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40

YEARS

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Recovery,
Renewal and
Growth

The Phoenix Spirit

September
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RECOVERY MONTH + TREATMENT CENTERS ISSUE

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by Pat Samples

Older people can find plenty of reasons to drink alcohol or use other addictive drugs to excess. Pain relief. Isolation and loneliness. Feelings of boredom and uselessness after retirement. Loss after loss after loss. For some, it's simply a decades-old habit.

What's hard to do is to stop using addictive substances when they are ruining your life.

SPECIAL RISKS FOR OLDER PEOPLE

Fewer than 40% of older adults with a substance use disorder seek treatment, according to Kay King, who coordinates the Older Adults Program for the National Alliance on Mental Illness of Minnesota (NAMI). In a webinar presented to the Minnesota Gerontological Society earlier this year, she pointed out that changes that come with age increase the risk of having this condition. Metabolism slows with aging, for example, and there is less water in body tissues to absorb addictive substances.

Increased use of medication also adds risk to older adults, King said. Changes in vision, coordination, and balance can amplify the dangerous effects of substance use. Alcohol and other drugs can worsen memory loss, high blood pressure, and other chronic conditions. Opioid use for pain can create dependency, with dire consequences.

HARD TO GET HELP

Yet, excessive using behavior may be dismissed or misunderstood by oth-

ers. Garbled thinking due to a substance use disorder may be misdiagnosed as dementia. When older people fall and injure themselves while on a binge, old age or physical maladies may be blamed. Or their excessive substance use may be dismissed with comments like, "Oh, let her drink. She deserves to enjoy life at her age."

If the drug use disorder is recognized, access to treatment is quite limited. Medicare only covers hospital-based treatment programs, and those are scarce. Private pay programs can be prohibitive due to price. Few older adults are eager to enter a program where young street drug users may make up much of the clientele. Older adults may also be nervous about the stigma of addiction or see their drug abuse as a moral flaw.

**At age 61,
Mark made
a decision
overnight
to end a 48-
year habit
of alcohol
abuse.**

BEYOND THE BARRIERS

Yet, older adults can and do get sober. Life gets better when they do. Much better.

Some go through one of the many available licensed treatment programs for chemical dependency. At age 61, Mark made a decision overnight to end a 48-year habit of alcohol abuse.

"I was sick of living the way I was living," he recalls, passing out drunk every single night. He contacted Hazelden Betty Ford in Center City and entered treatment on March 12, 2020. Drinking "is not on my mind today," he says. Instead, he is rebuilding relationships with his family and others.

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JOHN H. DRIGGS, LICSW

Allowing Others to Define Who We Are

No one can make you feel inferior without your consent.

— ELEANOR ROOSEVELT

My week was going great until I got my annual work review. I've worked at this therapeutic youth center for 20 years as a recreational therapist. I love my job, my peers respect me and I have great rapport with the kids. I'm seen as the old pro of our staff. Yet my heart broke and I can't stop thinking about the negative evaluation of my work by our brand new supervisor who is fresh out of graduate school. She said I was too slow, spent too much time small talking with the kids, and didn't turn my program goals in on time. The only good thing she said about me is that I have good work attendance. Imagine that! Heaven forbid if I ever had to take a sick day. I felt devalued and insulted by her review of my work performance. Oh, I know. Our workplace is trying to downsize. She might be trying to get rid of me because I'm full-time salaried. After all, what does she know? She is a young whipper-snapper. Ever since I got the evaluation I haven't been able to sleep, my energy is down, and I've lost interest in working there. It just doesn't make sense. Why am I allowing this little twerp to define who I am when so many of my colleagues and clients love me? I can't get this supervisor out of my head!

Many of us are in the same boat as the man in the above example. We get bent out of shape when someone else doesn't like who we are. We take it personally. Somehow, despite all the evidence to the contrary, we allow another person to define who we are and we become shameful and depressed. While most of us wouldn't like to get negative work evaluations, some of us would take it less to heart. We might listen to what is said, see the context in which it is said, disagree with it and move on. However some of us less resilient folks seem to get dreadfully affected when someone doesn't like us. Our reactions may be mysterious to us. Why on one occasion do we take criticism so well, and at other times seem very negatively affected by it? Why is it that only certain people get to us and other people seem unable to make us feel bad? Probably none of us wants to be a people-pleaser, someone who has to continually make other peo-

ALLOWING OTHERS to pg 15



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LETTER FROM THE EDITOR

Stolen

by Louise Elowen



In your soul are infinitely precious things that cannot be taken from you.
OSCAR WILDE (1854-1900)

As a writer, I am always curious about the origin of words. For example, did you know that the word *recovery* originates from late Middle English meaning “restoration,” or in Anglo-Norman French, *recoverye* derives from the root *recovrer* meaning “to get back?”

And in the “modern” English language, the word *recovery* often indicates returning to a “normal state.” But an alternative meaning, and one which struck me the most in penning this piece of writing was the definition which stated, “a regaining of something lost or stolen.”¹

I had never considered something which might have been *stolen* from me in my co-dependent relationship. Lost, yes, but *stolen*? And, on reflection, I realized that this might have been the case. For all the years that I was in that co-dependent relationship, part of life (time) which I will never get back was, in fact, *stolen* from me. I certainly lost myself in the relationship, and it took me years to recover, or rediscover, the “new me,” after I got out, but was there a part of me that was indeed stolen? The spiritual aspect. I thought about it some more. My innocence, my trust, my *faith* in people were all taken from me without my consent. Was that stealing? My belief had

Was it really stolen, or just lost, waiting for the more knowledgeable and wiser me to find it again?

been that I couldn’t be so naïve, that I would surely see if someone was *stealing* from me. I mean, isn’t it *obvious*?

Unfortunately, as I learned, not everyone is as transparent and innocent as I originally thought. And sometimes the things that are stolen are not the things that we would expect them to be. Once I came out of this situation, I realized that I wasn’t made up of the same pieces as I was before. At least not in the same way. I thought that pieces of me were missing; some lost, some stolen. It took me a while to process this fact.

However, stolen things are often found. They might return in a slightly more battered way than before they were stolen, but there is always the hope that they *will* return. If I held onto that belief, might I not (re)discover a beautiful and more knowledgeable piece of myself then before it was stolen from me? Would my trust and faith return?

So, I have to ask: *Was it really stolen, or just lost, waiting for the more knowledgeable and wiser me to find it again?*

I leave this thought with you as you work through your own recovery.

With hope,

Louise

¹ Webster’s New World Dictionary 4th Edition, 2009, Recovery, US: Wiley Publishing, p.1198.



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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My Story

by *Tracy Lynn*

My name is Tracy, and I am a 54-year-old single mom in Connecticut.

I was in a car accident in 2000 that resulted in back surgery, and subsequently taking a prescription of opioids and Xanax which lasted 25 years. I took them as prescribed as I thought I needed them for pain and anxiety and trusted the doctors.

Over the years I had thought about getting off Oxycontin and when I would try, I would feel so sick so fast, and too ashamed to cope with it. This was especially difficult as a single mom, busy trying to raise a son alone. I just kept going back to the medication. In late 2017, I landed in the hospital with a bowel obstruction. The surgeon informed me that it was due to many years of opioid use—Opioid Use Disorder—and it was imperative to stop taking them.

On January 1, 2018, my journey of detox began. I thought about going to a center, but I figured, “how bad can this be?” and decided to continue the journey at home. I started weaning myself off each week by dropping 10 mg weekly, until after twenty weeks I was done with the full prescriptive dose of 60 mg. I never thought about them again after the day I knew I had to stop taking them. As each day passed, I was gripped by complete fear. I was so sick I kept reaching out to the prescriber. She barely spoke to me, had nothing to offer but a name of a therapist, and was happier when I went away quietly, so I did. I felt like an addict, and even believed that I was one. I thought because I would feel “dope sick,” I must be an addict as I adapted society’s view and the stigma I accepted as my identity. I felt alone, ugly, and ashamed just as the years of use had made me feel.

The days and months, nine to be exact, that followed were beyond anything I was even close to imagining. It was an inhumane physical torture on both a mental and physical level. It forced me to reach for determination and resilience that I had no idea was in me. Every day I was sure that I was going to die but I didn’t. I have now watched my story be uncovered through documentaries of who the Sackler family are (the owners of the drug company who manufacture Oxycontin) and how they stole twenty years of my life, but more importantly, my mothering, for the sake of money.

I have not been using opioids for over three years now, and I recently de-prescribed safely off Xanax. I am still living with effects of detox, which through my own research, I found was called “post-acute withdrawal syndrome,” a diagnosis I was forced to uncover myself. I kept waiting for the pain to return but it didn’t. Most importantly I never wanted another pill again and if it weren’t for some divine intervention in the form of a hospital visit, chances are I’d still



be dependent on opioids, unaware that there was different life out there and that it was achievable.

The shame of detox and the lack of tools and education are what kept me on the medication because being sick didn’t fit into my life and I was too ashamed to tell anyone. Without education and support how is anyone able to truly understand? Instead, we live in the closet with the shame of being sick because no one wants to be seen going through it. Detox and withdrawal are not usually talked about. My story is just mine and we all have one.

However, I created my own website and have completed over 100 interviews since August 15, 2021. I have 43 episodes launched on Spotify, Apple Pod and other platforms.

I have 4000 followers on Instagram and Twitter and almost 1500 downloads since launching my podcast on November 25th. Since launching my website and podcast, the conversation has definitely started!

The healing that this has given me is incredible and the community truly saved me. As I continue on my journey, my truest mission is to educate the kids. To give them

a platform where they feel important and heard and respected, not as a kid but as an educator as well. They will be the decision makers in twenty years’ time, and if there is ever going to be change of the stigma of drugs and addiction and detox it needs to start with them. This is my truest purpose.

Thank you for reading.

Tracy Lynn has spent her career working in affordable housing and as a paralegal. Her drive to educate about detox and withdrawal from substance or prescribed medication has put her on the journey of a lifetime. She is sharing her story in the hopes to help others share theirs. More from Tracy at cleaningoutthecloset.org. Please send your 1st Person story to phoenix@thephoenixspirit.com. If we decide to publish the article, we will send a note of acceptance.

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Resource Directory

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Substance Use Disorders

Minnesota Teen Challenge
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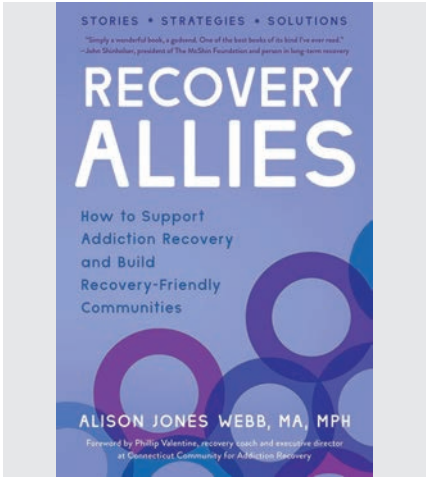
Workaholics Anonymous Meeting

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

To place a Resource Directory listing call David at 612-298-5405 or email at david@thephoenixspirit.com

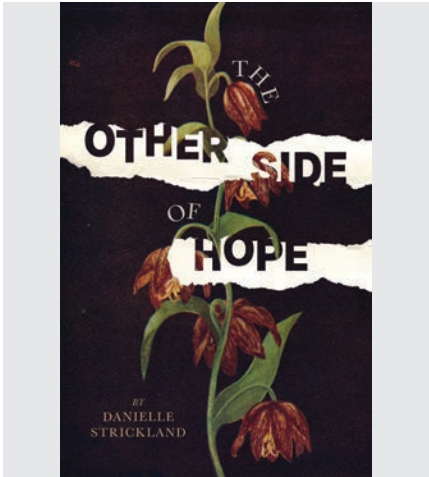


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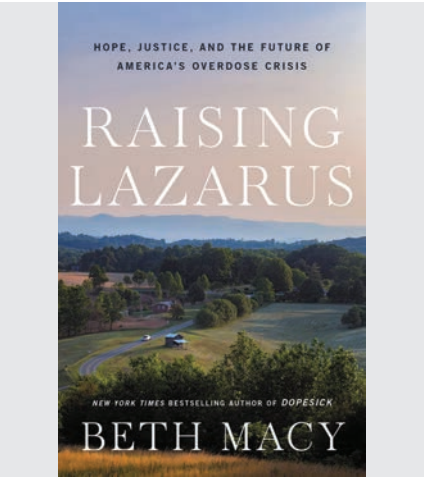
Recovery Allies
How to Support Addiction Recovery and Build Recovery-Friendly Communities
By Alison Jones Webb
NORTH ATLANTIC BOOKS

An expert in public health and addiction, Webb draws on her vast professional experience, the latest data, and her interviews with over 50 people of all ages in recovery to deliver the first-ever book about how communities can provide essential aid to those in recovery. She ends each chapter with specific suggestions for a wide spectrum of community sectors.



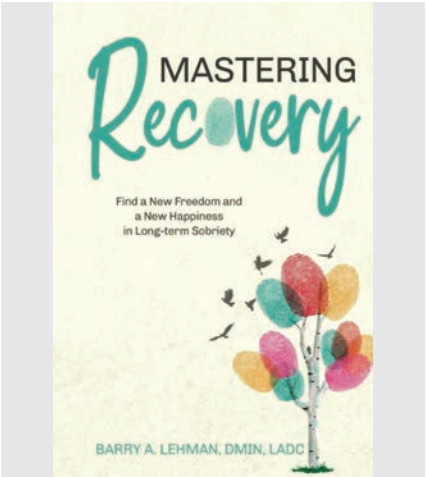
The Other Side of Hope
Flipping the Script on Cynicism and Despair and Rediscovering Our Humanity
By Danielle Strickland
THOMAS NELSON

Overcome the twin giants of cynicism and despair that threaten to derail your emotional and physical health and find hope for life by witnessing the power of God's redemptive healing. Part guidebook and part storytelling, *The Other Side of Hope* is a uniquely designed flip-book with two entry points to the message of finding hope in a desperately harsh world.



Raising Lazarus
Hope, Justice, and the Future of America's Overdose Crisis
By Beth Macy
LITTLE, BROWN AND COMPANY

Bearing witness with clear eyes, intrepid curiosity, and unfailing empathy, Macy brings us the crucial next installment in the story of the defining disaster of our era, one that touches every single one of us, whether directly or indirectly. A complex story of public health, big pharma, dark money, politics, race, and class that is by turns harrowing and heartening, infuriating and inspiring, *Raising Lazarus* is a must-read for all Americans.



Mastering Recovery
Find a New Freedom and a New Happiness in Long-term Sobriety
By Barry A. Lehman
BARRY A. LEHMAN

Lehman has developed an understanding of what can make the difference in building recovery beyond early sobriety. *Mastering Recovery*, outlines a path that builds on the major treatment models. With insight, questions, and suggestions, Lehman explores a part of recovery that is not often discussed: how to keep the movement of sobriety alive and vital for the long-term.

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.

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Submit your writing at Hazelden.org/Store/Publicpage/Meditations-Anthology-Writing-Detail





Hazelden Betty Ford Foundation
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from page 1

A small number of older adults find recovery in programs specifically designed for older adults. In the Twin Cities, three programs offer this service: Senior Recovery Center in St. Paul, The Retreat in Wayzata, and Silver Sobriety in Lake Elmo, an innovative, unlicensed day program that offers a six-month-long approach to treatment, plus aftercare.

Greg, a substance abuser since his youth, entered the Silver Sobriety program a year ago at age 63 “begrudgingly,” he says. His wife was going to leave him and “I’d lose everything,” he says. “I decided to straighten up.”

He also left behind a lucrative job that had fed his habit. Now his marriage, which had been rocky, is much better and he spends more time on his late-life career of creating sculptures, exhibiting his work, and teaching classes at local art centers.

MARK'S STORY

Mark thought he was doing pretty well even though he knew his drinking was excessive. He admits he lost jobs, lost houses, lost cars. But he’d just get better ones, he says. He managed to hide his drinking from his significant other, though toward the end, she would go out looking for him.

“I wasn’t a nice person when I was drinking,” he says. “I had no friends, not even my drinking buddies. I had alienated everyone. I sat in isolation. I just wanted to be alone.” He had to get rides home from the bar.

Mark says he spent \$1.7 million on alcohol and marijuana over the years of his using.

Mark had checked out Alcoholics Anonymous in 1990. “I went to a meeting at the Rochester fair grounds,” he recalls. “It was smoke-filled with a bunch of older guys, and I didn’t feel I belonged.” He sobered up for a short time in his thirties “to save a marriage and a job.” But, he says, “There was still a lot of the defiant brat in me back then.”

Mark “experimented” with using for the next 26 years until he decided he’d had enough.

“One day I woke up and I was done with it,” he says. “I can’t say why, other than my Higher Power said I had suffered enough.”

That was two years ago. Since spending 28 days in residential treatment, another 28 days in Hazelden’s day program, and many hours at AA meetings,

I don’t know how much time I’ve got left, but I go one day at a time. I make sure I do the best I can that day and try to be better when tomorrow comes around...

“I’ve seen the promises,” he says. “It’s worth it.”

He adds, “If I wasn’t sober, I’d probably be dead,” referring to all the times he drove home from the bar and didn’t remember doing so.

Now Mark enjoys spending time with his family members, though one daughter no longer will talk to him. He also enjoys giving service in the AA program at the group and district level.

“Working with another alcoholic, helping others in the program, working a spiritual program is where the solution is, so I’m working real hard at it,” Mark says. He emphasizes that “I never helped anybody in 48 years even though I was a coach. I helped the kids, but as soon as I got off the field at end of the day, I headed to the bar because that is all I cared about.” Now he enjoys helping people, including guiding and encouraging his grandsons who are athletes.

“I’m a lot nicer, more tolerant,” he says. “I don’t know how much time I’ve got left, but I go one day at a time. I make sure I do the best I can that day and try to be better when tomorrow comes around than I am today.”

GREG'S STORY

A hard-core drug and alcohol user since his teens, Greg was drummed out of the military on a medical discharge due to his drinking. Soon after, he completed a lengthy treatment program and stayed sober for 36 years. Eventually he became a therapist in the corrections field, with some of his clients being addicts.



Shortly after he retired in 2013, Greg says, “I decided I’ve been a good boy long enough” and began to drink occasionally. He slipped into heavy drinking before long.

Greg took on a new job as a crime scene technician, working to clean up messes after forensics officials finished their investigation at crime scenes. He also cleaned up hoarding and garbage houses.

At these locations, he could take home with him whatever he found. That included “tons of free booze,” he says. “I had a non-stop supply.”

Greg figured he “deserved a drink” while doing this messy work. Soon he was driving drunk, having blackouts, and diagnosed with diabetes. When he was falling down from the blackouts at home and hurting himself, he couldn’t hide his drinking from his wife anymore. She wanted a divorce.

Greg didn’t want to quit drinking, but he took a look at a flyer his wife gave him about Silver Sobriety. He liked the idea of being with people his own age, and he appreciated its focus on the 12 Steps. The price was also quite modest compared to other programs, and he was able to set up a payment plan.

Rather than risking the loss of his marriage and home, Greg quit his job and signed on with Silver Sobriety. A year later, after attending three meetings a week there, he has completed their initial program and is entering aftercare. He and his wife have also worked on their relationship in couples therapy. Now, he says, “There aren’t the resentments. I feel a lot of love.”

SILVER SOBRIETY FOR OLDER ADULTS

The Silver Sobriety program was founded in 2015 by two neighbors who both have long histories in recovery. Peter Oesterreich is a licensed alcohol and drug counselor, who previously directed treatment at the Senior Recovery Center. Win Miller has an extensive business background and is also an executive coach for people in recovery.

These two men lead a group of 10-12 older adults in meetings three times a week that emphasize the 12 Steps but also offers a range of other resources for supporting recovery. Most importantly, Silver Sobriety offers a unique, comprehensive peer group model of treatment for older people. Participants also attend 12 Step meetings in the community.

Silver Sobriety overcomes one common barrier for older adults in treatment by providing transportation for those living nearby. They also shifted during the pandemic to a hybrid model, allowing for online and in-person participation.

Silver Sobriety also overcomes the high-cost barrier for treatment. It is a private pay service. Full cost is \$4500, but people with high need can attend for far less.

“We’re a long-term program because all of the studies show that the longer someone stays in the program of recovery their chances for long term sobriety go up exponentially,” says Oesterreich. The program is not licensed by the state and Oesterreich does not work in counseling capacity with clients, but both he and Miller provide recovery coaching. They also make referrals to mental health services, when needed.

Silver Sobriety does very little marketing for their service. “We try to let our program grow organically,” says Oesterreich. It’s a model that could easily be replicated, he says, and he and Miller are willing to offer guidance on how to create a local version in other communities.

Greg describes the group as “a great bunch. They are very accepting. It’s not in-your-face treatment. It’s very gentle. They are very giving. You feel a lot of care.”

Pat Samples is a freelance writer, writing coach, and the author of several Hazelden publications, including Older Adults in Treatment and Older Adults After Treatment. Photos from istock.com.

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RECOVERY SPOTLIGHT

Q & A With Treatment Providers

We reached out to several providers in the Twin Cities to check in about their successes and challenges. All of them are seeing an increase in utilization of their services.

WHAT TYPES OF SUBSTANCE USE (SUD) / MENTAL HEALTH (MH) DISORDERS ARE YOU SEEING MORE OF?

JEREMIAH GARDNER
HAZELDEN BETTY FORD

We are seeing more acute mental health and substance use disorders of all kinds. For much of the pandemic, people put off getting care for lots of things, including substance use and mental health issues. As a result, many people grew progressively sicker and by the time we saw them at Hazelden Betty Ford, they were struggling mightily. We saw higher levels of severe disease among our patients throughout the past couple of years. Now, on the tail of the pandemic, more people are interested and seeking care, and in many cases, they're quite sick. The need for comprehensive services has become even more paramount. Just like it is for the country, now is becoming a time for recovery and renewal for many individuals and families.

MOLLY GILBERT
VINLAND NATIONAL CENTER

I think most of us in the field have witnessed an increase in mental health acuity levels over the past few years, which seems only to be increasing. We have to stabilize clients' mental health before we can (really) start working on their SUD issues. This is something we've always done, but the urgency and demand for MH services has definitely increased.

MARK BERVEN
NYSTROM & ASSOCIATES

We are happy to serve an increasing number of people in both our residential and outpatient programs. Our clients come with a wide assortment of issues and needs. We continue to provide addiction treatment, and also treat co-occurring and psychiatric needs. We are the top one-stop-shop for all behavioral health needs.

KARA FRAHM
ELITE RECOVERY AND ELITE EMPOWER FOR WOMEN

All mental health disorders are elevated. Substance use is consistent for type, more fentanyl.

WHAT TYPES OF CHALLENGES ARE YOU FACING RIGHT NOW IN PROVIDING SERVICES TO THE SUBSTANCE USE DISORDER POPULATION?

KARA FRAHM
ELITE RECOVERY AND ELITE EMPOWER FOR WOMEN

MH challenges are high acuity and people are struggling with co-occurring more, so focusing on just SUD isn't an option anymore.

MARK BERVEN
NYSTROM & ASSOCIATES

As Covid-19 lingers and the opioid epidemic continues, our greatest challenge is to keep up with the growing demand for treatment. We are pleased to offer hybrid treatment and services in 24 licensed facilities around the state, making it possible to come in person and to meet client needs with a remote option.

JEREMIAH GARDNER
HAZELDEN BETTY FORD

Not only are the people who grew sicker during the pandemic beginning to seek care now in greater numbers, but so too are people who are earlier in the progression of their substance use disorder. The continuum of care needs to expand

on both ends—we need more options for people with mild and moderate substance use disorders and we need more resources and delivery mechanisms to support individuals and families through the long-term process of recovering from severe SUDs.

We're also seeing more people reach out for mental health care first. The reality is that most of our patients have co-occurring substance use and mental health conditions, but many may identify one before the other. Our responsibility as caregivers is to widen the door and meet people where they are, and to, in fact, offer many doors so that behavioral health care is accessible as possible.

Other challenges we're tackling include workforce demands—hiring enough skilled clinicians to keep up with demand—and of course fentanyl, a particularly poisonous opioid that is now commonly laced into many substances sold illicitly, and responsible for the nation's continued rise in overdose deaths.

MOLLY GILBERT
VINLAND NATIONAL CENTER

That not all counties nor providers are on the same page regarding Direct Access and how it works.

Then of course, some insurance companies creating more barriers for their clients to access care.

Q&A WITH PROVIDERS to pg 9



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St Paul, MN	1821 University Ave West #385	612-326-7602
Elk River, MN	19230 Evans St NW #203	612-454-2011
Litchfield, MN	114 North Holcombe	320-693-2461
Olivia, MN	104 So. 4 th Street	320-400-0001
St Peter, MN	320 Sunrise Drive #B	507-931-0918

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from page 8

WHAT SUCCESSES ARE YOU SEEING IN DELIVERING SERVICES TO CLIENTS WITH SUD?

MARK BERVEN
NYSTROM & ASSOCIATES

Every day we see people getting better and building a life in recovery. Addiction is treatable!

JEREMIAH GARDNER
HAZELDEN BETTY FORD

The longer patients and families engage in a continuum of comprehensive care and support services, the healthier they tend to report feeling, so we see a lot of success when that happens. Recovery is everywhere, and thousands of our patients continue to initiate and sustain recovery every day, providing a constant, powerful source of healing and hope for those who are struggling.

MOLLY GILBERT
VINLAND NATIONAL CENTER

I think we all get to witness miracles in this field of work daily. Remembering these success stories during challenging times is important for all of us, and is a great reminder of why we do what we do every day.

KARA FRAHM
ELITE RECOVERY AND ELITE EMPOWER FOR WOMEN

Being able to deliver a full continuum of care (from intervention to residential and everything in between) whether it be within our organization or because of our strong community partnerships. Our team is strong and we act quickly, so seeing potential clients get into the right level of care fast and also watching our groups grow in numbers that we have not seen before. Utilizing treatment coordination and peer recovery is helping our clients address their MH issues alongside SUD. We see each person as an individual and believe client-centered care is ideal. Because of this, we are seeing more people feeling a sense of belonging and getting the specialized care and/or wrap around services for a total package recovery.

IS THERE ANYTHING ELSE YOU CAN SHARE WITH US ABOUT WHAT YOU ARE SEEING IN THE FIELD?

MARK BERVEN
NYSTROM & ASSOCIATES

Treatment is, more and more, happening on a continuum of care. No mat-

ter where a person enters treatment, they will slide up or down in intensity of services to the correct level of support. This is determined by a client's progress and behaviors. People are not "discharged" from treatment but moved to the appropriate level of care.

MOLLY GILBERT
VINLAND NATIONAL CENTER

I believe that we are extremely fortunate within the state of MN to have so many great resources for people who are looking for and wanting help. Whether it be SUD detox services or mental health emergency care; SUD services and MH combined; from eating disorders to disability specialists, to step-down programs like sober living or supportive housing, we are truly fortunate to have some of the best in the field within our midst. I rely on these partners daily in trying to help people get the proper care and services they need, and am so grateful to work with these outstanding professionals who care deeply about the people and services they provide.

JEREMIAH GARDNER
HAZELDEN BETTY FORD

Navigating health care is not easy. Patients need us to facilitate access, not just provide it. That means creating systems where there is no wrong door to entry, and making sure we are able to provide what they need, when and where they need it. We are continuing to invest in both facility-based care as well as new digital and virtual pathways for patients that empower them to engage and stay engaged. It's a hybridized world now, and we're embracing the opportunities that presents for our patients.

A special thank you to the providers who participated in our survey.

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Nothing About Us Without Us

by Maj. John G. Donovan

Over two decades ago "Big Pharma" introduced a new pain medication to the market. It was known as Oxycontin. It was marketed as a breakthrough in pain management as it was highly effective in relieving pain and it was non-addictive. Doctors prescribed, drugstores supplied and the opioid epidemic was born.

Recently the State Attorney General, Keith Ellison, held a listening session in St. Cloud, MN. During his address he talked about opioid manufacturer Johnson & Johnson and three of the nation's largest opioid distributors, Cardinal Health, McKesson and AmerisourceBergen. These pharmaceutical companies have agreed to a \$26 billion settlement, including \$303 million that will go to Minnesota, for prevention, recovery, harm reduction and other options to address the opioid epidemic.

As the Director of the Recovery Community Network (RCN), I have witnessed firsthand how individuals, families and communities have been devastated by these predatory pharmaceutical practices. It is only right and just that "Big Pharma" be held to account for their role in this plague that has ravaged our nation.

However, what is equally important is that people in recovery and Recovery Community Organizations have a voice in how to best use these funds. We have data, best-practices, lived experiences and evidenced based solutions on how to address this problem. As our motto goes, "Nothing About Us Without Us."

For those of you who might not be familiar with Recovery Community Organizations (RCOs), we are nonprofit organizations led and governed by people in recovery. We do not provide clinical services or treatment. Instead, we offer a flexible model of free, ongoing peer recovery support services, education and advocacy for individuals, families and communities affected by substance use disorder. RCOs honor and support all pathways to recovery, including harm reduction strategies, and we work across systems such as criminal justice or housing to remove barriers to recovery. Our sole mission is to mobilize

resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery. We do this primarily through public education, advocacy, and/or peer-to-peer recovery support services.

Additionally, in its comprehensive plan to reform the substance use disorder treatment system in Minnesota released in 2017, the Minnesota Department of Human Services (DHS) stated: "It is necessary to transform our state's substance use disorder (SUD) treatment system from an acute, episodic model of treatment to a chronic disease, longitudinal model of care. Creating a person-centered recovery-oriented system of care in Minnesota will expand and enhance the nature of services available for substance use disorder, while improving integration and coordination with the rest of health care." Recovery Community Organizations like the RCN represent a large portion of this person-centered recovery-oriented system of care in Minnesota.

In the weeks and months to come, county and civic leaders will hold talks about how to use these settlement funds. It is imperative to include the "recovery community" in these discussions. Not only do we need to hear from healers, but we need to hear from those who have been harmed. "Nothing About Us Without Us."

Maj. John G. Donovan, M.Ed., C.P.R.S. is a person in long-term recovery with over forty years of abstinence. He is the director of the Recovery Community Network and is the author of the book, "A Soldier's Recovery Journey".

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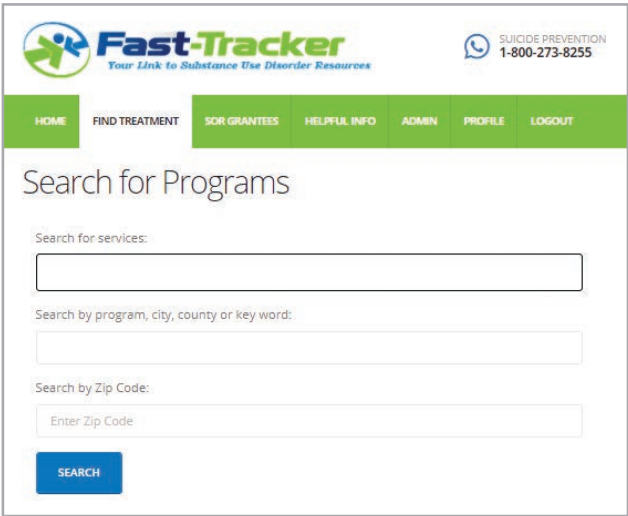
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Treatment Providers

The following directory consists of some of the substance use disorder programs/providers in Minnesota that have listed their services on Fast-Tracker (as of September 2022).

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

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



A Better Connection
Park Rapids
218-252-2785

Abria Recovery
Burnsville
952-406-8105

Alliance Wellness Center
Bloomington
952-562-3740

Alluma
Crookston
218-281-3940

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

Avivo Outpatient
Minneapolis
612-752-8074

Burkwood Treatment Center
Hudson (WI)
877-373-0352

Canvas Health
Multiple locations
651-777-5222

Club Recovery
Edina
952-926-2526

Conceptual Counseling
St. Paul
651-221-0334

Cornerstone Therapy and Recovery Center
St. Paul
651-645-0980

CREATE, Inc.
Multiple locations
612-874-9811

Divine Hope Counseling
Willmar
320-231-9763

Elite Recovery
Saint Paul
612-719-4137

Fairview Adult Substance Use Assessment Services
Multiple locations
612-672-2736

Freedom Center
Multiple locations
763-308-0006

Gateway Recovery Center
Inver Grove Heights
833-DETOX-80

Grace Counseling Services
East Bethel
763-413-8838

Haven Chemical Health
Multiple locations
651-734-9633

Hazelden Betty Ford Foundation
Multiple locations
800-257-7800

Hope House of Itasca County, Inc.
Multiple locations
1-800-605-6047

Lake Country Associates
Multiple locations
218-564-9229

Lakeplace Retreat Center
Bovey
218-245-1395

Lakeview Behavioral Health
Multiple locations
1-866-327-LAKE (5253)

Lakeside Academy
Buffalo
844-768-8336 (TEEN)

Life Transformations
Breckenridge
701-640-8915

Living Free Recovery
Brooklyn Park
763-315-7170

Meridian Behavioral Health
Multiple Locations
877-367-1715

Minnesota Adult & Teen Challenge
Multiple locations
612-373-3366

Minnesota Alcohol/Drug Assessments
Menahga
218-640-6133

Minnesota Alternatives
Spring Lake Park
763-789-4895

Native American Community Clinic
Minneapolis
612-872-8086

New Beginnings
Multiple locations
1-855-771-1659

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

Northland Recovery Center
Multiple locations
800-626-0377

Northstar Behavioral Health
Multiple locations
651-341-0929

NorthStar Regional
Multiple locations
1-833-677-4673

NUWAY
Multiple locations
651-404-2000

Nystrom Treatment
Multiple locations
651-529-8479

Omada Behavioral Health Services
Northfield
507-664-9407

Options Family & Behavior Services
Multiple locations
952-522-2074

Park Avenue Center
Minneapolis
612-871-7443

Partners Behavioral Healthcare
Multiple locations
888-910-6355

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

Professional Recovery Organization LLC
Woodbury
651-204-9144

Progress Valley
Minneapolis
612-345-4227

Project Turnabout Centers for Addiction Recovery
Multiple locations
1-800-862-1453

Rainbow Health
Saint Paul
612-341-2060

Recovering Hope Treatment Center
Mora
844-314-4673

River Ridge Recovery
Eagan / Plymouth
952-522-1770

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Turnabout

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www.ProjectTurnabout.org

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Elk River
763-421-5590

Rogers Behavioral Health
Minneapolis / Saint Paul
888-927-2203

RS EDEN
Minneapolis
612-338-0723

Sage Prairie
Burnsville / Eagan
1-877-915-SAGE (7243)

ShareHouse, Inc.
Fargo
701-561-1779

St. Cloud Hospital-CentraCare
St. Cloud
320-240-7897

The Meadows
IOP and Virtual Outpatient Services
800-244-4949

Tubman's Chrysalis Center
Minneapolis
612-870-2426

Turning Point
Minneapolis
612-520-4004

Valhalla Place (BHG)
Multiple locations
844-535-7291

Veemah Outpatient
Crystal
763-202-4767

Villa at Bryn Mawr
Minneapolis
612.377.4723

Vinland National Center
Multiple locations

Wayside Recovery Center
Multiple locations
651-242-5540

Woodland Centers
Multiple locations
320-235-4613

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- Daily or weekly check ins
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Housing Support

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- We connect participants with landlords who provide housing to people with challenging credit, rental or criminal histories.

Peer-to-Peer Services

- 1:1 peer support services
- Walk in or scheduled
- Person-centered and focused on strengths and resiliency
- MN board-certified peer recovery specialists and trained volunteer personnel

Veterans' Program

- 1:1 veteran and military peer recovery coaches
- Housing assistance and resource referrals
- Recovery Coach Academy scholarships for veterans and family members

Self help / Mutual aid Groups

- Many pathways to recovery
- A.A, Aftercare, SMART Recovery, Sober Squad, and Women's All Recovery.
- Spanish-speaking meetings available

Our mission: We collaborate with members, partners and allies of the recovery community to broaden recovery resources in Central MN through no-cost, peer-to-peer support services, public education and advocacy.

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Yussuf Shafie

Yussuf Shafie MSW, LICSW is a graduate of the University of Minnesota. Yussuf is an active and well-respected member of the addiction community. He is a licensed Drug and Alcohol Counselor (LADC) with the Board of Behavioral Health. He completed his internship with the Community University Health Care Center as a Social Work Triage Specialist, and he continued on as a Mental Health Practitioner with CUHCC. In 2015, Yussuf opened Alliance Wellness Center in Bloomington, MN, a DHS licensed Substance Abuse Outpatient and Inpatient Treatment Program. He is Board member of the Minnesota Trauma Project and Minnesota Recovery Connection. Yussuf's passion is to bring wellness to those affected by addiction and mental health problems.

SERVING THE SOMALI COMMUNITY AND BEYOND

Ask the Expert

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

substance use and/or mental health disorders?

The biggest challenge is shame; the clients feel a lot of shame. Our culture hasn't been educated about addiction or mental health. A lot of people struggle with understanding that mental health and addiction are a disease. Families won't admit that one of their family members has mental health issues or that they died from an overdose.

It sounds as if there's a stigma around mental health and substance use disorders in the East African and West African communities? What do you think contributes to this? What steps can be taken to reduce the stigma?

That's a good question. People just don't understand substance abuse as a disease. It's new to us. Our culture teaches us not to talk about addiction or mental health. It's part of the challenge.

What do you do if you can't talk about it?

We pretend like everything is fine. We hold hands and sing Kum Ba Yah. {At this point we both laughed.} I mean, we all know that's not true, right? We – the counselors who are trying to help – are kind of challenged. However, I like a challenge. A lot of the shame comes from not understanding what addiction really is, but I think people are finally coming around. It took a while. It really took quite a while. Finally, we're getting there. We at Alliance Wellness Center invested a lot of time educating the community about these issues, talking about how addiction is a disease and that it can be treated.

It sounds as if you're building the whole foundation while you're building the Alliance Wellness Center. What were some of the things that you did to educate your community?

We had people who had gone through our recovery program share their experience of what they went through in community settings and that helped a lot. They talked about what their issues were, what

they overcame, what helped them, and what didn't. We also offered a lot of Zoom classes. Not just for clients but for families. For example, we had classes on how to love someone with addiction.

It sounds as if you had to build the foundation for recovery under the wellness center at the same time as you built the Alliance Wellness Center.

Yes, pretty much.

Does the Somali community feel that the AA program works for them?

The concepts are kind of hard for people to grasp, because the ideas go in circles, there's a lot of the God stuff and Higher Power, that confuses people because if you're Muslim, you're not supposed to drink alcohol or do drugs, so it's kind of complicated.

There's a group in New York called the Islamic Millati that's AA-Muslim based. It's a group that has adapted AA to make sense for the Muslim population.*

**Editor's Note: See our website for resources Yussuf recommends.*

What are some of the unique cultural traditions, customs, language needs, and spiritual considerations that can be drawn upon to help with recovery? Do these vary among the communities?

Prayer is a big thing. Spirituality is a big thing, we try to talk with them about their Higher Power, but it's different for every client, because for some people spirituality and religion can be triggering. When the client is open to spirituality it might mean doing prayer five times a day, reading the Koran, having an Imam come and talk to the client about forgiveness and how Islam can help them overcome addiction. For others, that could trigger more shame rather than being helpful. Some clients feel guilty, like 'I'm a bad son,' or 'I'm a bad daughter.' The spirituality aspect can trigger more shame rather than being helpful.

What other things do you do that are culturally specific?

The client might be ignorant about addiction, but also families need edu-

Please share with our readers a bit about yourself.

I'm Yussuf Shafie, owner and director of Alliance Wellness Center, a culturally specific treatment center that I've owned since 2015. Alliance Wellness Center works with East African immigrants and refugees, primarily Somali. We do get some referrals for Eritrean, Sudanese, and Ethiopians and work with people from those cultures, too.

How do people find you?

Folks come from a lot of different sources. People can call; they can look it up online. Many who find us have talked to people who have been through the program. Some clients get referred to us from other treatment centers, from jails. Others are court-mandated to get treatment. Some are sent by their families who just want to help their loved ones.

What are some of the biggest challenges that an African immigrant or refugee may face when living with

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Denise S McAlpin, MA, LADC
denise@dsmrecoveryhealth.com
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from page 12

cating so that they understand that this person is sick. People think, “He stole from me.” Or “She did A, B, and C to me.” Both the client and the family need educating to see it as an illness.

Q Are there language barriers? Is there a need for more East African counselors? Do you have enough counselors?

There are a few people who don’t understand English. We have Somali counselors, I’m a counselor, so we have Somalis who are credentialed that speak the language. That makes it easier for us. We need more Somali counselors. In order to raise awareness of this need, we talk to students in the schools and encourage them to go into addiction studies or become a social worker. Many of the people who go to college for addiction studies have either experienced addiction problems themselves or someone in their family has. This is true for Somali counselors, as well.

Q What impact has Covid had?

It’s been really hard. We love to sit around and socialize. The whole isola-

tion and quarantine were really difficult for our community. Unfortunately, we lost a lot of young people to opioid overdoses during Covid. People were using them at a higher rate because they were just at home. Plus, people had access to a lot of unemployment money. It really hit hard for a lot of people which is unfortunate. When the state shutdown, we offered all of our programs virtually during that time.

Q Did you have any access to research during your studies that was specific to the impact of addiction on the Somali and East African population?

There wasn’t any research on East Africans and addiction. There isn’t much literature.

A special thank you to Mary E. Berg who helped facilitate and interview Shafie for this issue's "Ask the Expert."

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

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New Beginnings IOP - 8 Locations
Oakridge - Rochester, MN
Tapestry - St. Paul, MN
Twin Town - St. Paul, MN

from page 1

ple happy. Yet too many of us in our contemporary society are very prone to allowing others to define our value and decide who we are. Like the man in the example, we remain mystified and depressed. Wouldn't it be a lot better for us to understand why we react the way we do and understand what we could do to not allow others to define who we are?

CHARACTERISTICS OF PEOPLE PLEASING

People who are prone to allowing others to define who they are either episodically or persistently are often very good-hearted and caring humans. Unfortunately, at times they sacrifice their own identities just to be close to others and they swallow their self-respect. They may be strong at times but wilt under pressure. Most of us would react to such people with a combination of compassion and concern. Privately we might wish they would just get a backbone, express their disagreement with others, and be who they really are. It may frustrate us to watch people give up on their own identities and not accept what good people they already are. Sadly, as the quote above implies, people who allow others to define them are often complicit in their own oppression. Many of them defer to others as a general pattern in relationships overall. Deferring to others may include the following characteristics:

- A knee-jerk reaction to blame themselves first in relational conflicts
- Difficulty with setting boundaries with others
- Tendency to avoid conflicts in general
- Chronic pretending in relationships so that negative aspects of the self are rarely shown
- Inability to see how other people are blaming or scapegoating them
- Over willingness to absorb heartache in others as if it were their own failures
- Deep fear of abandonment and rejection
- Undercurrent of hidden anger behind the mask of compliance
- Histories of depression and anxiety disorders

PSYCHOLOGICAL ROOTS OF ALLOWING OTHERS TO DEFINE US

Certainly any of us may be prone to getting caught off guard and allow another person's opinion of us get to us. We may be unconsciously reenacting struggles from past relationships. For example, the man in the story above may be feeling somewhat dispensable already, due to his being an aging staff person working with kids and looking to his youthful supervisor to make him feel more needed. When she was unable to affirm him, it reminded him of how unsupported he felt as a boy with his somewhat remote parents and he got depressed. He was not recognizing that it wasn't her job to make him feel needed and by blaming himself he was unable to see fault in her limitations and superficiality in supporting him, as he did with his own parents. Typically, giving up our identity to others is an unconscious survival strategy we use to cope with being abandoned emotionally in childhood. Some of us unknowingly strategize that if we are making other people happy or making other people's issues our own failings then we are serving a purpose and will not be abandoned. Often the strategy to make other people

happy is our unconscious wish to be made happy by other people's reciprocal attention. Unfortunately, such a survival strategy never allows us to face our grief over being abandoned, and it limits the authenticity of our identities.

HOW SEX ROLES AND CULTURE DEplete OUR IDENTITIES

How we have been raised to be male or female in this culture considerably affects how willing we are to give up our identities to others. Although women have a tougher road to hoe than men when it comes to holding onto identity in our culture, both sexes are prone to deferring to others. Many young women these days are increasingly asserting their identities in academics and athletics yet are acutely aware of the social pressures to be seen as thin and attractive. This having to be a "hottie" effect puts an extra burden on women to be something they are not or don't want to be and undermines the value of who they are already. Eating disorders, abusive relationship with men, and "dumbing down" to fit in diminish the identities of young women. On the other hand, young males are often culturally thrust into workaholic corporate roles or expected to be the dutiful hero in giving their lives for their country long before they have any idea of who they really are as human beings. The grandiosity of males to be bigger than life and out of touch with who they are often reflects our culture's idealization of male heroic roles. The roles we put men and women in as a culture often cause them to have fragmented and incomplete identities and be prone to conformity and passivity.

Over-reliance on media undermines our identities. Children in our society watch TV on average 35 hours per week for entertainment's sake and are prone to childhood obesity and loss of identity. Rather than looking within themselves or peer friendships to develop imagination and create their own happiness, they are being trained to passively defer to electronic media to entertain them. When our brains are glued to electronic media they aren't developing the neural pathways that promote self-reflection, imagination, and autonomy. We need to be in human relationships to do that because we humans are wired to be social creatures. What doesn't get fired, doesn't get wired and many young adults have considerable difficulty with passivity and thinking for themselves. Children who live on the web don't risk the face-to-face contact of human relationships and have diminished social skills. The dramatic increase in social anxiety, mood disorders and chronic shyness among young adults is a likely result of over reliance on electronica.

GETTING A BACKBONE

It's best to be aware of your skill at diplomacy. Putting other people at ease is not something everybody can do. However the drawback of being too tactful and diminishing from your own identity will not make you very happy. You don't make real friends that way. You also don't like yourself that way. Plus, there are times you just need to stand up for yourself no matter what the other person thinks.

The man in the example above benefited from writing a response to his work

Wouldn't it be a lot better for us to understand why we react the way we do and understand what we could do to not allow others to define who we are?

evaluation. Doing so didn't change the evaluation but it did affirm what he had to offer in the workplace and enabled him to be more receptive to reasonable parts of his work evaluation. Unless we are in life-or-death threatening situations, conformity is generally not a good idea. In fact, it would be healthier for us to assume complete responsibility for our own identities. We each ought to be the CEO's of our own corporation—ourselves. Others may tell us who we are but ultimately we make the final decision of who we are, just like the head honchos at workplaces.

It's best to have skills for asking for what we feel and need. Read, *Your Perfect Right* by Robert E. Alberti and Michael L. Emmons. It's also wise to learn how to not take on other people's issues. Much of what is said by another to be true about ourselves may in fact be more true of what is going on inside the other person. Many of us need to learn to externalize what others bring to us and have a more balanced view of ourselves. You may learn such emotional boundaries from reading, *Don't Take It Personally* by Elayne Savage and getting involved in a good Al-Anon group which affirms your identity apart from others.

Needless to say, if you've read this article, you can tell I'm not a big fan of vicarious relating through electronica. May I suggest you have face-to-face encounters with important people in your life, take walks with people you have lost touch with, and receive hugs from people who love you. There's no replacing the real thing. That includes being who you really are, imperfections and all. We are all good enough just as we are.

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

This article first appeared in the November 2007 issue of The Phoenix Spirit. John is taking a break from writing this issue.

HUNGER

I felt a restlessness that
nothing seemed to still.
A hunger that I tried so
hard to fill.

I searched outside myself
and found no peace,
Spiraled down dark paths
without surcease.

I turned to spending, food,
and men as drugs,
And numbed the inner pain
with slugs of alcohol.

Until one day I paused my
frantic pace,
Began a search for healing,
calming space.

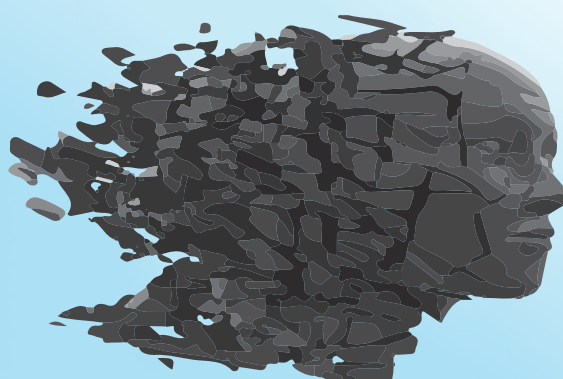
Today the stillness is my
resting place,
my true desire to know and
feel God's grace.

My Higher Power was there
my whole life long,
I needed this rebirth to hear
Love's song.

MARY B.

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1:2

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

CO-DEPENDENCY

A Little Bit of Give and Take

by Louise Elowen

Co-dependency. A term that I was unfamiliar with until I actually fell into a co-dependent relationship. I didn't even know that that was what it was until I emerged on the other side of it. I mean, how can you be *co-dependent* on another person and lose all parts of yourself? I was familiar with the concept of partnership, where there is a little bit of give and take in a (healthy) relationship, but *co-dependency*? The term was as alien to me as living my life on another planet.

I was *so* strong, confident, and knowledgeable when I met him. At least I thought that I was. Unfortunately, he was a narcissist (another term that I was unfamiliar with at the time), an addict, and an abuser. Those three conditions don't always coincide in one person but in my case they did, and it was the perfect cocktail for a situation I didn't see happening – until it was over.

WHY I FELL INTO A CO-DEPENDENT RELATIONSHIP

Co-dependency is where one person gives up all aspects of self to serve the needs of another, regardless of their own wants and needs.

I had always been a “people pleaser,” making sure that everyone else’s needs were met before my own. I worried how other people saw me. If I made the right decisions. Always accepting social invitations, even when it wasn’t my “thing,” because I thought that it was the right thing to do. I never took time for “just me,” and if I did, I spent the whole time feeling guilty about it and that I should be doing something more productive. In other words, I was primed and ready to go for being pulled into a co-dependent relationship when the “right” person came along. I was also grieving the loss of my first husband, another complex issue that affected my decision-making at that time in my life.

A narcissist and a co-dependent are the perfect partners in crime. The chart in this article helps explain some of the key points that I found in my own co-dependent relationship.

There are many other factors in a narcissist / co-dependent relationship, but you can see why this is an unhealthy combination. This was my life. After we got over the “love bomb” phase of our relationship. It *wasn't* healthy. In fact, it eventually led to chronic autoimmune conditions for me, something I have to live with for the rest of my life, based on my poor decision making and naivety of the situation. So, how did I eventually get out?

CRISIS POINT: GETTING OUT

Eventually I reached a crisis point. I simply collapsed on the floor one day, wondering where my life had disappeared to, wondering where *I* had disappeared to. A narcissist only thinks of himself (and add in the abuse and the drinking) and is therefore always “shocked” when they get push back from those around them, especially their own partner. So, on the day that I had built up enough courage to leave and simply say “No more!” it still seemed to come as a shock for him, despite his behavior and actions. I mean, what could he have possibly done wrong?

At that point, I could only think about me. Not him. Anymore. And his “hurt” feelings. I had to recover and heal. And this was not the first time that I had tried to address the issue. It was in fact one of several attempts. But this time it was for *real*. I left him in my rear-view window and turned my focus on me.

RECOVERY AND HEALING

Recovery was slow. I am talking *years*, not months. Learning to find my-

NARCISSIST	CO-DEPENDENT
Loves having someone to take care of them	Feels the need to take care of others
Puts self first at all costs	Puts self last at all costs
Dominant in a relationship	Sub servient in a relationship (people pleaser)
Always makes the decisions in the relationship	Never makes the decisions in the relationship (or if does, is persuaded otherwise)
Demands that everyone conforms to their every desire	Conforms to everyone's desire (except their own)
Expects everyone to say "Yes" to their requests	Can't say "No" to requests
Thinks only of self	Thinks of everyone else but self
Taker	Giver
No boundaries (in taking)	No boundaries (in giving)

self again or acknowledging the death of the “old me” and letting the “new me” emerge was a slow and painful process. I first saw a therapist but felt that I had exhausted the benefits of that after a year or so. So, I went within. Within me. To *find* me. In this 24/7 world that we live in, how many people can honestly say that they have done that? Taken time – *real* time – only with themselves and not others?

I also gardened. In fact, I *created* a garden. A big garden! I got back in touch with nature and my roots. Literally. I painted. My whole house. Lots of color, a thing that had been missing in my life for a long time. I didn't let my health issues prevent me from unleashing the creative self within me. I found a part of me that I didn't even know existed. Until now. I just took my time with it all. It felt like my crushed soul had finally been allowed out to play. To live.

Slowly, I acknowledged that the girl I was before I met him had grown into the woman who emerged after I left him. Parts of the “old me” were still there, but they had grown, matured, and learned from the experience.

I have now lived alone for seven years, except for the companionship of my dog. And it has been one of the most frightening, yet most exhilarating, and most discovering parts of my life. I now know who the real me is. And I am not going to lose her. For me. Or for anyone else.

Louise Elowen was in a codependent, abusive relationship with an alcoholic for over 10 years. She is a published writer and editor who writes about her experiences to help others in similar situations and to advocate for recognition of "the other side of the story."

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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

Understanding Eating Disorders, Treatment, and Recovery: First Thursday, every other month, 6-7:30pm. 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 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 or call Tracy at 651-587-8006.

Debtors Anonymous: a group of men and women who use the 12-Step program to solve problems with debt and other money issues.; www.daminnnesota.org 952-953-8438. Check website for locations and different dates and times.

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. We provide strong couple support and model healthy couple-ship. Unity Church, 733 Portland Ave, St Paul, 55104. Enter the building through the parking lot door and take the elevator to the basement. Please check us out! Contact Dave at 651-214-5747 or Connie at 651-307-7964 for more information.

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: a group of men and women who use the 12-Step program to solve problems with debt and other money issues.; www.daminnnesota.org 952-953-8438. Tues, 7-8 pm, Unity Church Unitarian (H), 732 Holly Avenue, St. Paul, MN 55104.

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: 7-8pm at St. Columbia Church/School, 1330 Blair Ave., St. Paul, 55104. For more info call 952-404-1488. More locations.

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/

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.

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

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.

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

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

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

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

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

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 and any schedule updates: Gretchen 615-423-9444, Liz 612-229-8930, email: 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.ldaminnnesota.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 or 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: Sat. 10am at Linden Hills Congregational Church, 4200 Upton Ave South, Mpls. Enter at the back door. 952-404-1488. Call for locations.

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

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 rrwink@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 Newcomer Meeting: Third Saturday of the month, 1pm.2pm. Sumner Library, 611 Van White Memorial Blvd., Mpls, 55411. For more info contact Allison @ 612-499-0280, Gene @ 952-835-0789 or visit www.overeaters.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

Debtors Anonymous: men and women using the 12-Steps to solve problems with debt and other money issues.; www.daminnnesota.org 952-953-8438. 9-10am, Bethel Evangelical Lutheran Church, 4120 17th Ave. S., Mpls, 55407 (rooms 7 & 8, enter sliding glass door facing parking lot.)

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/tcocdsg. Call before coming for direction. Burt at 612-547-6388.

Adult Children of Alcoholics & Dysfunctional Families: Saturday, 10am, ACA Club Fridley, Moon Plaza, Boardroom in the lower level of Unity Hospital, 550 Osborne Road, Fridley. Please see 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.

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

Adult Children of Alcoholic/ Dysfunctional Families (ACA)-BigRed Book: . 11:15am-12:45pm at the Cavalier Club. 7179 Washington Ave S., Edina, MN 55439, voicemail: 507- 312-9423, acal115sunday@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. 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 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. Thank you.



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

I lost everything I loved in me.
Now I'm finding myself again.
I will

Rise
above

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I slept and dreamt that life was joy.
I awoke and saw that life was service.
I acted and behold, service was joy.

RABINDRANATH TAGORE



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Freedom from addiction starts [here](#).

Currents of Change

by **Mary Lou Logsdon**



The only way to make sense out of change is to plunge into it, move with it, and join the dance.
— ALAN WATTS

I live seven blocks from the edge of a bluff that was left standing by a larger, older, and mightier Mississippi River than now flows along its banks. These sandstone bluffs continue to erode. Wind, rain, and ice sculpt its edges. Saturated with water, rocks loosen and small disturbances trigger rockslides, hunks of stone give way and rumble to the bottom.

Water flows, carves, wears away whether in liquid or solid state. Water is an agent of change. So is a virus.

We continue to wander through a world in transition. We are a little clearer on where we have been, but not yet certain where we will go. Surely, by now we should be back on firmer ground, back to the way things are supposed to be, back to knowing what is next! But who knows what that is? Our memories are short. What was it like before?

The early 2020s have been like a cascading river of change that gains momentum as it flows to its terminus, wearing down boundaries, sweeping away vulnerable landmarks, washing up whatever lies in its path. A tiny virus mutates over and over stealing lives, trust, and routines so engrained we considered them sacred. A changing climate brings deadly heat waves, torrential rains, and drought induced wildfires. Racism and gun violence terrorize communities. The reemergence of power-grabbing autocrats threatens democracy in ways not seen in a century. And then there are our own personal and relational changes!

Change is no longer a choice. Change is coming, has come, will continue to come. Can we change with it? Will we? What if we refuse?

I am not always amenable to change. Sometimes I am like the bluffs bordering the Mississippi—fixed, stolid, rigid. At other times I am more like the broken tree limb swept down river, eventually snarled by exposed roots along the shore, going with the flow until I get entangled by my own fretful fears. Rarely do I float along, trusting it will carry me where I need to go.

However I meet it, change inevitably comes. In the end, I must either cross treacherous waters or stay stuck as the world moves on.

I embrace some change—winter moving to spring, an enlarged circle of friends, the fresh coat of paint that brightens the stairwell. I resist others—my physical diminishment, the collapse of a relationship, the loss of communal gatherings.

Changes I expect, choose, or foresee I accept more readily. Even if I don't want them, like the darkening skies of November, I don't deny or fight them. The trouble is life brings changes that are not welcome, changes I haven't solicited though I may have chosen some by my own unconsciousness.

Change brings sorrow and loss. French author, Anatole France, says, "All changes, even the most longed for, have their melancholy; for what we leave behind us is a part of ourselves; we must die to one life before we can enter another." In the midst of all this change, we must stop to grieve what is gone. Otherwise, we drag it along like a

trailer of broken artifacts looking for open shelves in someone else's museum.

How do I navigate this wild river of change? Where is a safe harbor? How do I get to the other side?

I am a hiker. When I come upon a rushing stream or river I need to cross, I look for stepping stones—the flat rocks just above the surface where the water breaks as it meets the stone. Often, I only see one secure spot from the shore. I trust that once I get there, I will be able to find another. One by one I make my way across the water, step by step. In this current river of change, my habits and practices—mediation, journaling, daily walks—are the first stepping stone. They give me an interim landing spot. There are days I can only take that first step, not yet seeing what might follow. I choose a practice to begin—perhaps I meditate or go for a walk. Once I am there, I trust the next stone will appear.

When freedom seeking slaves crossed the Ohio River to reach a non-slave state, undercover guides pointed the way across dangerous waters, coached them on where to go next, and who to trust. We can find our own guides to help cross the roiling river of change. I have wisdom people in my life to whom I turn when life's complexities and challenges ask more of me than I can give. I turn to trustworthy confidants, a spiritual director, authors, both living and dead, that are wise and knowing. I sink into their wisdom and braid what they give me with what I already know.

Another way those who came before us crossed difficult waters was to form a bridge of helpmates. Communities crossing the plains in horse-drawn wagons traversed rivers and streams. Connected with each other, they forded flowing waters, forming a chain of people. As a child of our American independent spirit, I like to think that I can manage whatever comes my way all by myself. I feel brave and heroic when I attempt to cross these challenging times alone, until I stumble and am swept away by the velocity of the moving water. Joining fellow travelers might take a little longer but I am much more likely to make it to the other side.

We are not meant to be alone. We are born dependent upon our caregivers. We seek play-mates as children. We choose life-mates as adults. We form families of kinship or friendship along the way. We are not meant to navigate difficult times alone.

What changes are disrupting your life? Where are your stepping stones? Who are your wisdom guides? What community holds your hand through these arduous times? What have you left that you still need to mourn?

These rivers can be crossed but it won't be easy. It will take many of us working side by side, extending a hand, seeking wisdom together. I have confidence that we will do this, but not alone, not quickly, not without stumbles and wounds.

We are living at a time of great change. I count it as a blessing.

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