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by Pat Samples

The word “service” doesn’t appear anywhere in the Twelve Steps. Yet, it is a highly respected hallmark of this widespread approach to recovery. Hang around where Twelve Stepers gather, and you’ll likely hear “Thank you for your service” buzzing in the air.

Service looks different for each person in a Twelve Step program, ranging from being a practical necessity to being a compelling spiritual impetus. Rosemary, Eileen, Pat, and Mary offer here their reflections on giving service.

### SERVICE KEEPS THE PROGRAM GROWING

Service is what got Rosemary into the Alcoholics Anonymous (AA) program 37 years ago. Tired of alcohol consuming her life, she made a call to the local AA office.

“Somebody answered the phone and was very kind and helped me find a meeting to go to,” she recalls. “I was very afraid and nervous, and they made me feel at ease and let me know that I could call 24 hours a day. That was very important to me.”

Then she went to her first meeting.

“I remember saying, ‘I’m Rosemary, I don’t know why, but I’m drinking too much, and I want to stop.’” What she remembers hearing was, “You’re in the right place” and “Keep coming back.”

“Those kinds of welcoming greetings were very important,” she says. So were hearing stories of how others were finding their way out of the mire of addiction and also the invitations to go out for coffee and “fellowship” after meetings.

“I was seeing people remaining sober and I wanted that.”

Rosemary found the sobriety she was looking for in AA. She also discovered quite quickly that service was essential for her recovery. She learned that the AA program was founded on the notion of one drunk helping another drunk stay sober. Even people just showing up sober at meetings offer a form of service, Rosemary says.

Soon after joining AA, Rosemary began helping with various meeting and group tasks. Eventually she became a sponsor to others in the program, giving regular one-on-one support that helps her stay sober while helping others get that gift. Over the years, service has become commonplace for her.

“I’ve had people come to my home. I’ve met people in the park. I’ve had a group in my home where we would discuss things and listen to tapes and books.”

Service isn’t always easy. Says Rosemary, “I worked with somebody for a long time, and they kept drinking. I’d be at their house, calling police, and going to motels to find them. At one point I just couldn’t do anymore.” When Rosemary brought her concerns to an AA meeting, she was reminded by others there that once she had done what she could, she would need to let go of the outcome.

“They told me, ‘Hopefully somebody else will be able to help that person.’ That one was difficult.”

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JOHN H. DRIGGS, LICSW

## How to Sanely and Safely Relate to a Self-Centered Person

*Trying to care for a selfish person is like traveling into a black hole looking for love. The more you do it, the more you lose yourself. Eventually you disappear and perish in agony.* — ANONYMOUS

Nothing pains me more in my mental health practice than witnessing a well-intentioned person trying desperately to be loved by a selfish person. The father who cannot understand why his own mother couldn’t care less about celebrating his children’s birthdays. The conspiracy theorist who emphatically clings to his point of view. The bean counter who doesn’t see how his rigidity affects others. The wife who gets upset with her husband for getting sick with COVID after he was vaccinated. The siblings who never call their parents to check in on them. The violent criminal who is only out for himself and his own deviations. Clearly there are understandable circumstances to these painful situations, such as drug and alcohol addiction or other health problems, but unfortunately too many times these situations arise because loved ones simply lack human compassion and don’t have the ability to love. About one in ten people lack the ability to have compassion for others and are incapable of true human emotional intimacy. They are family members in name only. Many of us who can love or at least are moved by human suffering cannot fathom such indifference and are prone to erroneously blame ourselves for such deficits or believe we can fix such shortcomings. We get driven crazy by the blatant acts of human inconsiderateness. In some situations, our very lives get endangered by self-centered people behaving badly.

My wish in this article is that you learn how to respectfully deal with self-centered people, who are becoming more common, and not allow yourself to be victimized by them. Waiting rooms at mental health clinics are filled by the wounded survivors of selfish people.

### SIGNALS OF SELFISHNESS IN PEOPLE

Many self-centered people appear normal enough, may look quite successful and may function at a high level in society. After all self-centeredness often gets socially

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## LETTER FROM THE EDITOR

## Awareness

by Louise Elowen

*"Awareness is the first step in healing."*

DEAN ORNISH (American Physician and Researcher)

As I write this letter for the November/December 2022 edition of the *Phoenix Spirit*, it is nearing the end of October. One thing which marks the passing of October is National Domestic Violence Awareness month, an issue close to my heart as a survivor.

October is also traditionally *Breast Cancer Awareness* month and I've always noticed that this particular awareness issue gets considerably more press coverage than domestic violence. Let's compare the statistics: It's estimated that 287,500 new cases of invasive breast cancer will be diagnosed in the US in 2022.<sup>1</sup> But more than 10 million people are physically abused in one year in the United States (this does not account for emotional abuse).<sup>2</sup> These statistics obviously don't tell the full story, and breast cancer itself is threatening in its own right, but I was shocked by the numbers.

Why is there so much abuse, a lot of which goes by unnoticed? It seems like we are more comfortable talking about breast cancer than domestic violence, an issue which has been continually swept under the rug until recent times. Is it because we don't see domestic violence as a "health crisis?" I mean, everyone experiences an "upset" in their relationships at some point, right, so why not "just get over it?" Or do we just feel too ashamed

or embarrassed to talk about it? It seems like we'd rather discuss breasts than the thought of a family member, friend, or neighbor abusing their partner, and admitting this *is* in fact a health issue. It's a little absurd when you put it into this type of context!

But I think that the same can be said about drug, alcohol, gambling, and other addiction issues, as well. If we try to "normalize" or "legalize" an action or product, then it's not really a problem, is it? In fact, it *is* a problem, and a big one.

Society "normalizes" a lot of things, but that does not always make it "right."

So, I challenge you to make yourself more aware about society's "hidden" issues and take action to support initiatives which address these issues. If we get more people talking about them, acknowledging what is wrong with the situation, and finding solutions, perhaps we will have a healthier, happier, and educated place in which to live.

As we close out the year, my hope for this Holiday season is to be *aware* of what is happening around you – with family, friends, neighbors, and colleagues – and reach out a helping hand if needed. At the very least, it's a start to healing, whatever the issue.

With hope,

*Louise*

*My hope for this Holiday season is to be aware of what is happening around you.*

<sup>1</sup> National Breast Cancer Foundation website, *Breast Cancer Facts*, accessed from: <https://www.nationalbreastcancer.org/breast-cancer-facts>

<sup>2</sup> NCADV website, *Statistics*, accessed from: <https://ncadv.org/STATISTICS>

*The Phoenix Spirit*

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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.*

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# Losing David

by **Patricia Street**

In January 2014, my son, David, 39, passed away following a 15-year addiction to heroin.

We started out as an average suburban family: Father, mother, David, and Bill, an older brother. David's father was a police officer, and I worked part-time as a secretary at the boys' elementary school. Our lives centered on our community and the boys' activities. David's first taste of an opiate came from morphine, administered in a hospital when he was 15 years old to relieve pain caused by an injury. He later wrote that he chased the feeling morphine gave him until he found heroin. Before heroin, he drank alcohol and tried a variety of drugs.

Years passed. His father and I divorced. David was in court for a suspended driver's license and marijuana charge. He scraped by and was not convicted on either of the charges. Tired of drifting between low-wage jobs and the occasional community college class, David convinced us that he was ready to go away to college. In January 1995, his brother and I dropped him off to begin the winter semester at a junior college in West Virginia, which sat a few miles from I-81 and what became known as the *Heroin Highway*.

I felt confident that David's desire to complete his education was a sign of maturity and his ticket out of the doldrums. I was wrong. David wasn't attending classes and, without our knowing it, had switched to a more expensive single-person dorm room. David promised to pay the extra expense during the summer, but he didn't and wasn't permitted to return in the fall.

The next year, he fell in love with a woman who would become his wife. They moved in together and appeared to be on a good track. After a year, they were evicted and asked if they could stay with me until they found another place. I had suspicions they were using drugs, but my accusations only brought huge arguments and drove him away. They went to stay with his father who discovered they were both addicted to heroin. We immediately sent David to what became the first of many detoxes.

The shame and stigma of David's addiction ruled the next 15 years. I learned early to keep the details of his addiction, life, health, whereabouts, and bad behaviors to myself. His father retired to Florida and had minimal contact. His brother tried to be there for him, but David cut him off. David eventually alienated everyone except for me and his wife, who was living with another man but still very involved in David's life. I viewed their co-dependent relationship as a challenge and deterrent to his recovery. She refused to divorce him and enabled him to continue being an addict by paying his rent, buying him cars, and providing health and vehicle insurance. I walked a tight rope with both of them, often losing months of contact. Rarely did anyone ask about David. His relapses, numerous incarcerations, and failed treatments were not of interest.

People associate addict deaths with overdose, which is often the reason, but long-term addiction causes multiple physical and mental ailments. After 15 years of IV injections, most of my son's veins were useless to allow the flow of heroin. He



began injecting in an infected area of his groin, which then caused a staph infection to destroy two vertebrae in his spine. Two major surgeries were required to repair the damage. I thought surely this would be his *bottom* and he would finally beat the beast of addiction.

The surgeries were a success, but the beast was alive and well. A month later, I sat on the grass and watched as my son was rolled out on a gurney zipped tight in a black bag; a dark day I had feared and anticipated for years but still wasn't prepared for. In the year before David died, fentanyl – 50 times stronger than heroin – arrived causing overdose deaths to soar. I had not heard of fentanyl until I saw it listed as one of David's pain killers following his surgeries. My shouted concerns and arguments with his doctors fell on deaf ears. David's cause of death was identified as "adverse effects of Fentanyl (pain), Cyclobenzaprine (muscle spasms), and Lidocaine (pain)" – all three prescribed following his surgeries. His manner of death was identified as an "accident." There was no evidence of heroin in his system.

After his death, when I was cleaning out his apartment, I took his laptop, iPad, cell phone, and writings, which gave me access to his email and social media accounts. I had retired the previous August and was free for the next couple of years to dig in and try to find the son I lost. I compiled and cataloged his writings and letters with my journals and created a timeline of his life and addiction. The more I dug, my son became less of a stranger. Reading his stories, poetry, and essays, and re-reading his letters written to me while in jail and treatment brought back the deep and thoughtful person who I thought was lost. I no longer felt stifled by addiction's shame and stigma. To my surprise, I found a partnership to guide my hand to help others and to fulfill a dream.

In October 2021, my son's addiction memoir was published with the goal of helping others through our real-life experiences and to make my son a published author. My biggest hurdle to publishing the memoir meant admitting long hidden and ugly truths. Editors warned that my manuscript's concept of addiction and repeated passages representing David's total seduction by drugs and his inability to end his dependence on heroin along with a theme of self-destruction was redundant and would be *off-putting* for readers. I argued that my reader must recognize and understand addiction's realities to cope with active addiction, recovery, and relapse, or to survive grieving a loved one's death from addiction.

*Patricia Street is the author of "The Last Stop." A true story about losing a son to heroin addiction as told from the perspective of the mother and the son. To read more from Patricia, visit: [www.pgstreetbooks.com/books](http://www.pgstreetbooks.com/books).*

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### Eating Disorders

Melrose Center

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### 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](http://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](http://mntc.org)

### Workaholics Anonymous Meeting

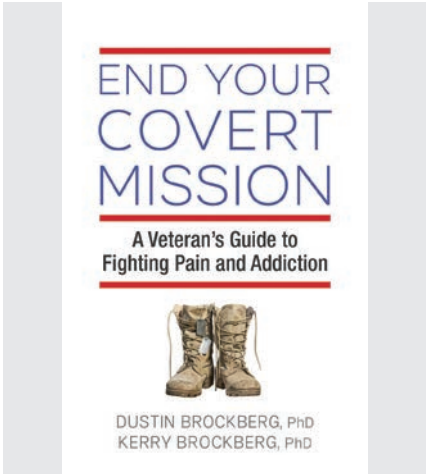
Burning out? Workaholics Anonymous provides steps and tools to break free from non-stop work and activity — or work avoidance. Meeting is currently online via Zoom. Call Pat for link to the meeting or questions: 763-560-5199. [www.workaholics-anonymous.org](http://www.workaholics-anonymous.org).

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





# Books

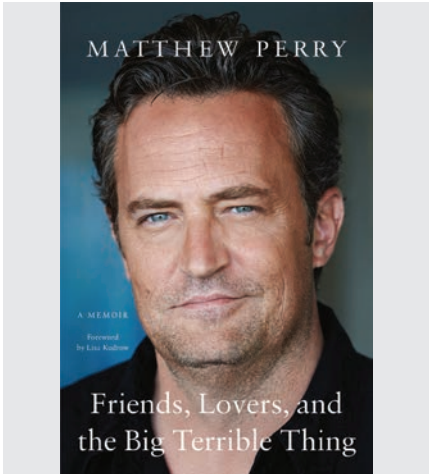


## End Your Covert Mission

A Veteran's Guide to Fighting Pain and Addiction

By Dustin Brockberg, Kerry Brockberg  
HAZELDEN PUBLISHING

Written by professional practitioners in trauma, substance use disorder, pain management, and rehabilitation who are also members of the veteran community, *End Your Covert Mission* is an approachable, non-judgmental guide for stopping that self-imposed mission and developing solutions that lead to a healthier and happier life.

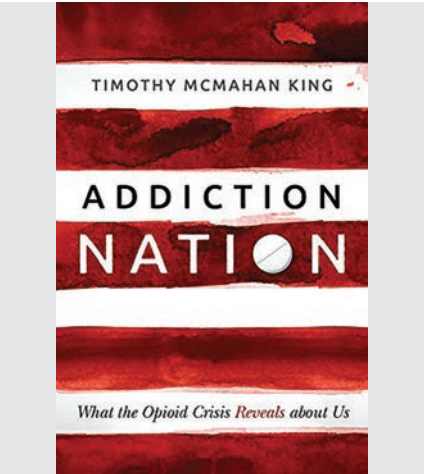


## Friends, Lovers, and the Big Terrible Thing

A Memoir

By Matthew Perry  
FLATIRON BOOKS

Matthew Perry lays bare the fractured family that raised him (and also left him to his own devices), the desire for recognition that drove him to fame, and the void inside him that could not be filled even by his greatest dreams coming true. But he also details the peace he's found in sobriety and how he feels about the ubiquity of *Friends*, sharing stories about his castmates and other stars he met along the way.

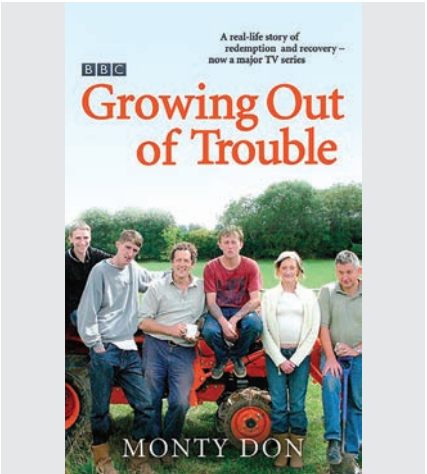


## Addiction Nation

What the Opioid Crisis Reveals About Us

By Timothy McMahan King  
HERALD PRESS

When a near-fatal illness led his doctors to prescribe narcotics, media consultant Timothy McMahan King ended up where millions of others have: addicted. Eventually King learned to manage pain without opioids—but not before he began asking profound questions about the spiritual and moral nature of addiction, the companies complicit in creating the opioid epidemic, and the paths toward healing and recovery.



## Growing Out of Trouble

By Monty Don  
HODDER & STOUGHTON

Considered “England’s Head Gardener”, Monty Don's own experience of recovering from depression and maintaining his sanity through gardening led him to set up an unusual project (helping troubled youth / those battling addiction using horticultural). This book is not only an account of the work of the project but also a passionate plea for us to recognize some painful truths about modern rural life. A real-life story of redemption and recovery which has been made into a BBC television series.

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

# GIFT RESPONSIBLY

## Lottery Tickets Aren't Child's Play

Lottery scratch tickets present a possible gateway to other gambling activities. We suggest not buying lottery tickets for kids.

- Youth gambling poses an unusually high risk for developing an addiction later in life.
- The younger a person begins to gamble, the more likely they are to become addicted.
- Adult problem gamblers often started gambling as young as age 10.

Learn more about youth gambling at [mnapg.org/youth-gambling](http://mnapg.org/youth-gambling)



Most Minnesotans can receive no-cost treatment if you or someone you know is struggling with a gambling problem. For a list of providers call 1-800-333-4673(HOPE) or visit [mnapg.org](http://mnapg.org)





from page 1

Rosemary regularly volunteers to answer phones in the AA Intergroup office in Minneapolis, doing for other callers what someone once did for her.

"One time when I was answering phones, there was a young man who called the office and he said he was going into treatment soon, but his drinking friends were banging on his door. He said, 'They're wanting me to go drink with them and I don't know what to do. My parents are gone, and somebody told me to call this number.'

"I said that I'd be stay on the phone with him and we talked. Finally, the people went away, and I found him a person who would call him — another male. He actually called the office back before it closed and thanked me. He said somebody called him and they were going to take him to a meeting. And his parents got home and said he could go. He was so grateful."

#### SPIRITUAL AWAKENING LEADS TO SERVICE

It's been 47 years since Eileen walked into her first AA meeting. A year later she found Overeaters Anonymous (OA) (Food is her main "drug of choice," she says). Recently she also joined Workaholics Anonymous (WA), crushed by the pressures of compulsive activity.

Service has come naturally for her. She assists with meetings, she sponsors, and she has given talks on recovery to many groups. She even spreads the word on recovery to her personal physicians and encourages them to make referrals to Twelve Step programs.

Eileen says she is as driven to share the gift of recovery with others as she was to show off her newborn baby years ago. It's all spelled out in the Step Twelve, she says, which reads, "Having had a spiritual awakening as a result of these steps, we tried to carry this message to [other addicts in the same program] and to practice these principles in all our affairs."

"God has worked a miracle in my life," says Eileen. "That is what drives me to do the service."

Her addiction recovery came about through the Twelve Step program. There she came to know a God "who is madly in love with me," and she speaks passionately about how thrilled she is to experience and share this deep care.

"He is always loving me and wanting to open me up to more grace," she says. "And so, it's out of that, that I want to share."

Twelve Step work has "given my life meaning," she adds. "I was lost, and I'm not lost anymore. And I'm wanting to share that with other people."

Now that she's in WA, Ellen is more likely to take a pause before adding a new service commitment to her schedule. She will first seek guidance from God and others in WA. She may also use the WA tool of substitution by removing from her calendar something that takes an equivalent length of time.

Says Eileen, "God is calling me not to give up service, but to make sure it's coming from his will and not mine."

#### GIVING PRESENCE, NOT ADVICE

Mary has always been good at listening to others and reading their feelings. People have often sought her out for comfort and advice. She used to listen for hours and hours.



Mostly, she says, she gave freely of her time and attention "so I could feel worthy. It's how I learned to survive, by meeting my presumed understanding of other people's needs. It kept me in a powerful position. Other people had needs, and I didn't have needs. That made me stronger than them."

In her early years in Adult Children of Alcoholics, her service tended to follow this same codependent pattern.

When asked to sponsor someone, she said yes because she liked being needed, she says.

"But this woman was so needy, and I had no boundaries," Mary recalls. "I could listen for hours. I didn't know how to take care of myself. I didn't value my time, my energy."

Over 38 years in Twelve Step programs, Mary has grown in self-esteem, she says.

"I've learned to say no. I've received a lot of freedom in this program. I've received some sort of sanity and emotional sobriety. Giving it away is how I stay sane. It occurred to me long ago that it doesn't do me any good to just sit here feeling better. That freedom is given as a gift. It's meant to be given away."

"I think in the past I was listening for clues about how I could be helpful — and to give advice. When I listen today, it's more just being present. And allowing my Higher Power in."

"I used to think I could sponsor people because I knew more. I don't think that anymore. It's not about knowing. It's not algebra, it's not teaching, it's sharing a spirit. I feel like my Higher Power has led me to people — and people to me — for that exchange, that growth."

#### GETTING THE BOOMERANG EFFECT

Pat, a recovering addict with a long AA history, is motivated in part to give service by the basic premise of the Twelve Step program.

"If I want sobriety, then I need to be helping others be sober," he says. For him, that means "showing up, be willing to tell my story, and listening to others."

Pat's second major motivation for giving service he credits both to AA and to another spiritual program called A Course in Miracles. In both programs, he has learned that giving and receiving are the same thing, he says.

"The Course actually says there's only one of us," he says, "When you help someone else, you're helping yourself." It's our egos, he says, that think we are separated in some way from others. In both the Twelve Step program and in A Course of Miracles, says Pat, "The miracle is a change of mind — our willingness to relinquish our will to the will of God. You've gotten your little self, your ego, out of the way and you're letting Spirit flow through you. I take my direction now from Spirit."

In both programs, he has come to believe that this will of God is all about love.

"We were made as an extension of the love of God," says Pat. When addicts surrender to this love, he says, they can see that "we have a common interest as opposed to separate interests." This awareness prompts a continuous cycle of giving and receiving.

"The more you give, the more you've got," says Pat, "because you're really giving to yourself."

*Pat Samples is a freelance writer, writing coach, and somatic coach. Her website is [patsamples.com](http://patsamples.com)*

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WAYS TO BE OF SERVICE IN RECOVERY

Start an online private group

“A friend suggested I make a secret, private Facebook group for moms either in recovery or struggling with addiction. Now, when people message me, I add them to our group of moms supporting each other in a judgment-free zone. Our community members share their strength, love and support with people who are struggling, something that helps everyone.”

FROM THETEMPEST.COM

Write, speak, and share your story

There is nothing more powerful in recovery when you are able to hear another traveler’s story of recovery. Understanding their journey can help us know we are not alone. Sharing your own story through speaking at meetings, writing (anonymously if preferred) and talking with another person when the opportunity arises.

Drive someone to a recovery meeting

We’ll meet different people on their journey of recovery at meetings. Some are new to sobriety and may be without transportation. Offering them a ride to a meeting is a great way to offer service while you are heading in the same direction.

Sponsor

In recovery, there is probably no more meaningful and satisfying service work than offering to take someone else through a journey of discovery through the 12 Steps (or other recovery program). Meeting or talking regularly to check-in, is a mutually beneficial relationship that strengthens each others recovery.



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The Meadows Outpatient Center treatment model is designed to establish psychosocial support and facilitate recovery management and coping strategies for substance use disorders and mood and trauma-related issues. For individuals new in their recovery, outpatient services add to the duration of treatment and allows them to practice newly learned skills. Some individuals may qualify for the outpatient program without first needing a higher level of care.

Our in-person IOP, located in Scottsdale, and virtual treatment services offer the same evidence-based, trauma-focused approach as all of the Meadows family of treatment programs. Patients benefit from:

- Individual work, group therapy, and family work
- Monthly lectures by our Meadows Seniors Fellows
- Self-care focus
- Relapse prevention
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COLLEGIATE RECOVERY

# Augsburg University's StepUP Program Marks 25 Years

by Nell Hurley

This year marks the 25th anniversary of StepUP, Augsburg University's Collegiate Recovery Program. Twenty-five years ago, it was 1997. It was a remarkable time in many ways. That year, Google.com became registered as a domain name, Princess Diana died, a gallon of gas was \$1.22, Bill Clinton was President, and StepUP, one of the nation's oldest and largest Collegiate Recovery Programs, was born.

A lot has changed since then, but one thing that hasn't changed is StepUP's commitment to supporting students in recovery. After launching in 1997 in response to Augsburg alum Toby LaBelle's vision of creating a recovery program on campus, StepUP has ranked high in what makes Minnesota's recovery community so special. By the time LaBelle started attending Augsburg in 1993, he was already rooted in recovery, but it wasn't always easy. Recognizing the amount of drinking and partying that goes on and that binge drinking is normalized for college students, StepUP's co-founders wanted to normalize recovery on campus too. LaBelle enlisted his friend Dave

Hadden to help realize his vision and with the support of the University and faculty member Don Warren, StepUP began as one of the nation's first formal Collegiate Recovery Programs (CRP). Back then there were only a handful of CRPs: Brown University (started in 1977), Rutgers (1983), Texas Tech (1996), and Augsburg (1997) were it. LaBelle, Hadden, and Warren, and the program's first director, Patrice Salmeri, had no idea then the impact that StepUP would have over the course of these last 25 years. "We just knew we wanted to support young people. We didn't want anyone to have to choose between recovery and a college education," said Salmeri.

Today, over 700 students have graduated from StepUP. Students like Jake S., who transferred to StepUP from Trinity University in San Antonio after struggling with substances during his first two years of college. After going to treatment following his sophomore year and then spending some time in sober living in Portland, Maine, Jake wanted to return to school. "I didn't see going back to Trinity as an option. I knew I



Oren Gateway Center (Photos courtesy of Nell Hurley / Augsburg University)



Students kayaking and camping (opposite page)

needed to be in a place that could really support me in my recovery," he said. Jake found StepUP through the Association of Recovery in Higher Education's website and it was one of the only programs he could find that offered a residential component.

Coming to StepUP was the right choice for Jake. "The counselors here at StepUP have been incredibly supportive. I've really enjoyed living with other Ste-

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pUP students in the sober dorms because they've been able to hold me accountable. It's such a tight knit community and we have tons of fun events where we've been able to get to know everyone. I can't imagine a better place to help me stay sober and be a successful student at the same time."

Jake is expected to graduate from StepUP this spring, earning a B.S. in Augsburg University. He plans to start working towards a PhD in clinical psychology in the fall.

#### MORE THAN A SOBER DORM

In the last decade or more, most colleges and universities have acknowledged the prevalence and danger of drinking and other substance use on their campuses, and some have started their own collegiate recovery programs. Today, there are approximately 150 Collegiate Recovery Programs across the nearly 4,000 post-secondary institutions in the United States. But the need is huge. According to Substance Abuse and Mental Health Services Administration (SAMHSA), over 1 million full-time college students met the criteria for alcohol use disorder alone in 2019. The impact of the pandemic, legalization of marijuana, and the use of opioids among young adults inflates that number significantly.

In 2007, Augsburg built the Oren Gateway Center, a multi-use facility that includes a four-story residence wing of loft/condo-style units that houses StepUP

students. "StepUP is so much more than a sober dorm," said Jon Stentz, one of StepUP's Licensed Alcohol and Drug counselors (LADC). Even though StepUP's residential component sets it apart from other Collegiate Recovery Programs as one of the only programs that includes its own residence hall, Stentz points out that "it's the connection and the community that students find here that makes all the difference. It's been said that connection is the opposite of addiction. The StepUP connection is where the magic is. Our students support each other and hold each other accountable. They're all in this together, both the college journey and the recovery journey."

Beyond the built-in peer support that the StepUP residence hall breeds, StepUP offers a robust program of support and accountability that includes clinical support, random drug testing, weekly meetings, recovery service opportunities, and optional but regular social outings like rock climbing, camping trips, game nights, and the like.

So, while some things have changed a lot since 1997, like no longer having to disconnect from the internet so your sibling can make a phone call, Augsburg University's StepUP program still leads the way in collegiate recovery. They don't call us Minnesober for nothing.

For more information about StepUP including how to apply and financial aid, please contact Nell Hurley at 651-261-6965 or hurleyn@augsb.org.edu.

*StepUP strives to help students champion lives of recovery, achieve academic success, and thrive in a community of accountability and support*



FROM THE STATE OF MINNESOTA

## In Planning Summit on Drug Abuse, Community Voices Are Most Important

by Kristine Preston

Substance use disorder and the rapid rise in overdose deaths are among the most urgent issues facing our state. To save more lives and help communities heal, we must work together. That is why I'm particularly excited about an upcoming summit here in Minnesota.

In January, several partners will host the SUD Shared Solutions Summit, where participants will begin work on a three-to-five-year action plan to improve Minnesota's substance use disorder (SUD) system. Incorporating community voices is a priority of the summit's planning partners, which includes *The Minnesota Association of Resources for Recovery and Chemical Health*, *Project Turnabout*, *Niyyah Recovery Initiative*, *Turning Point*, *the American Indian Chemical Dependence Advisory Council*, *Alluma*, *Minneapolis College*, *the Association of Minnesota Counties*, *the Minnesota Department of Human Services*, *the Minnesota Department of Health*, and *the Governor's Office*.

To help achieve this, the summit's steering committee hosted two listening sessions on October 12, 2022, to identify and better understand opportunities, needs and gaps in Minnesota's SUD system – and to get an idea of what people wanted to see in an SUD summit. The response was overwhelming.

The listening sessions had attendees from every corner of the state, and people came from a wide variety of backgrounds, such as county and tribal workers, SUD providers, legislators, non-profit staff, and people in recovery. Participants were asked five questions and entered responses anonymously through an online tool called *Mentimeter*. The morning session had around 350 participants, who collectively offered 1,992 responses to the questions posed by the steering committee. The evening session had around 70 participants, who collectively offered an additional 528 responses. We also had a

survey for people who couldn't attend, and that resulted in an additional 58 participants and 558 responses.

We were inspired by the attendee's willingness to provide input and humbled by the honesty of their answers and willingness to share hard truths. We were also impressed by the depth and detail of their ideas. Many themes came through clearly, like the impacts of workforce shortages, a lack of treatment capacity in rural areas, and the need for culturally relevant treatment, among others.

Feedback from the listening sessions is being analyzed and will help to inform content at the summit. The Minnesota Department of Human Services (DHS) will also be able to use the feedback as we work on policies, funding priorities and legislative proposals. Staff are currently working to make the listening sessions feedback accessible, and once ready, it will be posted at the DHS website here: [mn.gov/dhs/general-public/about-dhs/public-participation/](https://mn.gov/dhs/general-public/about-dhs/public-participation/).

As dates and details for the summit are finalized, we will share information on how to attend through email, social media and on the DHS website, among other channels.

Community input will ensure this summit has a lasting impact, and that we can reduce the pain that drug abuse causes across our state. We are deeply appreciative of the support and feedback you've already provided, and we implore you to participate in the summit if you can. Together, we can develop a plan that results in every Minnesotan having access to the help that they need, when they need it.

If you have questions about the upcoming summit, please email [mnsud-summit@gmail.com](mailto:mnsud-summit@gmail.com).

*Kristine Preston is the deputy assistant commissioner of the Behavioral Health Division at the Minnesota Department of Human Services.*


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## Derrick Stowell

*Dr. Derrick Stowell is the Education and Horticultural Therapy Program Administrator for the University of Tennessee Gardens. Dr. Stowell is also an adjunct assistant professor for the University of Tennessee (UT) where teaches the UT's Horticultural Therapy Certificate Program. He received a bachelor's degree from Maryville College in Environmental Studies and Outdoor Recreation. He has a master's degree in Therapeutic Recreation from the University of Tennessee. Dr. Stowell received his PhD from the University of Tennessee in Plant, Soil and Environmental Science. He is a Certified Therapeutic Recreation Specialist (CTRS) and also a Horticultural Therapist-Registered (HTR). He has received numerous awards including the 2016 American Horticultural Therapy (AHTA) Rhea McCandless Professional Service Award, and the 2022 American Horticultural Society's Horticultural Therapy Award. Dr. Stowell has served on the board of directors for the AHTA and is AHTA's current Immediate Past President. He spends his time teaching, implementing horticultural therapy programs for a variety of populations, supervising interns, and conducting horticultural therapy research.*

**Q** How would you describe the people-plant relationship? (Community, social, cultural, etc.)

The people-plant relationship is a complex relationship between humans and plants. It deals with genetics, human history, and survival. Some of the pioneers in describing the people-plant relationship include Dr. Diane Relf, Joel Flagler, Dr. Raymond Poincelot, and Charles Lewis. This relationship goes back to the beginning of time when we as humans were hunters and gatherers. We relied on plants for food, and sometimes protection/hiding from animals trying to rely on us for their food. Research shows that people respond to plants in many ways including lower stress, faster recovery from surgery, preferences for viewing pictures and art that are focused on plants and nature scenes. We also have the deep connection of plants that provide us with food, oxygen, housing, clothing, most of our survival needs. Gardening or horticulture provides opportunities for us to tend and care for plants. In some ways it provides a way for us as people to give

### HORTICULTURAL THERAPY AND RECOVERY

## Ask the Expert

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

back to plants for all they provide us. Plants can survive without humans, but we would not be able to survive without plants. This is both a humbling realization and also one that gives us a very different perspective on this relationship.

**Q** What is horticultural therapy? How is it different than a hobby and recreational gardening?

Horticultural therapy as defined by the American Horticultural Therapy Association is the "participation in horticultural activities facilitated by a registered horticultural therapist to achieve specific goals within an established treatment, rehabilitation, or vocational plan. Horticultural therapy is an active process which occurs in the context of an established treatment plan where the process itself is considered the therapeutic activity rather than the end product."

You may find that people sometimes use the term gardening or fishing is my "therapy." You even find those on some t-shirts or bumper stickers. Dr. Relf in Chapter 1 of *Farming for Health* (2006, p. 3) even stated this difference. But it is important to note that the research shows the benefits of nature, plants, and gardening on individuals. The difference is therapy is something that is conducted by a trained therapist. Therapy is prescribed and a form of active treatment for an individual with an illness or injury. My philosophy is that all humans need activities that provide therapeutic outlets to help manage stress and overall health and wellness. When someone gets sick or has an injury, they then may need to seek out medical treatment and that could include horticultural therapy. As a therapist I can help assess and develop goals and objectives to help a person with their overall health and wellbeing goals. My main goal is to then help them regain or maintain functioning and learn to use horticulture as a therapeutic tool once they are discharged from treatment. Some horticultural therapists work in community settings where they provide programs and interventions that promote overall health and well-being.

**Q** What is a horticultural therapist, and what settings do they work in?

A horticultural therapist is someone who has become professionally registered by the American Horticultural Therapy Association. The official designation is Horticultural Therapist-Registered (HTR). To become registered, an individual needs to have a minimum of a bachelor's degree with coursework in horticultural therapy, plant science, and human science. They also need to complete an internship supervised by an HTR. The horticultural therapy course can be found at one of AHTA accredited horticultural therapy certificate programs. An individual needs nine semester credits in

horticultural therapy, 12 credits in plant science, and 12 credits in human science. For more details about specific course titles and content you can visit [www.ahta.org/professional-registration](http://www.ahta.org/professional-registration).

**Q** Please describe what happens on a physiological level when someone interacts with plants (Brain science of nature therapies)

I am not a neuroscientist. However, there are some basic concepts of how horticultural therapy interacts with plants and the impact on the brain. Some of the basic concepts come from theories such as E.O. Wilson's Biophilia. Wilson states that humans have an innate connection to living things. That connection is what helps us as humans respond to animals and plants around us. Kaplan and Kaplan's Attention Restoration Theory illustrates how we respond to prolonged high levels of stress. As we experience stress, our bodies respond through our nervous system. Our body releases hormones including adrenaline and cortisol to help manage the stress. This sets the body up for a fight or flight response. These mechanisms are key to our survival. But the prolonged arousal can cause things like loss of focus on

activities, high blood pressure, anxiety, depression to name a few. Being around nature allows our body to recover from stress and helps us to be able to regain focus on difficult tasks. Detweiler et. al (2015) studied the impact of horticultural therapy on cortisol levels. Researchers found that the horticultural therapy program lowered cortisol, which is a common stress hormone. A study by Park et. al (2019) found that a horticultural therapy program showed increased cognitive function in seniors. The results illustrated that presence of brain nerve growth factors may play a role improving brain health from participating horticultural therapy programs.

**Q** How can horticultural therapy help someone with substance use disorder, mental illness, and/or a traumatic brain injury?

One element of horticultural therapy is that it should be guided by assessment of each individual and in collaboration with their treatment team. This allows the therapist to develop appropriate goals and objectives for each person. I'll give a few brief ways that horticultural therapy can improve each of the populations you discussed above.

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**Substance Use Disorder:** Horticultural therapy can provide several benefits to this group. One being that gardening is considered a top leisure pursuit in the United States. So, finding positive outlets for stress and an individual's leisure time is an important part of the recovery process. Horticultural therapy programs can also provide group experience for individuals to begin to develop positive social interactions with peers. Often when someone has a substance use disorder, they may also have other health challenges such as poor nutrition and physical health challenges. Horticultural therapy can also teach individuals how to grow and care for fruits and vegetable and provide fresh produce at home to help someone regain healthy eating habits. The physical activity related to gardening can also reduce stress, improve physical functioning. After completing a rehabilitation program, an individual may also be interested in giving back. A horticultural therapist could suggest local volunteer opportunities related to horticulture and give individuals an opportunity to help take the skills they learned to provide horticulture, plants, fresh fruits and vegetables to local groups or volunteer at a local community garden.

**Mental Health:** Horticultural therapy has been shown to help reduce depression, stress, and anxiety. The act of growing and caring for a living thing is a key

element in horticultural therapy. Providing opportunities for someone who has a mental health diagnosis to see success in growing plants can have a valuable impact on their self-esteem and help them gain skills to manage stress. The physical components of gardening are considered moderate physical activity by the Centers for Disease Control and Prevention (CDC). The physical activity related to horticultural has the same effect as any other physical activity. This includes improved mental health and better overall health and well-being. It also helps that you may enjoy gardening and plants more than, say running, or working out in the gym.

**Traumatic Brain Injury:** Those recovering from a traumatic brain injury may need to work on improving stamina and physical strength. Horticultural therapy gives an opportunity for individuals to adapt horticulture activities to everyone's needs with increasing challenge as treatment progresses. For someone who has a severe traumatic brain injury, challenges such as impulsivity or agitation could be present. Horticultural therapy programs can give an individual the opportunity to practice making choices such as what to plant. Horticultural therapy can also provide space for an individual who is agitated to learn and practice positive coping mechanisms while gardening.

**Q** What are some tips for people who want to try this at home to support their own recovery?

You may want to look and see if anyone in your community is a horticultural therapist. Check out what types of programs they offer and consider joining a group and learning more. Growing plants can be done almost anywhere, inside, or outside. So even, if you live in an apartment, you can grow house plants or some microgreens. If you live in an apartment and want to grow more vegetables, look for a local community garden and see what it takes to get your own garden plot. If you are not familiar with gardening, don't worry. There are many resources such as your local county extension office, public gardens, and garden clubs that have many horticulture experts who love to share what they know about plants. Gardening in general is an exceptional way to help maintain wellness and health. Start small and learn as you go. Don't worry if you think that you have a "brown or black thumb." Don't be afraid to make a mistake along the way. I am always learning and being involved in horticultural therapy or gardening for the therapeutic benefits is a learning opportunity.

**Q** What are some additional resources for our readers?

I encourage readers to check out AHTA's website ([ahta.org](http://ahta.org)) for more information. They are setting up an online search function to find HTRs. This is for consumers looking for a facility or individual who is practicing horticultural therapy so you can find a local resource if you are interested in being involved in a horticultural therapy program. The goal is to have that function running in the next few months. Readers may also want to check out some books if you are interested in being more involved in the profession. man services, and therapeutic programs [Editor's note: please visit *The Phoenix Spirit's* website to see the book recommendations from Dr. Stowell].

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

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confused with wealth, strength, career success and civic standing. Appearances can be very deceptive. The very things that make you successful in society can also doom you to failure in close intimate relationships and personal life setbacks. Here is what to pay attention to when examining people (and perhaps yourself) for selfishness:

- A persistent pattern of always needing to be in control coupled with oblivion to others.
- Having conversations center on one-self and lacking questions about other people's lives.
- Dominating others with storytelling, charm, personal complaints and unjustified expertise.
- Inability to see other people's point of view and an unwillingness to admit mistakes or wrongdoings.
- Preoccupation with making a positive impression and demeaning others who appear less impressive.
- Pattern of always being the center of attention in positive or negative ways.
- Rigidity in life views, personal judgments, and decision-making.
- Distinct absence of modesty and unwillingness to appear ordinary.
- You feel not seen in your own life by this person.
- Underlying tension about hurting, insulting, or causing anger in the selfish person for no apparent reason.

- Feelings of boredom or wasted time in socializing with another person.

It's vital to look beyond appearances to discern who you are dealing with. We need to know the difference between a crocodile and a cocker spaniel before we pet the animals. We don't need to condemn people who are self-preoccupied, we just need to be safe in relating to them.

*He that falls in love with himself will have no rivals.*— BENJAMIN FRANKLIN

**WHY ARE SOME PEOPLE SO SELFISH?**

It can baffle us why some people consistently only think about themselves and don't consider the needs of others, especially when we ourselves are generally thoughtful and sharing people. It would embarrass us to forget our grandchildren's birthdays let alone be indifferent to their needs. There is an important psychological term that explains this confusion. It is called empathy—the ability to put ourselves in another person's shoes. Some of us don't develop empathy in our early childhood years (between 18 and 36 months) and we may remain unempathic for our whole life, much like learning to read needs to happen in first grade and to go without it may leave us illiterate for life. Children who are raised by permissive or emotionally neglectful parents are especially prone to empathy deficits.

*We don't need to condemn people who are self-preoccupied, we just need to be safe in relating to them.*

They don't learn how they affect others. This is where the saying "The hand that rocks the cradle rules the world" comes into play. Yes, you can learn to read even if you never learned to do so in first grade and yes, you can learn to love even when you were never disciplined in childhood but it is a whole lot harder to do so as you age and sometimes you never do. The other cause of self-centeredness is an instinctive indifference to suffering in others. Some of us kids begin crying when other kids cry and some of us just look the other way and couldn't be bothered. Besides nurture nature accounts for a about 40% of our sensitivity to others. Some of us are just born kind-hearted and others not so much. No matter how much we were short-changed in our childhoods we always have the option to work on ourselves in counseling and support groups to improve who we are. We alone are responsible for who we are.

**WHY ARE SELFISH PEOPLE SO HARMFUL?**

You know, sometimes it can be quite fun or informative to be around self-centered people. You may wonder what the big deal is about being around people who are all full of themselves. The real danger in such relationships is the lack of empathy such people lack and our looking to them to fulfill our needs. Empathy develops in the part of our brain (right prefrontal cortex) that enables us to control our impulses, consider the needs of others, learn from our experiences, show compassion for others, and regulate our emotions. It's the part of our brain that allows us to be fully human, affiliate with others, and tame our behaviors. You can imagine a world where every time you got mad at another person you had to get violent, or every time you got enamored by someone you acted inappropriately with them or you had to seek revenge on anyone who hurt you. Such behaviors belong in the animal

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kingdom, or “wild west,” and are not conducive for safe modern living. Selfish people essentially are more prone to act like bratty children, wild animals, or bad actors in the wild west. They can’t just put the brakes on and often devolve into scheming human beings who hide their dark impulses. Having a relationship with a selfish person is a lot like having an alligator as a pet. Most of the time such people are safe, but you never know when you will be bitten. They don’t make good pets.

The most dangerous aspect of selfish people is their tendency to gaslight others—making other people become confused and distrust their own instincts as a mechanism to get power over others or squirm out of taking responsibility for their own behaviors. The classic 1944 movie, *Gaslight*, with Ingrid Bergman and Charles Boyer aptly describes the crazy-making manipulations by a selfish husband that almost drives his wife insane and nearly destroys her. Gaslighting is the standard psychological technique used by selfish people to control others. It brainwashes partners to doubt their own sanity and be controlled by a self-centered person. Often phrases like, “It’s not what you are thinking,” “It really didn’t happen that way,” or “You just don’t understand,” are the typical manipulations. Often the lasting psychological damage of brainwashing is the most harmful result of this type of relationship. It may take years of repair to overcome such damage from being with a selfish person.

*Let us have the humility to know we cannot change others into whom we need them to be.*— ANONYMOUS

**HOW TO PROTECT YOURSELF FROM SELF-CENTERED PEOPLE**

Realize that you alone are responsible for keeping yourself safe. Be alert to danger in people. It’s better to not choose a self-centered person for a life partner. Some of us get smitten by the appearance of a person who only think about themselves. We confuse such habits with being self-confident, attractive, heroic, and desirable. Perhaps these are the qualities

we wished we had in ourselves, and we look to another person to supply them for us. Hero and celebrity-worshipping are so common in our social media driven culture that we make critical mistakes in doing so in our personal lives. Make no mistake, if you are dating a star, you will likely come to regret your choice in the long run. Most of us do better with reasonably attractive, responsible, down-to-earth, moral people for mates. True confidence is built on empathy, not stardom.

If you are already married to a selfish person, prepare for a life of suffering and loneliness. You are actually living with an emotionally dead person, and you will be burdened for years to come. Either seek counseling to alleviate your plight or pursue personal happiness with friends outside your marriage. Carrying a shell of a person through life is a mighty burden. Realize you alone, not your loved one is responsible for your happiness. Get help in a good Alanon group to preserve your sanity and consider the services of a good divorce lawyer and skilled psychologist as you will need them to protect your family from harm. Selfish people are the most dangerous when you are just about to leave them, and they will remain so for the rest of your life. They are simply unable to separate, and you will need a plethora of support to stay divorced. There is always the risk of getting murdered when you try to separate from a selfish person, since they lack empathy and only think about themselves and blame you alone for all their pain. Also, children always need to be protected from selfish parents since

they may get used as pawns in a divorce. With adequate help you can eventually make a break from a selfish person. You can be safe if you get the support to do so.

If you have a relative that just does not get it, don’t lose sleep over that person. You cannot change or influence that person to do better anyway. Don’t argue, threaten, or reason with such a person since the higher parts of their brain are not on-line. It will feel like you are talking to a wall when you try to get through to a self-absorbed person and it will drive you crazy. It’s best to set limits with a selfish person, telling him what you will and will not tolerate. Never trust a selfish person since they will tell you what you want to hear and do what they want anyway. Remember: Only God can repair brain-damaged people. If you are around selfish people in casual ways, enjoy them when you can. Some self-appointed experts really do know what they are talking about, and they can be funnier and more charming than most people. They are creatures of God, and they deserve respect just like the rest of us. I think they are put on the earth to help us all learn safety, love, and true compassion. Just remember, never pet a crocodile, or ever let them sleep in your bed.

*Sometimes you have to give up on people. Not because you don’t care, but because they don’t.*— SPIRIT SCIENCE

**FINAL THOUGHTS**

Just as much as I believe in protecting yourself from hurtful people, I also urge you to never stop loving others. This thought is encompassed in a famous prayer — “Do it anyway” — written on Mother Teresa’s home for children in Calcutta. It is:

*People are often unreasonable, irrational, and self-centered. Forgive them anyway.*

*If you are kind, people may accuse you of selfish, ulterior motives. Be kind anyway.*

*If you are successful, you will win some unfaithful friends and some genuine enemies. Succeed anyway.*

*If you are honest and sincere people may deceive you. Be honest and sincere anyway.*

*What you spend years creating, others could destroy overnight. Create anyway.*

*If you find serenity and happiness, some may be jealous. Be happy anyway.*

*The good you do today, will often be forgotten. Do good anyway.*

*Give the best you have, and it will never be enough. Give your best anyway.*

*In the final analysis, it is between you and God. It was never between you and them anyway*

**John H. Driggs, LICSW**, is a Licensed Clinical Social Worker in private practice in St. Paul and co-author of *Intimacy Between Men*.

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you’ve just got  
to give yourself  
what you wish  
someone else  
would give you.

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## RECOVERY SPOTLIGHT

# A Perspective on Substance Use Related Deaths

by Gloria Englund

## BACKGROUND

In 2014 I authored an article for the *Phoenix Spirit* advocating for the passage of Steve's Law. Steve's Law, also known as the Good Samaritan Law, did pass in 2014, providing limited protections to people who call 911 and/or administer naloxone in response to a suspected or known drug overdose. The person calling 911, who is responding to an overdose and/or administering naloxone, or is reporting a suspected or known drug overdose, is protected from prosecution for using or possessing drugs related to the overdose. The statistics I shared in that article were that opioid related deaths in Hennepin County had grown from *eight* in 2010 to *fifty-four* by 2013. Twin Cities' heroin-involved hospital emergency department visits nearly tripled from 2004 to 2011, growing 54.8% from 2010 to 2011. In 2021 the Minnesota Department of Health reported 1,286 overdose deaths. This averages out to be more than three people dying every day from an overdose of any drug type. What we wouldn't do to have those 2013 statistics today!

I have recently been asked where things are now with substance use related deaths compared to where they were in 2014. As an advocate in addiction-recovery my initial jaded response to this question is that not nearly enough has changed for those seeking recovery services as well as for their loved ones. After contemplating this further, I'd have to say the biggest change in the last nine years is increased awareness of addiction related deaths. This unfortunate "gift" arrived with the opioid epidemic which was just beginning to raise its ugly head in 2013.

## SPECIAL SUPPORT FOR GROUP MEMBERS

The focus of my coaching at that time, and still is, the need for specific grief support for those who have loved ones who have died from addiction related causes. This need hasn't changed, but the numbers of loved ones needing this support has exploded as have the deaths of their loved ones. To my knowledge in 2013 *Recovering u* was the only organization offering this specific grief support. Now there are more ongoing weekly or monthly groups (See my resources at the end of this article). These differ from our consecutive six-week groups because each week we offer an educational component relating basic understandings of substance use disorder (SUD), the disenfranchised nature of their grief and the interplay of trauma that occurred both while their loved one was alive and how it follows them in their grief and mourning. The stigma and shame that still accompanies SUD sometimes keep our group members ignorant about the nature of SUD while their loved is alive. They may not even be aware that their loved one suffered from a SUD until they died. Healing begins when they let go of the stigmatized ideas connected to SUD. Primarily, they need to understand that neither their loved

one nor themselves have the power to rid their loved one of this disease alone. When they let go of the "why did my loved one die?" and accept the "what?" – that their loved one died from a brain disorder for which there is no cure, only recovery, real healing begins. Until they understand and accept their loved one died from an illness they couldn't cure, control, nor cause, they can't move into their processing their own grief.

## RECENT STATISTICS FOR DEATHS RELATED TO SUD

How have the deaths of those suffering from SUD changed over the last several years?

- Overdose deaths reached almost one million in the United States from 1999 through 2020, according to a new study by the Centers for Disease Control and Prevention (CDC).
- A study in 2019 by the National Institute on Aging examined the falling US life expectancy using data from the CDC, National Center for Health statistics and the U.S. Mortality Database. The study found that following 2014 life expectancy began declining with "A major contributor... has been an increase in mortality from ... e.g., drug overdoses, suicides, organ system diseases among young and middle-aged adults of all racial groups..."<sup>2</sup>

The COVID-19 pandemic proved devastating for all people with substance use disorders. Before the pandemic began the overdose epidemic was finally getting its reckoning. Purdue Pharma was being sued in state and federal courts for their unconscionable contribution to the over prescribing of prescription opioids. Books and movies about methamphetamine and heroin addiction, like "Beautiful Boy" and Netflix's Emmy award winning series, "Dope Sick" were being read and viewed by the general public. Then COVID-19 hit. All of the things that had begun to bring the opioid epidemic into the light of everyday were buried under the pandemic's statistics and deaths.

- The latest data from the U.S. Centers for Disease Control finds that between May 2020 and April 2021 there were 100,000 drug overdose deaths in the country. This is a 30% increase from 2019. Sixty-four percent of these overdose deaths were tied to illicitly manufactured fentanyl or its chemical cousins. These overdoses are killing the young: About 1 in 5 fentanyl-related deaths now involve males under 25 years of age.
- The pandemic disproportionately affected drug overdoses for people of color. According to the CDC researchers found that overdose deaths jumped 49% among black people in the United States from 2019 to 2020, compared with a 26% spike among white people.<sup>3</sup>
- America's love affair with its long-time

legal drugs and alcohol, saw an increase in consumption during the pandemic. Women most often bore the brunt of holding down a job, supervising on-line learning for their children, along with household duties. Their drinking episodes increased by 41%.<sup>4</sup> Alcohol use increased by 19% among all adults aged 30 to 59.5 How interesting the liquor stores were considered an essential business during the pandemic!

- Overall, Native Americans struggle with higher rates of drug abuse, overdose, and dependence than the general population.<sup>6</sup> "This new finding flies in the face of public perception and really makes it clear that as we address the overdose crisis in the United States, we have to think of it as a racial justice issue, along with a social justice issue, because low-income people are disproportionately affected including white Americans," said senior researcher Dr. Helena Hansen, a professor of psychiatry at UCLA David Geffen School of Medicine.

## ISOLATION AND SUBSTANCE USE DISORDER

COVID-19 disrupted all aspects of society but the isolation it created posed unique risks to individuals with SUD. Although recovery from any addiction is possible, the isolation created by the pandemic was doubly troubling for those with a substance use disorder. First, the safety guidelines of the pandemic initially prevented people from attending in-person recovery groups. Newly recovering people often do not have the financial ability to own a smart phone or computer so they couldn't even log into an online recovery meet-

ing when they finally became available. Second: Treatment centers shut down for a period of time. The lack of connection to recovery meetings and treatment centers proved devastating for the newly recovering person and those seeking recovery. Although there are numerous pathways of recovery, sharing one's recovery with others is how and why recovery happens. People seldom recover in isolation.

## CHANGE IN OUR GRIEF GROUP POPULATION

I'd also like comment on the ebb and flow of the nature of the deaths our group members experience over the last ten years. Initially and up to the COVID-19 pandemic most of our group members' loved ones had died from opioids or a combination of opioids and other narcotics. The group members were mostly parents whose children had died. This makeup grew quickly when fentanyl came on the scene.

## A "MEN'S ONLY" GROUP

In the fall of 2021, I also received a request from a few men to have a "men's only" group. Although there are differing views about/if men and women grieve differently, we decided to honor this request. My husband who had been in a mixed (both men and women) Al-anon group and a men's only Al-anon group definitely believes men express their feeling more freely in a group when in the presence of men only. Since he had group experience and training in group facilitation, he agreed to facilitate the group. During some of the sessions I would offer the educational piece, then leave, and he would facilitate the reflec-

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from page 16

tion and group check-in. The men that participated seemed incredibly pleased and went on to be part of our monthly group we offer for those who have been through the six-week group.

MY PERSONAL WAKE-UP

Having a child who died of overdose and discovering his body after a 20-year struggle with SUD has definitely been a traumatic recovery process for me. Myself as well as my co-facilitator, whose daughter died of a poly substance overdose, meet with a licensed therapist for consultation once a month. Listening to comparable stories like ours was the general make up of our groups until this last year. Ninety percent of the people who became part of our groups in 2022 have had children, spouses, siblings, and parents who died from alcohol misuse. We are often humbled by the grueling details these courageous, dear people share about how their loved ones died. Alcohol Use Disorder often allows the user to function at a fairly high level for an extended period of time. When they start to decline it often comes quickly leaving the loved one astounded as they watch their spouse, parent, sibling, or fiancé/e experience organ failure, internal bleeding, and dementia-like symptoms that can't be reversed. Many of their loved ones never experienced the opportunity to receive treatment. Initially group members' loved ones were in the later years of their life when they died. Then more of them were middle aged – in the height of their careers or still raising a family. Most recently we have had group mem-

bers whose loved ones have been in their early 30's and late 20's. I didn't realize that I had unconsciously considered that overdose deaths were the most traumatic until I began to hear these stories of loss and death. I share this with you not to shock or alarm you, but to help ground us all on the possible devastation of our "legal" drug. I think the statistics I shared earlier should also help bring this home.

A NEEDED CHANGE IN SUD ASSESSMENT IN MINNESOTA

Awareness is always the precursor to change. With SUD hijacking the brains of those who suffer, time is always of the essence when one decides they need help and asks for it. One of the newest changes in the treatment enrollment process for publicly funded treatment improved in June of this year. The Minnesota Department of Health and Human Services ended its policy on June 30th requiring a "Rule 25" assessment as the only method for eligible people to receive publicly funded SUD treatment in Minnesota<sup>6</sup>. They now offer a direct access model. "This model allows people a choice in a provider, as well as allowing them to go directly to a provider in order to receive a 'comprehensive assessment'"<sup>7</sup>. I cannot tell you how many times my son (as well as clients' loved ones) waited several days, even weeks just to get an assessment only to change their mind about going to treatment during the waiting period. And of course, their life was continually endangered because they were using while they waited for an assessment just to keep from going into withdrawal.

When your loved one's life is endangered by this chronic illness the right help can never come fast enough. Let's hope this change in the Rule 25 Assessment opens the door more quickly to those who seek and need recovery treatment support.

REFERENCES

<sup>1</sup> Hedegaard H, Miniño AM, Spencer MR, Warner M. Drug overdose deaths in the United States, 1999–2020. NCHS Data Brief, no 428. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: <https://dx.doi.org/10.15620/cdc:112340>

<sup>2</sup> "The Role of Alcohol, Drugs, and Deaths of Despair in U.S.'s Falling Life Expectancy," Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7144704/>

<sup>3</sup> (2021). Alcohol & Substance Abuse. National Congress of American Indians (NCAI). Retrieved April 2021 from <https://www.ncai.org/policy-issues/education-health-human-services/alcohol-substance-abuse>

<sup>4,5</sup> Alcohol Consumption Rises Sharply During Pandemic Shutdown; Heavy Drinking by Women Rises 41% | RAND

<sup>6</sup> (October 2020). Injury Prevention in American Indian and Alaska Native Communities. Centers for Disease Control and Prevention (CDC). Retrieved April 2021 from <https://www.cdc.gov/injury/tribal/index.html>

<sup>7</sup> Substance Use Disorder (SUD) Services - Rule 25 Process (state.mn.us)

*Gloria Englund is the founder of Recovering u. As an ally of the recovery community, she honors all pathways of recovery. She is a psychotherapist, who holds a Master of Arts degree in Human Development. As a professional Recovery Coach, she works with individuals and families dealing with an addiction to alcohol, drugs, food, and relationships. Besides individual coaching, she offers two, on-going coaching support groups. She facilitates a CRAFT Family Support group for those who have a loved one experiencing active addiction that is sponsored by Minnesota Recovery Connection. A Different Kind of Grief® is a support group for those who have a loved one who has died from an addiction related cause. Grief Recovery Support – Recovering u, At the present time, both groups are offered via Zoom. Gloria has personal as well as professional knowledge of addiction and recovery; her oldest son, Aaron, died of a heroin overdose in 2007. Her book, Living in the Wake of Addiction: Lessons for Courageous Caregiving, demystifies addiction, defies stigma, offers hope for recovery, and serves as a guide for professionals, families and individuals seeking support on the journey of recovery.*



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SUPPORT GROUPS

MONDAYS

**1900 Mens Al-anon**, Monday 5:45-7:15pm, 12-Step meeting, step presentation and small groups, fellowship. 1900 Nicollet Ave., Plymouth Congregational Church. Tom W., 612-281-5230. Enter at parking lot.

**CHOW – Culinary Hospitality Outreach and Wellness:** Monday (also Tuesday & Wednesdays) at 7pm CST. CHOW is an organization led by culinary and hospitality peers. We believe in a future where our community never loses another person to addiction, burnout, or mental health concerns. We create safe and supportive opportunities for the industry to connect and discuss problems they're facing with others who "get it." Working in the hospitality industry is tough. Let's talk about it. Meetings are currently in virtual format via Zoom. Please visit our website or Facebook page for codes to join in or contact: outreach@chowco.org.

**Overeaters Anonymous:** Monday mornings, 10-11am. 3rd floor, handicapped accessible. Minnehaha United Methodist Church, 3701 50th St Mpls 55407. For more info call Ana 651-592-7510

**Online Gamers Anonymous and Olganon:** Mondays at 6:30 at the Cavalier Club, 7179 Washington Ave. South, Edina. Cavalier Club is located on the corner of Valley View and HWY 169.. Plenty of free parking! If video games or other excessive tech use is making your life unmanageable or if someone you care about is gaming excessively, we'd love to meet you. More info on this emerging 12 Step Movement at [www.olganon.org](http://www.olganon.org)

**Understanding Eating Disorders, Treatment, and Recovery:** Second Monday of each month, 6-8:30 p.m. The Emily Program staff provides answers to common questions and concerns of families and friends "new" to eating disorders, treatment and recovery. 2265 Como Ave, St. Paul, 55108. Free, drop in. Visit [www.emilyprogram.com](http://www.emilyprogram.com) or call 651.645.5323.

**Friends and Families of Suicide:** a place of support and comfort where those that have lost a loved one to suicide will be comfortable talking about their own loss as well as hearing about the losses of others. Meets the 3rd Monday of every month 7-9pm, Twin Cities Friends Meeting, 1725 Grand Ave., St Paul, 55105. For info email [fiosmn@yahoo.com](mailto:fiosmn@yahoo.com) or call Tracy at 651-587-8006.

**Debtors Anonymous:** Offers hope for people whose use of unsecured debt causes problems and suffering. See <http://debtorsanonymous.org> or <https://www.danorthernplains.org> to find a meeting online, in person or hybrid (both online and in person).

**Richfield Codependents Anonymous:** 7pm, men & women Richfield Lutheran Church, 60th and Nicollet or call 952-649-9514.

TUESDAYS

**Recovering Couples Anonymous:** 7pm. We are a 12 step group for couples wanting to find new ways to communicate. The only requirement for membership is a desire to maintain a committed relationship and develop new intimacy. We provide strong couple support and model healthy couple-ships. Currently meeting via zoom only. Contact Allan at 651-295-9268 or Diane at 651-295-8179 for details

**Families Anonymous (FA):** First and third Tuesday evening of each month, 7pm. Support group for families and friends of those dealing with drug, alcohol or other behavioral issues. Is someone you love destroying family harmony by using drugs or alcohol? Free help exists! Join us at St. Timothy Lutheran Church: 1465 N. Victoria Street, St. Paul, MN 55117, or contact Dave E: 612-701-5575.

**Debtors Anonymous:** Offers hope for people whose use of unsecured debt causes problems and suffering. See <http://debtorsanonymous.org> or <https://www.danorthernplains.org/> to find a meeting online, in person or hybrid (both online and in person).

**Recovery International Meeting** at Mary Mother of the Church, 3333 Cliff Road, Burnsville, rm 9 at 3pm. It is a proven self help method to deal with mental illness including depression, anxiety, anger, mood disorders and fears using cognitive behavior therapy. Contact Rita at 952-890-7623.

**Emotions Anonymous:** For those dealing with emotional stress, depression, etc. 7:30pm at Christ the King Lutheran Church, Room 106, 8600 Fremont Ave., Bloomington. Take Penn Ave. south to 86th. Turn left and go to Fremont, just east of 35W. Brian at 952-888-6029.

**Nicotine Anonymous:** No Tuesday or Saturday in-person meetings yet. More details: [www.nicotine-anonymous.org](http://www.nicotine-anonymous.org).

**Overeaters Anonymous Roseville:** Meetings are held from 10-11am (and Saturday's from 8-9) at St. Christopher's Episcopal Church, 2300 N. Hamline Ave., Roseville, Room 218 Call Janie 651-639-4246 for more info.

**A.C.A.,** 5:30-7 pm, Dakota Alano House, 3920 Rahn Rd, Eagan (Hwy 13 & Cedarvale Shop Ctr). 651-452-2921.[www.dasinc.org/](http://www.dasinc.org/)

**A.C.A.** 7pm, Saint Michael's Lutheran Church 1660 W City Rd B (at Fry). Roseville. Open to all. Step and Traditions meeting.

**Get a Fresh Start!** 12-Step AA group, open meeting Tues., 7pm, at Kingswill Church, 1264 109th Ave NE, Blaine. Denny, 763-757-6512.

WEDNESDAYS

**AA Meeting,** 6:30 – 8:30pm St. Christopher's Episcopal Church, 2300 N. Hamline Ave., Roseville. Call 651-639-4246 for more info.

**Overeaters Anonymous:** St. Paul Midway: Wednesdays 7-8 PM, Hamline United Methodist Church. Two blocks east of Snelling & Minnehaha. Park in south parking lot, use south entrance to education building. Press buzzer. For more info contact Susan at 651-295-7854.

**Adult Children of Alcoholics:** Wednesdays @ 7-8:30pm. St. Mary's Episcopal Church, 1895 Laurel Ave, St. Paul. Meets downstairs, sign in the lobby. For more information call Mary at 612-747-0709.

**Living Proof MN:** Eating disorder online support group. 5:30-6:30pm CST, every Wednesday. Virtual with Zoom app, email for link: [info@livingproofmn.com](mailto:info@livingproofmn.com).

**Transitions:** 7:30 to 9:30pm Support to men and women who are transitioning from incarceration to living in the community. Trained facilitators and peers provide emotional support in a safe, openly honest environment to discuss discouragements, frustrations, temptations. One of the trained facilitators is a woman. The Men's Center, 3249 Hennepin Ave. S. Minneapolis, 612-822-5892. [TCM.org](http://TCM.org)

**Women's CoDA Group:** Women's Only Codependents Anonymous Group. Meets every Wednesday at noon at Colonial Church of Edina, 6200 Colonial Way (Fireside room, S. end of bldg). For more information, call Valerie at 612.741.5281

**Workaholics Anonymous:** A 12-Step program of recovery for people addicted to non-stop work or continuous activity. Meeting is currently online via Zoom. Call Pat for link to the meeting or questions: 763-560-5199. [www.workaholics-anonymous.org](http://www.workaholics-anonymous.org).

**Marijuana Anonymous,** Bloomington, 6-7pm, Minnesota Valley Unitarian Universalist Church 10715 Zenith Ave S. (2 Blocks south of Old Shakopee Rd, on the East side of Zenith) Contact: [blooming-tonma@hotmail.com](mailto:blooming-tonma@hotmail.com)

**Atheist/Agnostic Alcoholics Anonymous,** 3249 Hennepin Ave S., #55 (Men's Center, in the basement) Mpls, 7-8 pm., Open to Men and Women. For more info write [tcAgnostic@gmail.com](mailto:tcAgnostic@gmail.com)

THURSDAYS

**Co-dependents Anonymous (CoDA):** Thursdays pm, Crown of Glory Church 1141 Cardinal St. Chaska 55318. Open to men and women. For more info contact Rita 952-334-9206; [www.MinnCoDA.org](http://www.MinnCoDA.org)

**Co-dependents Anonymous (CoDA):** Thursdays 7pm, Immanuel Lutheran Church 16515 Luther Way, Eden Prairie 55346. Open to men and women. For more info contact Judy M 612-400-2323; [www.MinnCoDA.org](http://www.MinnCoDA.org)

**Co-dependents Anonymous (CoDA):** Thursdays 7pm, NE Recovery Room at 520 NE Lowry Ave., Mpls 55418. Open to men and women. For more info contact Deirdre 612-619-7595; [www.MinnCoDA.org](http://www.MinnCoDA.org)

**Workaholics Anonymous:** 12 step group for finding balance between work, activity and fun. Meets every Thur. 6-7:15 pm. We are currently meeting by Zoom. Contact us for link at Email: [wafindingbalance@gmail.com](mailto:wafindingbalance@gmail.com).

**New CoDa East Metro Group:** Rasmussen College, 8565 Eagle Point Circle N, Lake Elmo (exit north to Radio Dr. on I-94 E). 6:30-7:30pm. Joseph H. at 715-497-6227 or La'Tosia 651-319-2554.

**Red Book ACA/ACOA:** Recovery Church, 253 State, St. Paul, 7-8:30pm. For more info call Jacob at 612.819.9370 or Bruce at 651-407-6336.

**Recovery International Meeting,** St Phillip Lutheran Church, 6180 Highway 65 N, Fridley at 7pm. It is a proven self help method to deal with mental illness including depression, anxiety, anger, mood disorders and fears using cognitive behavior therapy. Ken, 763-571-5199.

**Recovery International Meeting** at Bethlehem Lutheran Church, 4100 Lyndale Ave S., Mpls at 7pm. It is a proven self help method to deal with mental illness including depression, anxiety, anger, mood disorders and fears using cognitive behavior therapy. Ruth 612-825-4779.

**Adults with ADHD Support Groups:** (first time free) Every Thursday morning 10am-noon and every Thursday evening (except last Thurs of the month) 7pm 8:30pm. LDA Minnesota, 6100 Golden Valley Road, Golden Valley, MN 55422. Tel. 952-582-6000 or [www.ldaminnesota.org](http://www.ldaminnesota.org).

FRIDAYS

**Food Addicts Anonymous:** a 12-step program dedicated to food addiction. Fridays 8-9pm, Living Table United Church of Christ, 3805 E 40th St., Mpls, 55406. LGBT friendly. For more info call Shea at 612-722-5064 or [sheahnsn@gmail.com](mailto:sheahnsn@gmail.com) or [www.foodaddictsanonymous.org](http://www.foodaddictsanonymous.org).

**Recovering Couples Anonymous:** Friday Night @ Minnehaha United Methodist Church, 3701 E 50th St, Mpls, 55417, 6:30 - 8pm. 12-Step couples group meets as couples in recovery from any addiction. The only requirement is the desire to remain committed to each other, and find better ways to communicate and develop intimacy. Call Kathy 612-545-6200 or Allan 612-309-5632.

SATURDAYS

**Overeaters Anonymous Meeting:** 9am at Macalester-Plymouth United Church, St. Paul. For those still suffering from compulsive overeating, bulimia and anorexia.

**Nicotine Anonymous:** No Tuesday or Saturday in-person meetings yet. More details: [www.nicotine-anonymous.org](http://www.nicotine-anonymous.org).

**Spenders Anonymous:** Our purpose is to stop spending compulsively and work toward serenity in our relationship with money. 1-2 pm at Bethany Lutheran Church, 2511 East Franklin Avenue, Minneapolis, MN 55406; street parking or in the church lot; enter through the gate on Franklin and ring the bell; [www.spenders.org](http://www.spenders.org)

**Northeast Minneapolis CoDependents Anonymous (CoDA) Group:** East Side Neighborhood Services, 1700 2nd Street NE, Mpls, 55413 (corner of 2nd Street NE & 17th Ave NE). Park in lot behind building, use rear entry door. Saturdays: 1-2pm. Contact Ralph W. at [rwink@aol.com](mailto:rwink@aol.com) or 612-382-0674.

**CoDA Group:** Saturdays 12pm-1:30pm, Suburban North Alano at 15486 Territorial Rd. Maple Grove 55369. Open to men and women. For more info contact Janine 763-458-0812; <http://www.MinnCoDA.org>

**Overeaters Anonymous Courage to Change Meeting:** Saturday mornings 8-9am at St Christopher's Episcopal Church, 2300 Hamline Ave N. Roseville. Contact Donna with questions at 651-633-3144.

**Clutterers Anonymous:** St. Christopher's Episcopal Church, 2300 N. Hamline Ave., (Hwy 36) room 220, Roseville. 12 step support group meets the first, third and fifth Sat. of the month, 10-11:15am. [www.clutterersanonymous.org](http://www.clutterersanonymous.org)

**Debtors Anonymous:** Offers hope for people whose use of unsecured debt causes problems and suffering. See <http://debtorsanonymous.org> or <https://www.danorthernplains.org/> to find a meeting online, in person or hybrid (both online and in person).

**Overeaters Anonymous:** 8-9 am, Falcon Heights Community Church, 1795 Holton Street, Falcon Heights. Lisa 651-428-3484.

**Obsessive Compulsive Disorder Support Group:** 1st and 3rd Sat. of the month, 11am -1pm at Faith Mennonite Church, 2720 E. 22nd St, Minneapolis. Website: [tinyurl.com/tcoodsg](http://tinyurl.com/tcoodsg). Call before coming for direction. Burt at 612-547-6388.

**Adult Children of Alcoholics & Dysfunctional Families:** Saturday at 10 a.m., St. Philip's Lutheran Church, 6180 Highway 65 NE, Fridley MN 55432-5106 (Enter at Door 3). Please see [www.acafridley.com](http://www.acafridley.com) for info.

**Men's & Women's Support Group:** Meetings every Saturday (including holidays) at 9am. Prince of Peace Church, 7217 W. Broadway, Brooklyn Park. (north entrance.) Informal, safe place to share experiences of joy and concerns. We promote growth & positive change to meet the challenges of our lives. Call 763-443-4290.

**South Side Men's Group:** Saturdays, 8:20 to 10am Support for men working toward positive personal change. Creekside Community Center, 9801 Penn Ave. S. Bloomington. Visit [www.southsidemensgroup.org](http://www.southsidemensgroup.org).

SUNDAYS

**Co-dependents Anonymous (CoDA):** Sundays 6pm-7:30pm. Located at Unity Hospital 550 Osborne Rd. Fridley 55432. Held in the Boardroom on the lower level. Enter through main doors and take the West elevator down one floor. Open to men and women. For more info contact Aaron 763-670-4894; [www.MinnCoDA.org](http://www.MinnCoDA.org)

**Adult Children of Alcoholic/ Dysfunctional Families (ACA)-Big Red Book:** .11:15am-12:45pm at the Cavalier Club. 7179 Washington Ave S., Edina, MN 55439, voicemail: 507- 312-9423, [aca1115sunday@gmail.com](mailto:aca1115sunday@gmail.com).

**Calix Society:** A group of Catholic Recovering Alcoholics and their family/significant others who desire to strengthen their spiritual growth, meets the 3rd Sun. of the month at Cathedral of St. Paul. Mass at 8am., breakfast/speaker meeting at 9am. Call Jim B. at 651-779-6828.

**Deep-Healing Prayer Group:** Discover how God provides healing of memories, emotions, and the body at St. Paul's Evangelical Lutheran Church, Sundays, 7-9:30pm, [www.Door2Hope.org](http://www.Door2Hope.org). 612-874-1033.

**Eating Disorders Anonymous:** 5-6:30pm in Eden Prairie at Wooddale Church, 6630 Shady Oak Road, 55344. Room 291. Contact Nikki: [nikkiahaven@gmail.com](mailto:nikkiahaven@gmail.com) or call 612-227-4079.

**Opiates Anonymous:** Sunday Evenings at 7 pm at Unity of the Valley Spiritual Center, 4011 West Hwy 13, Savage, MN. OA is the first 12-step-based group in the state of Minnesota offering help and support for anyone with a desire to stop using opiates and all other mind altering substances. If you think that you may have a problem with opiates or other mind altering substances, attending one of our meetings may help you decide if you are an addict. If you want to tap into help and support from people and a program with proven success, this is the place for you. No sign up or registration is needed. Just show up at 7 pm on Sunday evenings. If questions contact Ron Benner at 952-657-9119

ABOUT THE LISTINGS

Every effort has been made to ensure the accuracy of the support groups on this page. However, we recommend that you contact the group before attending. If you have a listing and need to make a change OR you would like your group included (and on our website), please reach out to us at [phoenix@thephoenix-spirit.com](mailto:phoenix@thephoenix-spirit.com). A more current listing exists at our website. Thank you.





# I Am

by *Jeanie Cooke-Fredlund*

I took a drive down to my hometown  
I'd thrown on a sweatshirt and a pair of jeans  
Pulled my hair back in a high, tight pony tail  
Looked into a mirror and asked myself, "What does this mean?"

It had been decades since I'd worn this look  
As this woman gazing back at me, my breath away took  
"Who is she?" I asked; "Do I know her at all?"  
As memories flashed before me, I heard my girlhood call.

"Dear Jeanie, you know me from so long ago!  
For *I'm* the "you" who you *used to* know.  
I'm the you, who dear Jeanie, you *used to be*  
Until long ago you abandoned me!"

Until you decided to be someone else  
And you placed me, then left me, up on a shelf  
A shelf that you labeled, "To Be No More"  
As to the soul of yourself, you shut the door.  
It was then you began chasing the exciting life  
One you believed would save you from strife  
Dreams of the in-crowd, excitement and fun  
T'was down the road of "undoing" you'd begun.

Undoing of the sweet girl you used to be  
You threw her aside for all to see.  
It didn't matter how grave the sin;  
For you'd decided to let darkness in.  
Alcohol and pot; your glory days  
From your choice to do right, they stole you away.  
They robbed you of your closeness to God  
While other party-goers told you, "How odd!"

Your journey from the loss of you, Jeanie, has taken years,  
Freedom from bondage would forever elude you, you'd feared  
You'd struggled to fight off all your self-hate  
That one day you might find yourself at heaven's gate.

For it is self-hate that creates the compulsion to run  
A rat in a maze searching desperately for *fun*  
*Fun* to distract you from your shame inside  
Drugs and alcohol that murdered your pride.

Finally you're able to thank God above  
For His angels who've guided you home to self-love.  
No one can hurt you anymore  
Nor lead you away from God at heaven's door.

*Don't let the past  
steal your present.*



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I thought that no one but myself...'

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## Bumpy Holidays

by Mary Lou Logsdon



*If civilization is to survive, we must cultivate the science of human relationships - the ability of all peoples, of all kinds, to live together, in the same world at peace.*

— FRANKLIN D. ROOSEVELT

November and December bring a variety of holiday festivities featuring food laden tables shared with family and friends. *Hallmark* paints a pretty picture of delight, but it isn't all Norman Rockwell with smiling faces and the perfectly browned bird.

How do we gather this year after two years of distance, disorientation, and grief? How do we do it with grace and peace?

Even before COVID, holiday gatherings could feel like the bumper car ride at Valleyfair, a sense of excitement tinged with terror! For instance, there is the cantankerous uncle who aims his car right for mine. He still thinks I'm a volatile child that he can infuriate with a few pokes—only now the pokes are verbal. There is the sister who wants to be seen in the brightest of all bumper cars and the cousin who wants to cower in the corner waiting for someone to rescue him. Nieces and nephews bring new partners who circle the perimeter quietly watching while others jump onto the track with abandon. Excited children rev their cars and crash into whoever is in their way!

I eagerly bump into the friend I haven't seen in way too long. I give her a gentle push inviting her to meander along with me, recounting a year's stories. Another friend sidles up to me and wants to tell me about the latest drama in his life, pushing my car to the wall while holding me hostage. With good maneuvering I can dodge the family gossip who comes at me with all the tales I don't care to hear.

As I merrily find my cruising speed, I collide with a holiday acquaintance after I just opined on the recent scandal at city hall, not aware that her brother was part of the commotion.

*Buckle your seat belts, here come the holidays!*

We all come to the feast with a holiday history we want to remember and repeat—feeling loved, cherished, and welcome—or want to avoid—a drunken diatribe, a political explosion, a passive aggressive slice. To all this we add the current infectious political polarization and our universal longing for belonging.

How do we remake expectations and enter with a calm presence? What can I bring to my holiday table this year besides the mashed potatoes, extra thick bumpers, and a playbook of past events?

Winston Churchill said, "Attitude is a little thing that makes a big difference." Here are a few attitudes I plan to pack along:

- **Curiosity.** A lot has happened in my life in the last year. No doubt that is true for many of my fellow guests. I will start with being curious about where they are at, how they got here, and what the world looks like from their point of view. Even if I think I know already, I can listen for how and why they may see things differently from me. I can invite them to share their stories of the last year. "What has been engaging you this year?" Perhaps they

might elaborate. "Say more." I can ask open-ended questions. "How was that for you?" "How are you feeling about that now?" I can invite them to share more by imagining how I might feel in that circumstance. "If that were me, I would feel lonely or sad or euphoric. I wonder how you feel."

I know there are people who think they know how I feel on a given topic and don't allow for how I might have changed or moderated or supplemented my original position. Might that not be true for them as well? One of Steven Covey's Seven Habits is to seek first to understand before being understood. Being curious will help me with that.

- **Congeniality.** I can play well with others. I don't have to race in with my bumper car and make sure I am seen and heard. Neither do I need to park my car in the corner and wait for people to come to me. I can be a welcoming host or an appreciative guest, eschewing treacherous topics and engaging with a variety of people. Humor is a great antidote to holiday stress as long as it is tempered with kindness. Self-deprecating humor might be the best. I told my children when they were young, "If it isn't funny to everyone, it isn't funny." Humor at someone else's expense isn't funny. That goes for those not in attendance as well.

- **Connection.** I will attempt to connect even with those I don't really want to be with. I don't have to see these people for another year, probably. Enjoy what I can. There is a lot of space between a cold shoulder and a warm hug. The best of me might bring out the best in them.

When connecting is difficult, I try to remember that the children are watching. How do I want them to connect when they grow up and have their own lives and families. We are always teaching. Do I want to teach that ignoring, sabotaging, cutting off is okay? Or do I want them to work out their differences with respect and decency?

- **Courage.** I will bring my full loving and kind self with courage and a confidence in who I know myself to be—along with a humility that knows I don't know everything. Here I come careful, compassionate, and considerate. When I ram into someone's bumper car unaware, I apologize, I even get out of my car and ask for a seat in theirs.

To paraphrase Dickens, holidays can be "the best of times and the worst of times." I want to do what I can to ensure I am neither the holiday Grinch nor the Evil Knievel of the holiday roadway. May your holidays be a time of peace and joy and perhaps a crash course in surviving in a civilized world respectful of all.

*Mary Lou Logsdon is a Spiritual Director and Retreat Leader in the Twin Cities. She can be reached at logsdon.marylou@gmail.com.*