds like a lot, start small and build up. Staying hydrated can improve your energy, digestion, and even make your skin glow.

For meals, focus on balance. Picture your plate in thirds: One-third veggies, one-third protein, and one-third healthy carbs. Skip the fad diets—they're not sustainable and won't support your long-term health or recovery.



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Strength training is a total game-changer! It helps build muscle, speeds up your metabolism, boosts your immune system, and improves your mood and confidence. Bonus: Working out with a buddy makes it more fun and helps you stay consistent. Small, steady changes in hydration, eating well, and moving your body can add up fast. Don't forget to celebrate the wins!

Learn more

To learn more about Crystal Hill and Twin Cities Wellness Center and Recovery Gym, visit:

Twin Cities Wellness Center & Recovery Gym
<https://tcwcrg.com>

If you or someone you know is dealing with an eating disorder, the following programs can help:

The Emily Program
<https://emilyprogram.com>

Melrose Center
<https://www.healthpartners.com/care/specialty-centers/melrose-center/>

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Saul Selby
MA, LADC

*Saul has been working in the addiction and mental health field for over 40 years. Previously the Clinical Director at Hazelden Betty Ford, he is currently the Senior Vice President of Clinical Services at Minnesota Adult and Teen Challenge. Saul is a national speaker and author, and he has developed products utilized for addiction treatment. His publications include *A Look at Cross Addiction, Chemical Dependency and Acceptable Disease, and Twelve Step Christianity*. Saul is the creator of the puppet Slick, "The Voice of Addiction" utilized in recovery videos for addiction treatment and referenced twice on CBS 60 minutes. Slick videos are available free on YouTube.*

Q How did you get into the behavioral health field?

I received treatment for drug and alcohol addiction at the age of 27 at Hazelden in Center City. My recovery radically improved my life. AA's Twelve Steps challenged me to seek a relationship with God and I asked God "What do you want me to do for a career?" I believe He said: "Help others find recovery." That led me to train as a counselor at Hazelden and I worked there for eighteen years. My last position at Hazelden was the Clinical Director of services at the Center City campus. Over the course of my career, I trained other professionals nationally, authored publications and videos, and twelve years ago started working at Minnesota Adult and Teen Challenge.

Q Can you share a bit about your experience and work as Senior Vice President of Clinical Services at Minnesota Adult and Teen Challenge (MnTC)?

MnTC is a unique Christian program. We offer residential addiction treatment services from one month to two years — depending on the needs of our clients. I was recruited to MnTC in 2012 to help improve our clinical services. Since then, we have integrated addiction medicine, withdrawal services, nursing, mental health counseling and psychiatric care at MnTC. These clinical best practices, layered on top of existing long term spiritual services, make MnTC very effective. We are regularly recognized by *Newsweek*

USING CANNABIS AS AN AID IN RECOVERY

Ask the Expert

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

as one of Minnesota's best treatment programs. We have grown to twelve licensed residential programs, over 1000 beds, and we continue to grow. In 2024 we added four new residential facilities. Additionally, we provide robust outpatient addiction and mental health treatment. Our outpatient counseling and mental health program is called RockBridge. We recently opened a residential treatment program for working adults, also called RockBridge.

Q You mention in your practice that there is an increase in the number of clients requesting to use medical cannabis in their treatment. Why do you think we are seeing this trend?

Medical cannabis and dispensaries are relatively new. Minnesota legalized medical marijuana in 2014 and launched sales in 2015. Over time clients have become increasingly familiar with how to access medical marijuana. Minnesota law makes it easy to have a medical professional substantiate a medical or mental health condition that is approved for cannabis treatment. Once approved clients have easy access to a variety of cannabis products in the dispensaries (vapes, edibles, leaf, concentrates etc.). These products are very powerful, and there are few restrictions on how much and how frequently clients can use them. Unlike a prescription for an antibiotic that you take for a short period of time and quit, approval gives the client extensive access to these very powerful mood-altering products with little oversight.

Because our clients have a history of addiction, it's understandable many of them desire legal access to an extremely addictive drug. Since the cannabis is designed to treat a medical condition, they presume it should be permitted in treatment. Consequently, more and more clients come to our program asking to use their medical marijuana while going through treatment.

Q How are you handling requests for medical cannabis/marijuana in treatment? What alternative approaches are you considering or implementing?

While MnTC assesses each applicant separately, we discourage the use of medical marijuana in our programs. Most of our clients who apply to MnTC with medical marijuana are being treated for PTSD. Since there are numerous non-addictive clinical interventions for PTSD, we view the use of cannabis as contra-indicated for a client with a destructive history of substance dependence. Theoretically MnTC could allow a client to use medical mari-

juana for medical conditions if that was the only reasonable medical intervention and its administration did not adversely affect other clients.

Q What are you observing in the field regarding the use of medical cannabis and its role in treatment for substance use and mental health disorders? What are the potential side effects of administering medical cannabis to individuals in recovery?

I am not intimately familiar with the practice of different treatment programs. However, my impression is that some welcome medical marijuana, some tolerate it, and some discourage it.

As medical marijuana becomes increasingly acceptable within the treatment industry, I believe it creates major obstacles for clients. It provides permission to use a very powerful and destructive drug by "professionals" — nurturing denial and restricting access to meaningful recovery.

Medical marijuana allegedly helps treat mental health conditions, but research suggests it increases anxiety, depression, and psychosis not to mention it diminishes cognitive function that is essential to recovery. Here is a list of significant problems associated with the use of medical marijuana in substance dependence treatment:

- Regular cannabis use lowers IQ by about eight points. **Persistent cannabis users show neuropsychological decline from childhood to midlife.** *Proc Natl Acad Sci USA* 2012; E-pub 2012 Aug 27.
- Lower cognitive function will prevent clients from learning key recovery concepts reducing the likelihood of recovery.
- Regular cannabis use is associated with mental health problems including, psychosis, increased anxiety increased depression and bi-polar symptoms. **What You Need To Know About Marijuana and Mental Health:** *Psychology Today* 8/17/23.
- Due to cognitive impairment, mental health clinical interventions are often ineffective. **What You Need To Know About Marijuana and Mental Health:** *Psychology Today* 8/17/23.
- Treatment programs that lean on a therapeutic community culture are devastated by clients being permitted to use cannabis within that community.
- Brain SPECT scans of regular marijuana users clearly illustrate reduced blood flow to the brain adversely impacting cognition, mood, and emotional regulation. **The ABCs of CBD, THC, Medical Marijuana, and More** :Amen Clinic September 2021.

Q There are various professional groups that do not support the use of medical cannabis. Do you agree with their position?

It's interesting to note that while medical marijuana is legal in MN, major professionals and medical associations discourage its use in general, and particularly with vulnerable populations like recovering addicts. Here is a list of groups that are concerned:

- The American Psychiatric Association
- The American Medical Association
- National Institute of Drug Abuse
- The Federal Drug Administration
- The American Society of Addiction Medicine
- National Association of Alcohol and Drug Abuse Counselors

Most people recognize that there may be potential benefits to medical marijuana. Cannabis plants have a variety of drugs that need to be better researched to understand their safe and therapeutic use. However, in my opinion, medical tetrahydrocannabinol (THC) is rarely indicated for clients with a history of substance abuse. There may be medical benefits of cannabis, but there is far too little research to support the way it is being administered now. We have a lot to learn, but I think we already know that THC is not a great treatment option for individuals with substance dependence.

Q Do you have any additional insights or resources that people can refer to in order to learn more about medical cannabis and its use in treatment and recovery?

Addiction is devastating to individuals, family members and our society. However, treatment and recovery can be life-changing events that can transform individual lives and families. Medical marijuana in treatment creates major barriers to individual recovery and the recovery culture critical to success. I hope and pray that professionals and recovering individuals recognize that whatever minor benefits medical marijuana provide, it is significantly outweighed by the immense harm it creates for those whose lives have been destroyed by addiction.

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.

Driggs from page 1

mentality" and feel quite fictitiously autonomous until we fell in the street ourselves. Such voids of life meaning would prompt us to continually chase after material rewards in an effort to fill the emptiness within. But our emptiness would never get filled and we would have to chase after happiness like a hamster on a wheel going nowhere.

Perhaps the ultimate loss in a world without empathy would be the loss of our own identities. We would exist but not really. Any emotion we have inside ourselves would have little use. It could never be understood or taken seriously nor would it connect us to others and essentially have no value. Consequently we would lose our affective abilities and turn into self-important robots. We would be all image and no substance. We might look like we are alive but we are in fact the living dead. "Dead man walking" would have a whole new meaning in a world without compassion.

You might object to this seemingly pointless fantasy, saying, "Why worry about living in a world without empathy?" I would answer by saying, "We are already living in a world with diminishing empathy." According to research about one in six of us is already incapable of empathy. Compassion loss can only get worse if we don't pay attention.

ARE WE ALREADY LIVING IN A COMPASSIONLESS WORLD?

First the good news. At least five in six of us has the capacity to tune into others, although we may infrequently exercise this capacity. Many of us socially connected individuals are only too happy to donate to charities, come to the immediate assistance of people in natural disasters and volunteer like crazy for all kinds of causes. Young people are particularly interested in social justice and have an uncanny appreciation for human diversity. The instantaneous shock value of our fellow human suffering is made way more poignant through the miracle of social media and mainstream TV. The visceral experiences of human pain have never been more connecting for many of us. With the Internet we can also be empowered to respond to those crises and make a difference. Few of us can easily hide from the world these days. Our global world has connected us all in the most basic of ways.

However, there is also a down side to our social changes. Hard research shows that college students are more narcissistic than in the past 30 years and choose to go

to college to be rich rather than to grow as persons or make a difference in the world. Colleges strain these days to have their students self-reflect and look within themselves to how their character is being shaped by their life decisions and function instead as career training courses that glamorize wealth as the measure of success. Schools may want to think differently in how students are trained but due to cutthroat competition for enrollment they are forced to play the "Get rich quick" card with prospective students. The character-building aspect of schools is hardly considered. Learning is all about success. Consequently many students graduate from expensive schools with little ability for self-awareness and instead get plagued by social phobias and depression. Their student debt chains them to corporate America and lessens motivation for charity work and tuning in to others. Hence, the suicide rate of young adults has increased four times in the last 40 years. Too many of us live in our own little worlds, staring at our smart phones, even when caring for children. We are losing the ability to sit and reflect with each other in face-to-face interactions. We are cut off from others despite our ample communication opportunities. Our electronic devices make us smarter cognitively but much more dense emotionally.

HOW CAN WE INCREASE COMPASSION?

Big changes always begin with a single step. We are all capable of increasing compassion in the world and in ourselves. The mere fact that we try to care for others will in itself reward our lives greatly. Here are some ideas:

1. Reduce your materialism. Solid research shows that putting profit before people in family life and being image-focused not only results in a slew of mental health problems but it also lessens our ability for compassion. Read this research in *The High Price of Materialism* by Tim Kasser (MIT Press, 2002) and *The Price of Privilege* by Madeline Levine, Ph.D. (Harper Books, 2006). The impact of removing money as a way to buy and express love will have an astounding effect on your family and on yourself. When we don't see love as a commodity we grow in compassion for ourselves and others. However, doing so requires courage and a game plan, which both of these books offer. The most disconnected and unhappy people are materialistic people,

despite how much they have.

2. Shmooze with others, especially with people who make you uncomfortable and whom you dislike. Just hanging out with others in a face-to-face way has incredible health benefits. According to Harvard researcher Robert Putnam in *Bowling Alone* (Simon and Schuster, 2000) getting together socially with friends every three weeks has the same health benefits as quitting smoking. Putting yourself in another's shoes exposes you to a whole different view of life and allows you to be more forgiving with those you dislike. You will begin to see the world in a way you never imagined yourself to see and you will learn to appreciate the complexity of life and your own depth. Doing so will make you a much nicer person and you will feel more secure that the world is not as scary as you thought before you made an effort to know your neighbor.
3. Work on emotional intimacy in your personal relationships. Perhaps you yourself are not as sensitive to others as you think you are or else you allow others to be insensitive to you. There is
4. Find and cultivate a spiritual community for yourself. Words cannot do justice to what it is like to be around people who regularly see the bigger picture of life and practice forgiveness and care for others. Obviously, it is best not to be in a cult when you do this. Get involved in volunteer work with your community. Do regular small acts of charity for others. You will become what you do. The Sisters of St. Joseph said it best, "It's not that we do great things. It's that

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.

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.

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SPOTLIGHT ON RECOVERY

Cost-effective Solutions for Alcohol Use Disorder with Next Generation Technology

by **Sharon Chapman**

SOBRsafe band / Photo by SOBRsafe



Having founded several business start-ups in his life, David Gandini wanted to make a difference with his next one. “I really wanted to do something that would have more of a social impact or a long-lasting impact. So, when I am discussing what I did in my life with my grandchildren, I can point to something that was significant,” he explained to me in a recent interview with *The Phoenix Spirit*. So, his next project became one that addressed alcohol use disorder, producing a tool that is not only unique, but next generation in its application, compared to current tools on the market. His company, SOBRsafe™, is forging new pathways by making use of Artificial Intelligence (AI).

Founded during the COVID-19 pandemic, SOBRsafe is a relatively young company. However, it has quickly grown from a handful of initial founders to a business with around fifteen employees today. David Gandini is the CEO and Chairman of SOBRsafe which is based in Denver, Colorado. The company has growing business interests within North America and the rest of the world (including Australia). Its growth perhaps signals the need for such a company and is reflected in the statistics that SOBRsafe™’s research has uncovered.

“By next year [2025], according to our statistics, there will be 30 million Americans seeking some type of alcohol use disorder. It’s very expensive [for recovery options]. AI is being used now with a much more cost-effective solution,” David confirmed.

So how does SOBRsafe address the needs of the alcohol use recovery community? And just how does AI fit into that?

THE INSPIRATION

As many people know, alcohol disorders not only destroy the life of the person abusing alcohol, but the life of those around them. “We recognized that alcohol abuse was a major problem in this country (and globally),” David said. “The initial thought process was that we were going to develop something that would

be similar to a breathalyzer...but then we decided that all we wanted to do was detect alcohol.” A breathalyzer, by contrast, measures the amount of alcohol in the blood.

With that in mind, SOBRsafe kept the idea of the breathalyzer when developing testing but wanted to make it more efficient. “We thought the breathalyzer was not efficient. It was inhumane because of what we are hearing from a number of our users. Every time they got back to blowing into something, it brings them back to that time [of using]. So, what we came up with was something that was really more efficient, less inhumane and more hygienic (especially during COVID when we started).” David stated. “We thought that we could develop a fully digital solution (placing a finger on a device vs. blowing into a device) in touch and wearable form.”

THE PRODUCTS

SOBRsafe therefore came up with two unique products: SOBRcheck™ and SOBRsure™. “To get the technology was a combination of hard work, luck, and timing,” David admitted. But the end result produced two solid products which are proving popular, both with general users and behavioral health facilities.

“SOBRcheck and SOBRsure are two different parts of a solution,” Rachel Roark, SOBRsafe team member, interjected.

SOBRcheck is an IOT (Internet of Things) device which connects through the internet or through ethernet. It is a stationary product. It has a biometric ID reader and an alcohol sensor. You place your finger in the biometric reader. “In ten seconds, it determines who you are and whether you have alcohol in your system,” David outlines. Behavioral health facilities are prime target users for SOBRcheck.

SOBRsure is a wearable device that monitors the same information in real time. Similar to a Fitbit, it continuously monitors the user yet is so discreet in its wearable application that most people

would not know the difference between a Fitbit and the SOBRsure device at first glance. The first SOBRsure band was launched in September 2023 with an updated version launched in November 2024.

SOBRsure connects to a mobile application so it is tethered to a user’s phone. It has the ability to produce daily, weekly, and monthly reports to track the user’s progress. This information is also available to the care provider/manager at the behavioral health facility, given that the SOBRsure and SOBRcheck devices share the same dashboard.

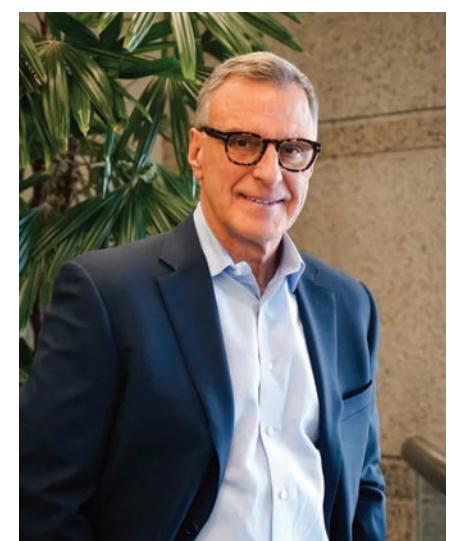
WHY IT’S DIFFERENT

If you enter a behavioral health facility which doesn’t have a SOBRcheck device, you usually hand over your identification, blow into a breathalyzer, then the results and the information are typed in. In contrast, a facility that has a SOBRcheck device identifies a user by their biometrics and detects if alcohol was in use – with one discreet touch of the user’s finger on the biometric reader.

“This is super humane when you check in. It’s ten seconds and you sit down. It’s not uncomfortable and you’re not blowing in front of a bunch of people sitting in the waiting room. It’s very discreet and it’s all digital.” David summarizes. “It’s a perfect device to use at check-in.”

SOBRsafe are gaining traction within the behavioral health industry because of this unique and discreet way of checking people in. David told me that SOBRsafe see it as “the new standard,” moving forward.

SOBRcheck and SOBRsure are completely compatible, sharing the same



David Gandini / Photo provided by SOBRsafe

dashboard and user interface. If a user checks into a behavioral health facility wearing a SOBRsafe device, the information is automatically synced with the SOBRcheck device when the biometric reader detects the user.

THE FUTURE OF ALCOHOL USE DISORDER USE RECOVERY

David stressed that SOBRcheck and SOBRsafe are not medical devices. “[They are] a preventive device. So, we sell to both consumers and to behavioral health. Oil and gas companies also use this to check alcohol [levels] for their workplace and keep the workplace safe.” However, their primary focus at the moment is on behavioral health and then consumer use.

SOBRsafe devices are currently available in North America (US and Canada), with testing being carried out in India and Italy. They have just acquired

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a channel partner who has launched SOBRsafe products in Australia and New Zealand where the same market (behavioral health) is being targeted. However, the best customer support for SOBRsafe is, at this moment, in North America.

David explained the importance that SOBRsure is having on users. "The wristband is viewed as their partner through the journey. One individual reported that 'Every time I was ready to have a drink, I looked at the band and it reminded me of all the struggles and stress that I put myself and my family through. It's kind of like my sponsor on my wrist but it's a constant reminder because you are always connected.'" He adds, "Say you wanted to use this, and you had an issue, and your husband/boyfriend/mother/aunt wanted to make sure you are safe, they would see the results. You can connect them to your app, and they can see what you're doing. If you get into trouble, with GPS they can go to a location and find you and help you out of that situation."

David reiterated both the changes, influences, and benefits that SOBRsafe is having on the industry and the next generation technology which is being used: "This [device] is a significant change to an industry [which has] been doing the same thing for the past six decades or so. We have a significant marketing program, and we have our first internet influencer, Jason Wahler [TV personality and recovery advocate]. He has alcohol abuse disorder, and he is building an audience."

He continues: "[The device is] unique: No urine, no blood, no blowing. It's touch base or on your wrist 24/7. It's

real time and the data is real time, and the data reporting is significant because it's a non-mandatory device. Individuals who are using this want to gain sobriety, they want to pull their lives and their families back together."

David ends with: "It's absolutely unique and I think why we are gaining notoriety and traction. We like to say it's 'the new standard' (compared to what people are used to)."

And the story doesn't end here. SOBRsafe have recently acquired a new customer, Orbiit Recovery, who has developed a complimentary tool that will enhance SOBRsafe's products further. Rachel explained that they have "an AI chatbox that customers can vent to if they are in crisis. And SOBRsafe is helping to monitor them and support them in that process as well. So, it's an interesting way how their technology and ours is helping to support folks in recovery."

The future of alcohol use disorder recovery is looking decidedly futuristic; those in recovery now have some powerful new tools that have never been available before. Yet, the benefits of such tools are remarkable, and the recovery landscape will most likely be seeing more and more next generation tools in use in the future.

Sharon Chapman is a published author and editor with over fifteen years' experience. She is the published author of Authentic Aromatherapy and editor for various US publications. Learn more about her freelance writing, editing, and publishing services at www.thephoenixspirit.com/go/sharon.

Learn more

To learn more about SOBRsafe's products and services, visit:

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We must accept finite disappointment, but never lose infinite hope.

MARTIN LUTHER KING, JR.

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The Gables Adds High-Intensity Residential Treatment (ASAM 3.5) Starting January 6.



We are pleased to announce that The Gables, part of the NUWAY Alliance, will offer high-intensity residential treatment (ASAM 3.5) starting January 6, 2025. Adding high-intensity treatment allows The Gables to help women with higher clinical needs and allows them to transition to the program's existing medium-intensity level of care when appropriate.

The Gables residential treatment offers a medically monitored setting for adults identifying as female. Programming is individualized based on the client's needs and goals. The facility offers on-site nursing (non-prescribing) and 24-hour staff support/supervision. Clinical practices are evidence-based (i.e., Cognitive Behavioral Therapy, Twelve Step Facilitation, Motivational Interviewing).

The Gables clients often struggle with co-occurring substance use and mental health disorders, lack supportive recovery environments, and need extended time to establish their foundation in recovery.

The Gables programming is co-occurring, GLBTQIA+ safe and friendly, trauma-informed, and medication-assisted treatment/recovery friendly.



The Gables
604 5th Street Southwest
Rochester, MN 55902
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residential.admissions@nuway.com

For questions, please contact Crystal Caruso at 651-204-3433 or crystal.caruso@nuway.org

Looking for Hope

by Mary Lou Logsdon



"The very least you can do in your life is figure out what you hope for. And the most you can do is live inside that hope." — BARBARA KINGSOLVER

We are halfway through the 2020s, 25% through the 21st century. Startling! This 20s decade has been off to a rough start. The COVID-19 virus that caused a worldwide pandemic dominated the first two years, followed by wars in Ukraine and Israel. Add to that an annual average of over 600 mass shootings for the first four years, an attempt to interrupt the peaceful transfer of power at our capitol, and eight extreme weather events in 2024 that cost the US 500 billion dollars.

So far, I am short on hope. How do I lean into hope for the new year?

Hope differs from optimism. According to social scientist Arthur Brooks, optimism is the belief that things will turn out all right, whereas hope is a conviction that we can act to make things better in some way. Optimism feels good. It comes naturally to many people, but it doesn't necessarily push me to act. Hope is muscular, it empowers. I imagine a way through and I choose to do something about it. A pessimist can highlight the problems ahead and still be hopeful.

According to author and researcher Brené Brown, hope is a way of thinking, not a feeling. "Hope is a function of struggle—we develop hope not during the easy or comfortable times, but through adversity and discomfort. Hope is forged when

our goals, pathways, and agency are tested and when change is actually possible."

Hopelessness, on the other hand, is a feeling along with its companion despair. Those feelings do not support our well-being. Despair is an arid, empty, dark place. It disempowers and crushes hope.

Brown, quoting C. R. Snyder from his book *Handbook of Hope*, says, "We experience hope when (1) we have the ability to set realistic goals. *I know where I want to go.* (2) We are able to figure out how to achieve those goals including the ability to stay flexible and develop alternative pathways. *I know how to get there, I'm persistent, and I can tolerate disappointment and try new paths again and again.* (3) We have agency—we believe in ourselves. *I can do this!*"

I experienced hope when I returned to school 30 years after graduating with my BA degree. I set a goal to get my master's degree. I framed a plan. I acted on it and accomplished my goal.

Jonas Salk, developer of the Polio vaccine, said, "Hope lies in dreams, in imagination, and in the courage of those who dare to make dreams into reality. "Our country exemplified that sense of hope when we sought a vaccine for the COVID-19 virus. We set a goal, we empowered various research groups to figure out the how. They had the agency to make

it happen. We accomplished the goal in a miraculously short amount of time.

The Parisians rebuilt Notre Dame in five years, belying doubters who saw it as a pipe dream. The dreamers made it happen. Ukrainians demonstrated the courage of hope when they responded to Russia's invasion with determination, choosing to be agents of their destiny.

Hope is infectious. We can catch it from others. Episcopal Bishop Steven Charlton, in his book *Ladder to the Light*, says, "Hope is not a wish, but an intention....We each take our turn being the source with what nourishes others." He goes on to say, "Hope is the catalyst, the tipping point where what we believe becomes what we do."

Hope is amplified in community. It is easier to pursue and sustain hope when we join together. A member of our church community wanted to expand contributions to the local food shelf by including fresh produce. He shared his enthusiasm with others. Soon a small committee explored developing a garden on church property. In order to maximize their harvest, they hired a consultant to educate them on square foot gardening techniques. Parishioner carpenters built raised beds and installed a watering system. Clear plastic coverings resembling Quonset huts allow planting to begin in early March. As harvesting expanded, parishioners were invited to add to the largesse from their personal gardens. Last year the Giving Garden donated 2,000 pounds of fresh, organic produce to the local food shelf. As a secondary benefit, a community of gardeners formed to plant, maintain, harvest, and celebrate the bounty. This is hope actualized in community.

Many situations challenge my hope. Too often, I do not see a way through on a

personal or societal level. For those times I rely on the Serenity Prayer. Not all things are mine to do or to be. I accept the things I cannot change and ask for the wisdom to know which are the things I can. I cannot eliminate fossil fuels but I can drive a hybrid car. I can't stop the war in Ukraine but I can support the Ukrainian family in my neighborhood. I can't end homelessness but I can donate to the Dorothy Day Center. Small steps, shared in community, keep me from the abyss of hopelessness.

Looking into the crystal ball of 2025, where can I envision hope?

I meet people choosing hope in every Alanon meeting as they share their stories of fear, sorrow, and despair, only to find a supportive community that understands the struggle that eventually leads to health and freedom.

I see it in students I teach as I engage with them pursuing their dream.

I have hope as I watch the parade of neighbors collecting their children from the local elementary school.

I notice hope when I see families struggle with addiction or divorce or illness and pull together to support new ways of being family.

I find hope seeing roofs of solar panels capturing the sun's energy.

I share a friend's hope in the steadfastness of friendship. I believe in the resilience of love.

Where do you find hope? What do you hope for? Let us support each other as we live into our hopes for 2025.

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