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BRAVO ZULU HOUSE

New Sober House for Veterans with PTSD Offers 'A Chance to Heal'

by Angelo Gentile

The numbers tell the story. In 2022, nearly 18 U.S. military veterans died by suicide each day, according to statistics from the Department of Veterans Affairs.

Some sources say that number may likely be higher, closer to 22 a day, according to Tim Murray, executive director of Bravo Zulu House, a recently opened sober house in southern Minnesota designed to be an all-military home to serve veterans. Murray further said that since 9/11, 2001, about 7,500 U.S. service members have died in direct combat. By contrast, in that same 24-year period, about 153,000 veterans and service members have killed themselves.

With those high rates of suicide among the military, Murray and other organizers of Bravo Zulu House hope their new facility can help veterans stay sober while treating their post-traumatic stress

disorder (PTSD), and provide a supportive place to heal.

"Lack of sobriety is the number one barrier to effectively treating PTSD," Murray told The Phoenix Spirit in a recent interview. "I can't treat you for PTSD until I can get you sober, so go to treatment, then get help with your PTSD."

This concept, in which individuals first go through alcohol treatment and then come to Bravo Zulu House afterward for PTSD therapy, is considered to be the first of its kind in the country, according to Murray, who also leads St. Paul-based Trinity Sober Homes, a faith-based sober-house network. Trinity also operates Bravo Zulu.

Alcohol and drug addiction issues and PTSD "can't be worked on together, it's a sequence," Murray explained. "You

SOBER HOUSE FOR VETS to pg 6



SPOTLIGHT ON RECOVERY

Recovery Community Organizations Meet Community-Specific Needs

Recovery Community Organizations (RCOs), are "the glue which make long term recovery much more possible. They create spaces for connection. They remove barriers," according to Wendy Jones, Executive Director of MARCO.

Read more on page 10

JOHN H. DRIGGS

When Your Partner Has a Temper Problem

"Anger is a symptom, a way of cloaking and expressing feelings too awful to experience directly—hurt, bitterness, grief, and, most of all, fear."

JOAN RIVERS

My Frankie is like a split personality. Most of the time he is the sweetest guy. He'd give you the shirt off his back. But when he gets mad, look out. Out of the blue he can turn into a monster. It's like he can't help himself. He gets red in the face, rants on and on over nothing, and half the time he doesn't even know why he's angry. He's never been violent with me. I wouldn't let him do that. Oh sometimes he tries to blame me. You know, his coffee is cold, so his whole day is ruined. But I know better. We've been through this too many times. I know it's him not liking himself and trying to blame me. I only wish he knew that. He'd be a lot easier to live with if he didn't put all this pressure on himself. But that's Frankie for you!

Anger can be a constructive emotion when it is specific, in control and leads to a positive solution. However, some people express anger in a vague way, are out of control in how they express it and are unclear with what they want. Indeed, some of us have partners, like the woman in the example above, who are generally loving but have real temper problems. Often such partners get furious over seemingly insignificant events, are often inconsolable, and may blame us in some vague way for their turmoil. Having a temper is like being temporarily insane. Nobody knows what caused it, nobody knows what to do about it and nobody wants to be around it. Often people who lose control are apologetic afterwards and realize they are mostly only hurting themselves. They may promise to not get mad again but they can't keep such a promise since they have no idea what made them mad in the first place or how to stop it from reoccurring. They and their loved ones get caught in a never-ending cycle of inexplicable outbursts and painful melodramas. Some of the nicest people and their partners get endlessly plagued by anger demons, a part of the brain. It's the mysterious world of the unconscious.

The good news is that with competent help people can learn to

TEMPER PROBLEMS to pg 12



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LETTER FROM THE EDITOR

Road to Nowhere

by Sharon Chapman

"A long drive to nowhere, is the best way to clear your mind."
MEGGAN ROXANNE, AUTHOR



When was the last time your brain got a break? When did you let it wander, where it wanted to, without thinking about the next thing to check off on your ever-growing to-do list? To appreciate the sound of the wind in the trees, a dog playfully chasing an invisible being, or watching two old friends greet each other. To notice that the season is in fact changing. To take your eyes off your phone.

Mental wellbeing is just as important as physical wellbeing. But it doesn't enjoy as much press time. I mean, seriously, when was the last time you checked in with your brain and asked how it was doing?

It feels like I have been going non-stop this year with a house move and renovation—plus changes within my business. So much so that back in April my body, and head in particular, protested in defiance and I ended up in the Emergency Room. Not that I have taken note since that warning because as soon as I was back up to full health again, I engaged fast forward. I *know* that I need to slow down. And/or take a break. But where do I find the time? The truth is, if I don't make the time now, I may not have the time later.

At the beginning of October, I am starting a long drive from Arizona to Florida, to attend a business conference

and tradeshow. I chose to drive, despite the distance, because I needed to take my service dog along with me, and I had product (too precious to ship) for the tradeshow. Flying would have just added to my anxiety.

So, although it may not seem like the ideal time to give my brain a break, I'm going to use those many hours of driving to "rest" my brain. I'm not talking about completely switching off (which is *not*

the safest of things to do while driving) but to allow my brain to forget about the constant to-do lists, the social media dings, and the next frantic email. To solely concentrate on the drive and the places I will be driving through.

To appreciate the changing scenery and live right in the moment. To lift my eyes from the glowing LCD screens for a while. To prioritize *me*. And my brain.

Sometimes, that's all we need to reset. To live like we used to before we became a 24/7 society. Our brains were not designed for that. We were not designed for that.

So, sit back and enjoy the ride for a while. Downtime can also be uptime if you use it right.

On the long road to nowhere (for a while at least),

Sharon

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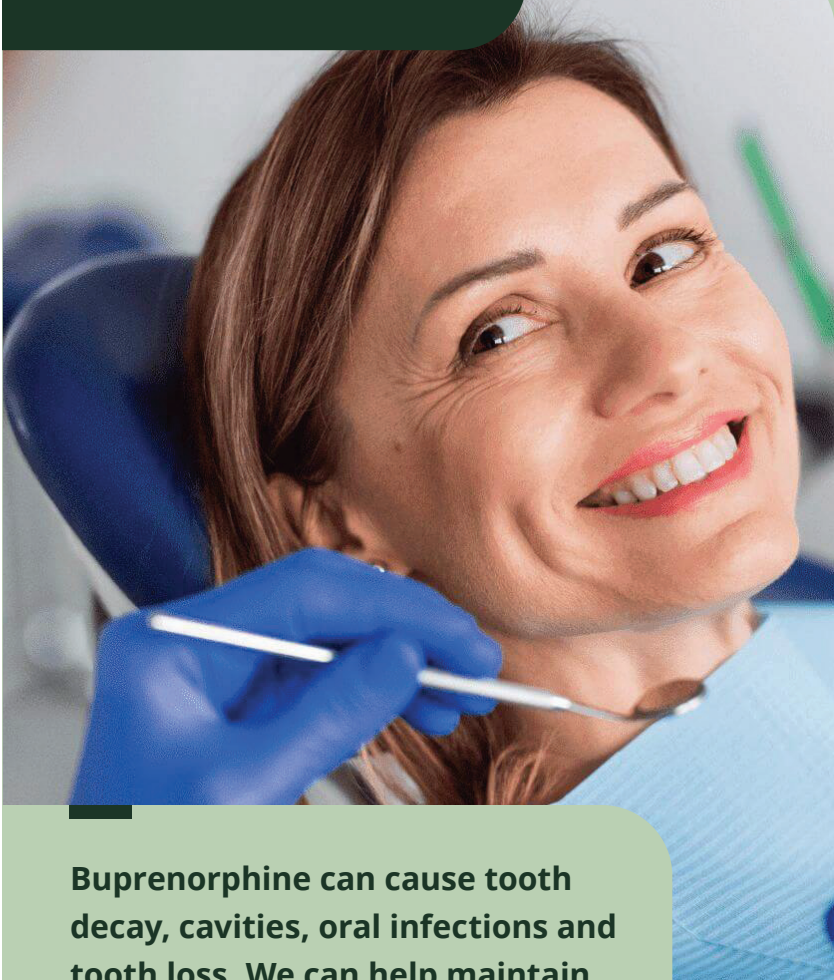
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Dr. Karl Anderson holds a Dental and Masters of Science degree from the University of Minnesota Dental school. He received training at UCLA in the early eighties in Branemark surgical training course, and he is a graduate of the Misch Institute. His specialty degree is in the field of periodontics. Dr. Anderson has placed and restored dental implants since 1985. He has been involved in the development of several implant products. He is a recovering alcoholic with long term sobriety who is passionate about helping others.

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SPOTLIGHT ON MENTAL HEALTH

Community-Made vs. Self-Made

by Seth Perry

The author / Photo illustration by Seth Perry



As a faith leader in recovery, my life exists at the nexus of personal development and spiritual growth. If you read this column regularly, you'll know that I am a recovering addict who lives well with bipolar I and that I became a pastor while in recovery. I have spent 2025 testing, deconstructing, and observing self-help modalities. One theme I encountered on this journey is the concept of being self-made.

There's nothing inherently wrong with calling oneself self-made, but something deep within me—likely shaped by my four psychiatric hospitalizations in my twenties—believes we must be cautious whenever self-empowerment is presented as an attainable goal for absolutely everyone. Becoming self-made may not be attainable to some, especially some folks in recovery. I have seen severe mental health conditions, including substance use disorder, treated successfully through the combined support of professionals and peers. My dual diagnosis requires me to seek assistance and rely on the help of others, and this is why I identify as a community-made person.

The origin of the term self-made man has a confusing history. Physician and author John Bulwer used the term to critique how people altered their natural appearance in the 17th century. When Bulwer first used the term self-made man, it was not a positive expression. Not only does this original use not match the mod-

ern connotation of the phrase self-made, but, ironically, Bulwer himself was an aristocrat. So, we have to remember that the phrase entered the English vernacular from a man who lived off a modest inheritance, thus relying on the assets of his family.

In America, many folks will tell you that Benjamin Franklin is the prototypical self-made person. Franklin was raised by a humble candlemaker, far from the lap of luxury that some of his fellow Founding Fathers enjoyed from birth. However, there are two important factors about Franklin's life that confirm his reliance on others to achieve success.

First, Franklin was literate in a time when many were not. The fact that he was taught to read, opened doors that otherwise would have remained closed. Second—and most importantly—Franklin owned slaves. Profiting from the labor of at least seven people completely disqualifies an individual from being self-made.

In contrast, someone who had almost no help rising to prominence was Harriet Tubman. Born a slave, she was illiterate her entire life, and she relied on intuition and ancestral knowledge of celestial navigation to guide slaves to freedom. However, Tubman could not have achieved her heroism without a community of individuals who maintained the network of the Underground Railroad. This suggests the difficulty of conceptualizing a completely self-made individual.

In the present day, there is a divisive corner of the internet where the idea of the self-made man is fabricated by numerous individuals on social media with the intent of roping you into an online course. Luke Belmar may have popped up on your feed and made you feel insecure about your income. His brother, Nate Belmar, may have appeared on your screen while suggesting that your current diet is essentially poisoning you. Alex Hormozi probably showed up on your social media as a podcast guest, delivering an outrageous take on how many hours a day a human is built to work. There are countless variations of these influencers, each with something to sell. The irony is that their entire business model rests on convincing you that you can become self-made—just as long as you keep buying their never-ending stream of courses.

I'd love to tell you that churches are completely free of this kind of discourse, but unfortunately, numerous pastors sound a lot like personal development coaches and financial gurus. In America, there's a standard group of top televangelists who each have their own version of the prosperity gospel. I don't feel it's necessary to list the usual suspects or give them any more press than they already generate for themselves. The main point is that these preachers spin God into a pathway for personal empowerment. Yet again, that pathway to wealth and influence is contingent on your financial support of their books, programs, and ministries.

When the ideologies or jargon of online gurus and prosperity preachers are parroted by newcomers in recovery circles, my heart breaks. Someone newly diagnosed with a mental health condition or just beginning their first month of addiction recovery is incredibly fragile and can adopt overly simplistic self-made philosophies. I remember back in 2010, when I got clean, how susceptible I was to outside suggestions. What worked for me was having a team of counselors, psychiatrists, support workers, and nurses who helped me build a sustainable, long-term, community-based approach to recovery. Without the support of a reputable treatment center, I could have easily wandered into the wrong church or Google search and found myself on the unsustainable pathway of self-made prosperity.

The core message of this issue's article is probably the most important thing I will ever say in this column, and it is this: Addiction and mental health recovery is a delicate process that requires a community approach, since the needs of someone in

Addiction and mental health recovery is a delicate process that requires a community approach.

the early stages differ greatly from those of an individual that is able to take care of their own health, finances, relationships and mental wellness. Anyone promoting the idea of the self-made person may be speaking from an experience of overcoming barriers that, while real, are not clinically severe—such as a dual diagnosis, a mood disorder, PTSD, or schizophrenia. Speaking as a person who continually manages my mental health condition and substance use disorder, I strongly believe there is a different set of rules for the game of life in my circumstances, and I choose to rely on the support of community to navigate life's ups and downs.

In order to give you a little hope, here are the amazing possibilities that await anyone who chooses to embrace the identity of a community-made person. I can walk into a support group anywhere in the world—as I have in Portugal, France, Cuba, Canada, or more than fifteen U.S. states—and feel the immediate embrace of a caring community. There are several religions and faith communities, spanning various denominations, that serve as supportive networks for those who darken their doors. Over the past year, my journeys have allowed me to encounter nonprofit organizations that bring communities together to promote healing and growth. So, if you feel ashamed for having failed to be a self-made individual, fear not: There is another path. Look to those with their hands outstretched, inviting you into mutual support. You have the opportunity to be community-made.

Seth Perry (he/him/his) is an ELCA pastor, mental health advocate, and creator of the documentary podcast miniseries Our Stigma, available on all platforms. Seth currently serves Elim Lutheran Church in Scandia, MN. More at www.ourstigma.com.

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FIRST PERSON

What Touring Sober Taught Me About Resilience

by *Lucas R.*

The scene is a familiar one; I'm at an airport at 7am, waiting for a flight to Toronto, to begin a cross-country tour that heads west for 3 weeks. I've given myself ample time to comfortably check in, clear security, and grab myself a tea and pastry once I am through. I am showered, well-groomed, and alert. I know exactly what gate my flight is leaving from and I've downloaded all the necessary podcasts and albums I will need for this 5-hour flight. In short, I'm locked, loaded, and ready to rock n roll.

Six years ago, this scene would've looked quite a bit different. I would've arrived at the airport shortly before the flight was scheduled to take off. I would be so hungover that I would have to take at least 3 benzodiazepines just to even out enough to be functional and stave off the panic attacks. My head would be foggy and I would morph into "sad boy," a self-absorbed, self-entitled prick, complaining about his seat on the aircraft and passive aggressively inquiring to the tour manager about what kind of hotel rooms I was being put in. I would likely have headed straight to the airport bar after an 8/10 anxiety event while going through security, (did I actually throw those baggies out last night or was that a dream?) and had the bartender pour me a stiffener to start my day of travel off in style. I would then likely grunt some half-assed pleasantries to the other band members and crew and immediately throw on some headphones, listening to droney, sad-boy music for the next 6 hours. I would've drank on the plane until I passed out and then woke up at the destination even shittier and more hungover than before.

Rinse, Repeat...

For fifteen goddamned years.

In my experience, there is no such thing as resilience when you are a mentally unwell, alcoholic drug addict, professional musician trying to tour and make a living. You are so caught up in your own narrative and your own self-righteousness about how things should go and how much you deserve the success you are achieving. And you want more, goddammit. And why shouldn't you have more? The sacrifices you've made to live this life are vast and good things come to those that work hard and stay the course, right? Things are going great until you get to New York and have the mother of all alcohol-induced panic attacks and have to fly home, tail between your legs, leaving the rest of your band in a lurch.

But it's not just New York that does this to you. It can be Moose Jaw or Halifax or Berlin or Hangzhou or Cork or South Bend. You are a flame that is destined to burn out like this every time because of what your brain is doing and what you are doing to your brain to cause this. And the pattern repeats itself...

For fifteen goddamned years.

Wake up. You get sober, go through hideous withdrawals and end up at psych emergency because you can't control your own thoughts. You go to the meetings, the therapy and you pick yourself up, for your family and for you.

And then you go back on tour again.

But things are much different this time. In what way are they different, you might ask? Well, you have been through the ultimate humiliation exercise, that is getting sober. It feels like walking around as Richard Simmons dressed in that turkey costume on *Late Night*, while Letterman chased him around with a fire extinguisher. But all day, every day.

It is not just removing the substance. It is facing who you really are; shit, warts and all. Confronting that person, soothing that person, taking responsibility for the mess, and starting over. From scratch.

And now you have built a resilience that few people understand but almost all of them wholly admire. An inner strength that is envied by most, and an unshakeable sense of self that runs deeper than deep. You are still fucked up and scarred, but you wear it with pride. And you see through the fakes, the wannabes, and the assholes. You view the world with a sort of x-ray vision, which is both a blessing and a curse at times.

You are kinder to your bandmates, venue employees, and flight attendants. You ask the hotel concierges how their day is going and thank them for the help. You wake up in a new city, walk around, and go to the Japanese restaurant you thoroughly Google-researched the previous evening in your hotel bed. You enjoy every bite.

And you still get anxious, weary, and homesick. But you take your medication, and you meditate on the concept of impermanence - that everything is ever changing, always, forever. And you know you will be back home with your family in time, so it's best to enjoy the present moment and the thrill of being onstage and the gift of being able to do so.

And through these actions and practices you grow. And you become more hireable because you show up in tune and on time. You're not an asshole to be around and you think and consider other people's feelings and opinions before you speak. You are grateful for every opportunity that comes your way and people feel that.

You still occasionally work with other assholes though, and that's part of the job. But you understand their asshole-ness, to some extent. You can see the origins, and you talk to them about it and you get to know them. And maybe you coax them out of their asshole-ness a bit, and maybe not. But you keep your distance out of self-preservation while also remaining warm and approachable. The great Robin Williams once said, "Everyone you meet is fighting a battle you know nothing about. Be Kind. Always." And it becomes the mantra.

There are others out there who are touring sober that this essay will resonate with. But I think this applies to more than just touring. If we don't have resilience, we can never truly be present. Life is a very sweet fruit, but it can be a real jerk sometimes, too - take it from the sober folks. Make the changes today to give yourself a nicer tomorrow. Like Uncle Eddie says in *National Lampoon's Christmas Vacation* after Clark receives that fucked jellybean subscription for his bonus, "Clarke, that's the gift that keeps on giving the whole year."



The Phoenix Spirit

RECOVERY • RENEWAL • GROWTH

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Resource Directory

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To be included in the Resource Directory, reach out to David at ads@thephoenixspirit.com.

from page 1

have to get someone sober first ... no matter what issue I have in my life, I have zero chance of overcoming it without being sober first ... so addiction first, then PTSD."

The house, which welcomed its first resident in August, is staffed by a live-in house manager and a full-time case manager, according to Murray.

"I'm super honored and proud to be a part of this," said Mike Feia, the house manager who is a U.S. Navy veteran. "I hope that we can set a precedent, an example, of what should have been done a long time ago ... addressing the chemical dependency part and then the PTSD part, and having a place with guys all in the same boat, having a chance to heal."

Mayo Clinic Health System serves as a partner for Bravo Zulu House, and will provide all of the medical reviews, assessments and counseling for PTSD-related therapy, according to Murray.

As the Minnesota *Star Tribune* reported, Dr. Karthik Ghosh, vice president of Mayo Clinic Health System-Minnesota, spoke at Bravo Zulu's opening ceremony in May about Mayo's involvement. "Mayo Health System believes in the Bravo Zulu House," Ghosh said. "It will be a vital resource offering a safe and supportive environment where our veterans can heal and rebuild their lives."

Bravo Zulu House will also have faith-based coaching, interaction with rescue dogs, hydroponic farming and assistance with job placement, according to the *Star Tribune*.

At capacity, the facility can host 13 residents and each person will have their own room. Rent is \$600 per month. Murray said he expects residents to stay an average of about 18 months.

A total of \$1.25 million was raised to build the new house on a five-acre site in rural Winnebago near Mankato. That money comes from about 90 corporate donors and about 500 individual donors and no government funding, Murray said.

Maj. John Donovan, U.S. Army retired, serves on Bravo Zulu's board of directors, and is a strong supporter of the facility's approach because, as he said, he has seen first-hand how military personnel are struggling with addiction and PTSD issues, in many cases abusing drugs and alcohol as a coping mechanism to deal with the PTSD, which, of course, doesn't work, he said.

Donovan worked with soldiers on these issues at all of his military postings



Cover: Jack Zimmerman of Bravo Zulu House. Top this page: People gather for the opening ceremonies of Bravo Zulu House. Bottom left: Zimmerman and Tim Murray. Bottom right: Murray / Photos provided by Bravo Zulu.

in Germany, Bosnia and Iraq. "People now have quick access to (alcohol and drug) treatment and that's a good thing," he said. "But what we do with them post treatment ... the whole health care industry is now really exploring that ... post-treatment rates have been abysmal."

Donovan added, "I've had years of experience of seeing our service members develop substance disorder and PTSD disorder. I see veterans going through the cycle of treatment and relapse, so, we have to get them off that hamster wheel and get them on a path of recovery ... Bravo Zulu is a sober living environment, plus residents can re-connect with the camaraderie they had in the service, connecting with others going through the same thing."

Jack Zimmerman agreed. Zimmerman serves as chair of Bravo Zulu's advisory board, and is an Army veteran who

lost both legs and severely injured both of his arms in combat in Afghanistan. He said he could "see a need for sober housing, guys that were leaving rehab and needing a place to go ... and it makes sense that you've got to be sober first before you can address your PTSD."

He has high hopes for Bravo Zulu. "I'm a strong believer in the concept and hope that there is at least one of these houses in every state eventually."

For now, there are plans to open a sober house for women in Mankato in late 2026.

Finally, what about that name, Bravo Zulu?

It's a Navy term that means "well done," Murray explained. "It's the highest compliment an admiral can pay to a midshipman, flying those flags on a ship together, as a symbol, 'nicely done.'"

No matter what issue I have in my life, I have zero chance of overcoming it without being sober first...so addiction first, then PTSD.

Angelo Gentile is a Minneapolis freelance journalist and former newspaper and magazine editor who has also worked in public relations and corporate communications.

Learn more

Bravo Zulu House
bravozuluhouse.com

Bravo Zulu House is now accepting applications from male veterans for their after-treatment care. Visit Bravozuluhouse.org and click on the application button at the top, right-hand corner.



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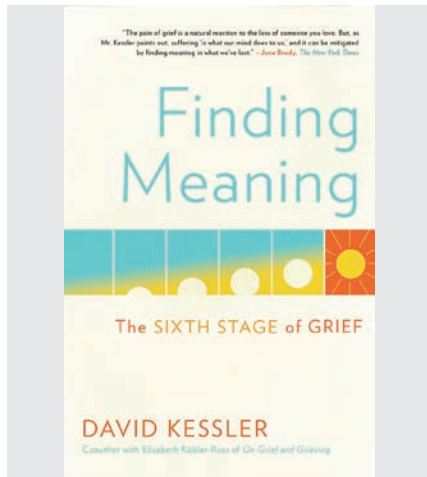
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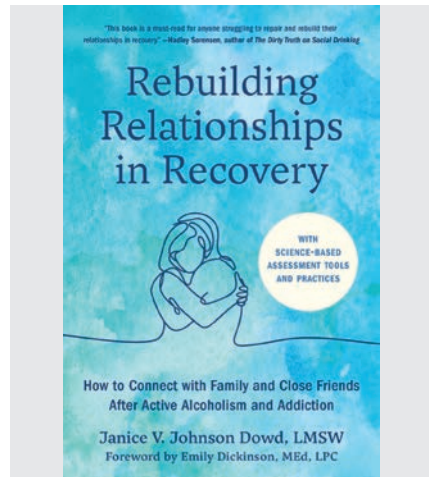
The Sixth Stage of Grief

By David Kessler
SCRIBNER

In 1969, Elisabeth Kübler-Ross first identified the stages of dying in her transformative book *On Death and Dying*. Decades later, she and David Kessler wrote the classic *On Grief and Grieving*, introducing the stages of grief with the same transformative pragmatism and compassion. Now, based on hard-earned personal experiences, as well as knowledge and wisdom gained through decades of work with the grieving, Kessler introduces a critical sixth stage: meaning.

Kessler's insight is both professional and intensely personal. His journey with grief began when, as a child, he witnessed a mass shooting at the same time his mother was dying. For most of his life, Kessler taught physicians, nurses, counselors, police, and first responders about end of life, trauma, and grief, as well as leading talks and retreats for those experiencing grief. Despite his knowledge, his life was upended by the sudden death of his twenty-one-year-old son. How does the grief expert handle such a tragic loss? He knew he had to find a way through this unexpected, devastating loss, a way that would honor his son. That, ultimately, was the sixth stage of grief—meaning. In *Finding Meaning*, Kessler shares the insights, collective wisdom, and powerful tools that will help those experiencing loss.

“Beautiful, tender, and wise” (Katy Butler, author of *The Art of Dying Well*), *Finding Meaning* is “an excellent addition to grief literature that helps pave the way for steps toward healing” (*School Library Journal*).



Rebuilding Relationships in Recovery

How to Connect with Family and Close Friends After Active Alcoholism and Addiction

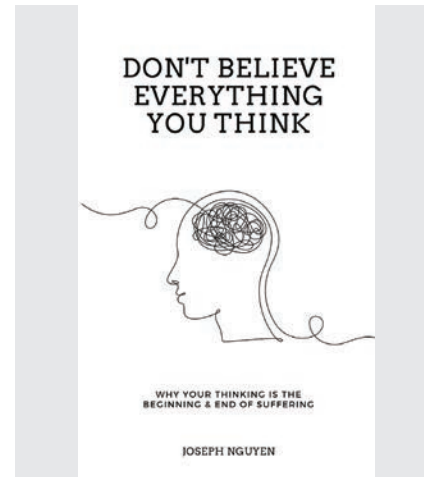
By Janice V. Johnson, Emily Dickinson
NORTH ATLANTIC BOOKS

In *Rebuilding Relationships in Recovery*, Janice V. Johnson Dowd shows readers how to repair and enhance their relationships after active addiction. With personal insights and professional wisdom, Dowd—a licensed social worker in recovery—explores her own personal journey through alcoholism, offering a realistic and transformative guide.

Centered on nurturing the critical balance between the self-healing of your own sobriety journey and building bridges and connections with loved ones, Dowd's narrative combines empathetic insights with practical tools. The book covers:

- Understanding Addiction's Impact: Exploring how addiction affects family dynamics and the individual's role within them.
- Effective Communication: Strategies for opening dialogue and maintaining honest, supportive conversations.
- Setting Realistic Expectations: Dispelling common misconceptions and establishing attainable goals in recovery and relationship rebuilding.
- Making Amends: A step-by-step guide to acknowledging past harms and initiating the healing process.
- Support Networks: Developing and maintaining a support system that encourages sobriety and personal growth.

Rebuilding Relationships in Recovery is a roadmap to healing and thriving in sobriety, offering hope and actionable strategies for those seeking to rebuild trust and deepen their family bonds.



Don't Believe Everything You Think

Why Your Thinking is The Beginning & End of Suffering

By Joseph Nguyen
SELF-PUBLISHED

In this book, you'll discover the root cause of all psychological and emotional suffering and how to achieve freedom of mind to effortlessly create the life you've always wanted to live.

Although pain is inevitable, suffering is optional.

This book offers a completely new paradigm and understanding of where our human experience comes from, allowing us to end our own suffering and create how we want to feel at any moment.

In this book, you'll discover:

- The root cause of all psychological and emotional suffering and how to end it
- How to become unaffected by negative thoughts and feelings
- How to experience unconditional love, peace, and joy in the present, no matter what our external circumstances look like
- How to instantly create a new experience of life if you don't like the one you're in right now
- How to break free from a negative thought loop when we inevitably get caught in one
- How to let go of anxiety, self-doubt, self-sabotage, and any self-destructive habits
- How to effortlessly create from a state of abundance, flow, and ease
- How to develop the superpower of being okay with not knowing and uncertainty
- How to access your intuition and inner wisdom that goes beyond the limitations of thinking

No matter what has happened to you, where you are from, or what you have done, you can still find total peace, unconditional love, complete fulfillment, and an abundance of joy in your life.

No person is an exception to this. Darkness only exists because of the light, which means even in our darkest hour, light must exist.

This book was written to help you go beyond your thinking and discover the truth of what you already intuitively know deep inside your soul.



unSweetined

A Memoir

By Jodie Sweetin
GALLERY BOOKS

Jodie Sweetin melted our hearts and made us laugh for eight years as cherub-faced, goody-two-shoes middle child Stephanie Tanner. Her ups and downs seemed not so different from our own, but more than a decade after the popular television show ended, the star publicly revealed her shocking recovery from methamphetamine addiction. Even then, she kept a painful secret—one that could not be solved in thirty minutes with a hug, a stern talking-to, or a bowl of ice cream around the family table. The harrowing battle she swore she had won was really just beginning.

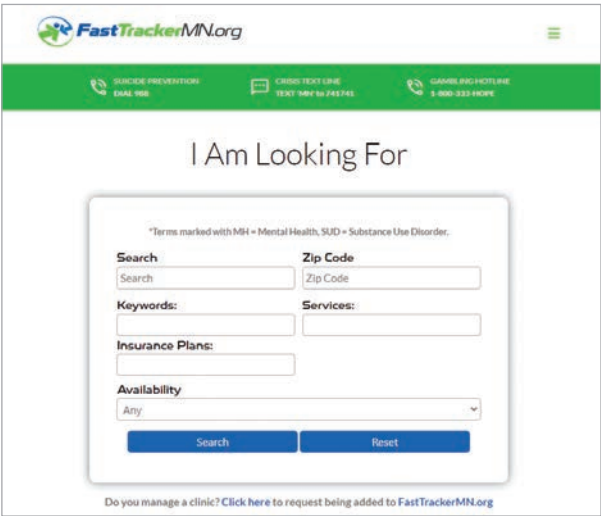
In this deeply personal, utterly raw, and ultimately inspiring memoir, Jodie comes clean about the double life she led—the crippling identity crisis, the hidden anguish of juggling a regular childhood with her Hollywood life, and the vicious cycle of abuse and recovery that led to a relapse even as she wrote this book. Finally, becoming a mother gave her the determination and the courage to get sober. With resilience, charm, and humor, she writes candidly about taking each day at a time. Hers is not a story of success or defeat, but of facing your demons, finding yourself, and telling the whole truth—unSweetined.

Treatment Providers

The following directory consists of some of the substance use disorder programs/mental health providers in Minnesota that have listed their services on FastTracker (as of September 2025).

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

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



Abria Recovery
Burnsville
952-406-8105

Alliance Wellness Center
Bloomington
952-562-3740

Alluma
Crookston
218-281-3940

ANEW Chemical Health Services
St. Paul
651-600-3955

Avivo Outpatient
Minneapolis
612-752-8074

Canvas Health
Multiple locations
651-777-5222

CenterLife Counseling
Multiple locations
651-289-3111

CentraCare
Saint Cloud
320-229-3760

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

Effective Living
Saint Cloud
320-259-5381

Elite Recovery
St. Paul
612-719-4137

EOSIS Recovery
Multiple locations
952-843-4149

Freedom Center
Multiple locations
763-308-0006

Gateway Recovery Center
Inver Grove Heights
833-338-6980

Grace Counseling Services
East Bethel
763-413-8838

The Havens
Multiple locations
651-734-9633

Hazelden Betty Ford Foundation
Multiple locations
800-257-7800

Hope House of Itasca County
Multiple locations
218-326-1443

Inspire Services
Multiple locations
507-364-5312

Lake Country Associates
Multiple locations
218-564-9229

Lakeplace Retreat Center
Bovey
218-245-1395

Lakeside Academy
Buffalo
844-768-8336 (TEEN)

Lakeview Behavioral Health
Multiple locations
218-327-2001

Life Transformations
Breckenridge
701-640-8915

Lionheart Wellness & Recovery
Hastings
651-456-8411

Living Free Recovery
Brooklyn Park
763-315-7170

M Health Fairview
Multiple locations
855-324-7843

Mental Health Resources (MHR)
Multiple Locations
763-789-4895

Midwest Recovery
Faribault
507-225-0201

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

Minnesota Alcohol/Drug Assessments
Menahga
218-640-6133

Missions Inc. Programs
Plymouth
763-559-1883

Native American Community Clinic
Minneapolis
612-843-5980

New Beginnings
Multiple locations
1-855-653-1775

New Freedom Inc.
Princeton
763-220-5483

New Life Treatment Center
Woodstock
507-777-4321

Newport Healthcare
Various
844-603-0484

North Homes Children and Family Services
Multiple locations
218-751-0282

Northern Pines Mental Health Center
Little Falls
320-639-2025

Northland Recovery
Multiple locations
218-327-1105

Northstar Behavioral
Multiple locations
651-487-4987

NorthStar Regional
Multiple locations
1-833-677-4673

Nowology
Multiple locations
651-505-3273

NUWAY
Multiple locations
612-767-0309

Nystrom Treatment
Multiple locations
651-529-8479

Omada Behavioral Health Services
Northfield
507-664-9407

Osoy Healing Health
Minneapolis
833-811-9111

Park Avenue Center
Minneapolis
612-871-7443

Partners Behavioral Healthcare
Multiple locations
888-648-7652

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Learn More

Pathway House
Rochester
507-287-6121

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

Pioneer Recovery Center
Cloquet
218-514-4168

Pride Institute
Eden Prairie
952-934-7554

PRO Recovery & Therapy
Woodbury
651-204-9144

Progress Valley
Multiple locations
952-956-3100

Project Turnabout
Multiple locations
1-800-862-1453

Ramsey County Certified Community Behavioral Health Clinic (CCBHC)
St. Paul
651-266-7890

Range Mental Health Ctr.
Virginia/Hibbing
218-749-2881

Recovering Hope Treatment Center
Mora
844-314-4673

Recovery Health Solutions
Brooklyn Park
763-425-5959

Recovery Hub Behavioral Health Center
Anoka
763-427-7155

Recovery in Motion
Fairmont
507-432-9740

Reed Behavioral Health
Plymouth
763-292-2368

ReSurge Treatment Services
Minneapolis
763-478-1418

Riverplace Counseling Center
Anoka
763-421-5590

RockBridge Treatment & Recovery
Buffalo
844-815-7625

Rogers Behavioral
Minneapolis / St. Paul
833-308-5887

RS EDEN
Minneapolis
612-338-0723

Sage Prairie
Burnsville / Eagan
1-877-915-7243

ShareHouse, Inc.
Fargo
701-282-6561

Spero
Owatonna
507-451-2630

Stellher Human Services
Bemidji
800-422-0045

St. Cloud Hospital-CentraCare
St. Cloud
320-229-3760

Transformation House
Anoka
763-427-7155

Transitions
St. Paul
651-529-8900

Tubman
Minneapolis
612-825-3333

Turning Point
Minneapolis
612-520-4004

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

Villa at Bryn Mawr
Minneapolis
612-377-4723

Vinland National Center
Multiple locations
763-479-3555

Wayside Recovery
St. Paul
651-242-5540

Wellcome Manor Family Services
Garden City
507-546-3295

Western Mental Health Center
Marshall
507-532-3236

White Earth Substance Abuse Program
Minneapolis
651-872-8208

Woodland Centers
Multiple locations
320-235-4613

Zumbro Valley HealthCenter Recovery Programs
Multiple locations
507-289-2089

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Those in recovery from substance or alcohol abuse are at increased risk of developing a gambling addiction. Don't trade one addiction for another. Learn more at mnapg.org.

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For a list of providers call 1-800-333-4673(HOPE) or visit mnapg.org



Minnesota Alliance on Problem Gambling

*Treatment is available free of charge for qualifying individuals throughout Minnesota.

Put Your Passion in ACTION

Help Others in Recovery
MinnesotaRecoveryCorps.org





SPOTLIGHT ON RECOVERY

A New Grassroot Recovery Organization Emerges to Meet Community-Specific Needs

by Sharon Chapman



Khoul Vang and Koom Recovery's Yeng Moua / Photo by MARCO

Substance use disorder (SUD) is something that isn't talked about in a lot of communities, especially those of a culture-specific nature. Take, for example, the Hmong people. "Hmong people are known as survivalists and are really resilient. And to add that we have a SUD, it's kind of like shaming," Xianna Moua-Yang, co-founder of Koom Recovery, explains to me in a recent interview. "No one wants to claim that they have those issues, and if they do, it is always hidden. 'It's a taboo topic,' interjects Yeng Moua, also co-founder of Koom Recovery.

Koom Recovery is one of the newer "grassroots organizations" established to meet community-specific needs. Collectively known as Recovery Community Organizations (RCOs), they are "the glue which make long term recovery much more possible. They create spaces for connection. They remove barriers," according to Wendy Jones, Executive Director of Minnesota Alliance of Recovery Community Organizations (MARCO). She continues, "They are there for people no matter where they

are in their journey. They know the resources in the community; they understand the cultural traditions if they are a culturally specific RCO."

This is exactly how Koom Recovery came about. Moua-Yang was seeking her own culturally specific recovery support in her youth and came up empty. She wanted to go to places that she could relate to and feel understood because of her background. So, Yeng Moua, Xianna Moua-Yang, and Mai Moua co-founded Koom Recovery, a 501 (c) 3 non-profit organization, in 2024, "We tailor everything specific to the Hmong community," Yeng Moua said. "We also try to bring in the components of the Hmong perspective, so we can better serve them." For example, on a Monday night they host a group called Pho-recovery which is tailored around an Asian or Hmong dish. It gives people the opportunity to connect with a tradition they grew up with. They build on those relationships through breaking into groups and using a traditional Hmong ball toss.

STRONGER TOGETHER

RCOs are "grass root organizations" which have only emerged in recent years. They essentially provide easy access to resources for treatment, offer peer support groups, and provide education. You don't need insurance, have to have a diagnosis, or even need to be in recovery to access them. Jones states that in 2018 there were only two RCOs in Minnesota: Minnesota Recovery Connection and Recovery is Happening. As more emerged, they began to work together. At that time, Jones was the Executive Director of Minnesota Recovery Connection. It became clear to her that RCOs needed to speak with one voice if they were to get the resources they needed, as state legislators, for example, were more likely to listen to a collection of voices.

What started as an informal partnership between RCOs formalized into MARCO in 2023, which today is a 501 (c) 3 non-profit organization. Jones now serves as its Executive Director.

ESTABLISHING CERTIFICATION

MARCO is slightly different than a regular RCO; its mission is to grow the grassroots recovery movement in Minnesota. One way in which MARCO does this is to provide a certification process for RCOs. They had to set up a framework to do this as RCOs are not traditionally licensed or clinical entities. But it was important to get this in place so that RCOs could bill Medicaid for peer support recovery services. The whole certification process is intended to support and help organizations, to help them to learn and grow, and to ensure transparency. There are now 23 certified RCOs in Minnesota, a year after the certification process was launched.

BREAKING GENERATIONAL TRAUMA

Moua-Yang explained the importance of RCOs and why they are needed: "It's important to come out there and say, 'Hey, it's okay because recovery is possible. And there is nothing to be ashamed of. We are only human.' We want this [RCOs] so the Hmong community can start seeking healing, help, and support that they need, instead of just continuing this generational trauma of 'Let's hide it. Let's keep it under the rug.'"

The generational trauma that she speaks of is carried through previous generations who moved to the United States, escaped the troubles of war zones, and didn't learn how to cope with that unprocessed trauma. "We grew up in a

*I'm not here
to challenge
the cultures or
traditions of the
Hmong people.
...I am here to
educate, and I'm
here to support
and empower.*

culture utilizing alcohol as part of the traditional ceremonies to bless an ancestor or to call the spirits and, when we got over here, we started indulging because we were in a rich country where we started working and making a lot of money. We just used those culture components as an excuse to indulge in alcohol, and it's becoming a norm," Moua explained. Moua-Yang adds: "Rituals and spiritual release—there is always liquor involved." This now includes baby showers and children's birthday parties where adults are routinely drinking.

It has not been without challenges to get the leaders of their community to acknowledge that it has become an addiction. Moua explains the issues that he faces: "They either don't want to accept it, or they don't want to acknowledge that there's no difference between a SUD with other substances, like meth, cocaine, heroin, or fentanyl. They don't differentiate that it is a behavioral issue that caused you to continue to use alcohol, and you can't wait until the weekend to use alcohol." He asserts: "This a Hmong problem now. It's not just a Westernized problem." But he goes on to clarify: "I'm not here to challenge the cultures or traditions of the Hmong people. It's a beautiful culture...I am here to educate, and I'm here to support and empower. We are bringing up the next generation to normalize drinking, which is wrong." Part of Koom Recovery's outreach work also now involves helping young people with their parents' consent, to educate before it becomes a problem.

KOOM RECOVERY AND RCO'S to pg 11

RECOVERY MONTH '25
Presented by MINNESOTA RECOVERY CONNECTION

MINNESOTA RECOVERY CONNECTION'S

WALK FOR RECOVERY

Recovery Is Everywhere!

Saturday, September 13
10 a.m. - 3 p.m. · Minnesota State Capitol grounds in St. Paul

minnesotarecovery.org/walk

Rally (Caps) for
Recovery
RECOVERY MONTH TWINS GAME

Tuesday, September 16
6:40 p.m.
Target Field, Minneapolis, MN

Put your baseball cap on
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sober sporting event!

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minnesotarecovery.org/twins

Gratitude

breakfast

Thursday, September 25
7:30 a.m.
Hoversten Chapel, Foss Center,
Augsburg University, Minneapolis, MN

Wrap up Recovery Month with a morning
of reflection, gratitude and networking.

Keynote Speaker—
John Magnuson, Founder of Relevant Recovery

Purchase tickets at
minnesotarecovery.org/gratitude-breakfast



MARCO's Jen O'Byrne, Wendy Jones and Whitney Nelson / Photo provided by MARCO

OUTREACH IN THE COMMUNITY

Despite some of these challenges, RCOs are growing – and their success stories with them. The Hmong community is believed to be the second largest in the United States (Moua), and Koom Recovery has had their own success stories within their first year of operation.

“We are here to bridge the gap between the recovery resource and the Hmong community,” Moua-Yang states. Koom Recovery has had significant success in working with the Hmong community homeless encampment. They go out three to four times a month, especially on hot days, with cold water and set up a barbeque. They also take hygiene products. They have meals, talk, and build relationships with the people, also with the help of other organizations like Just Hope and church ministries. To date, they have had three people leave the encampment who have had a successful recovery. Moua also talks about the success story they have had with a repeat offender of the judicial system. They helped him to complete treatment, participate in Koom Recovery’s support groups, and navigate the judicial system, resulting in five years’ probation and 120 days of community service vs. a 10-year prison sentence.

ANNUAL RECOVERY SUMMIT

Jones also shares the accomplishments and future goals of MARCO, beyond the establishment of the certification process now in place for RCOs. The biggest of these events was the hosting of the community-based 1st Annual Recovery Summit this past May. It was a 2-day conference focused exclusively on RCOs with peer-recovery specialists. Jones stressed that it was “a joint learning experience for those folks who are not doing clinical services” but doing peer-to-peer support, advocacy, and public education work in communities. “It was exciting to see these organizations talking with each other, starting collaborations, making connections,” Jones said. The event was attended by 150 people, and Jones hopes that they can build on that next year with a second summit planned, despite some funding-cut challenges.

BRINGING IT FULL CIRCLE

Demonstrating how MARCO’s support has helped RCOs in the community is the story that Jones tells me about MARCO’s advocacy efforts with bringing about a town hall meeting with elected officials to talk about the specific needs of a specific culture: the Hmong people. There has never been such a meeting before that has addressed the needs of Minnesota’s Hmong people and SUDs. It reiterates that Koom Recovery is one of the much-needed grassroots RCOs in the state.

Moua-Yang explains, “Even with my lived experience, I struggled with [how to seek help]. I didn’t know where to seek help; I didn’t know how.” She summed up her work with Koom Recovery: “It’s important for us to be out there and for the community to know that we exist.”

And as Jones says, “We want to tell their story.”

Sharon Chapman is a published author and editor with over fifteen years’ experience. She is the published author of Authentic Aromatherapy (New York: Skyhorse Publishing) and editor in chief for the NAHA Aromatherapy Journal and The Phoenix Spirit. She is also a writing coach. Learn more at <https://sedonaaromatics.com/product-category/writing-editing-and-publishing/>

Learn more

Koom Recovery
koomrecovery.org

Minnesota Alliance of Recovery
Community Organizations
(MARCO)
marcomn.org

THE 12 STEP CORNER

Step 2

by *Mark Scannell*

“We came to believe that a Power greater than ourselves could restore us to sanity.”



Step 1 focuses on powerlessness. Step 2 introduces us to the concept of a Higher Power that can help us regain some sanity. A fellow by the name of Ernie Kurtz shared an awareness many years ago that changed my view of a Higher Power. In *Not God: A History of Alcoholics Anonymous* (Center City, MN: Hazelden, 1991), Kurtz states that “anyone or anything can be a Higher Power just so it isn’t me.” A favorite expression in my 12 Step group is that addiction flourishes in isolation, while recovery flourishes in community.

I see Higher Power — and really Higher Powers — as helping to restore us to the sanity of recovery. So, that could mean a God or it could be ones’ recovery group or a sponsor or a friend or a partner or even an important value, like honesty — to name a few examples. So, a Higher Power, then, is whoever and whatever helps us to feel empowered to live a more sober life.

So, who or what are your Higher Powers? Also, don’t keep them a secret! By sharing our Higher Powers with trusted folks, we might also be helping others discover their Higher Powers. And we can be Higher Powers to one another!

Mark Scannell is an avid 12 Stepper, has been working the Steps for over 30 years and sees them as foundational for a healthy and sane life. He recently authored a book on the 12 Steps: Affirming & Nurturing: A New Look at 12 Steps.

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Driggs from page 1

People with temper tantrums
are deathly afraid of
abandonment and of feeling
it is all their fault for why
they are not loved. Oddly
enough, temper displays
often risk and may result in
what they fear the most.

escape this cycle and learn to control their tempers. However, people with temper problems frequently minimize their impact on themselves and others and see their lack of control as inborn, unchangeable aspects of themselves. In fact, just the opposite is true. As the quote above attests, faulty anger patterns can be stopped by looking at what is driving the anger. Anger issues are the lid on a Pandora's Box of personal insecurity.

WHAT IS A TEMPER TANTRUM?

Most of us see displays of temper as expressions of anger. In fact they aren't. They are expressions of fear and loss of control. When someone has a blowup they get physically aroused—red in the face, clenched fist, rapid shallow breathing, and muscle tension. They show obsessive thinking, distorted persecutory beliefs, and an inability to self-soothe as if they are preparing for war. In fact temper tantrums are trauma reactions—involuntary fighting responses to an invisible inner foe. Such hyperarousal episodes will be out of proportion to current events and may seem foolish to those who don't see the invisible foe. It may take several hours for a hot head to calm down. But after the storm is over they have lasting negative effects on family relationships even when the irate loved one is apologetic. They cause damage to the person who loses control and to his or her loved ones all in the name of fighting an invisible war.

COST OF "LOSING IT"

Having temper problems has many negative consequences. Significant health problems—heart disease, hypertension and immune system disorders—result from chronic hyperarousal episodes. Bodies that perpetually prepare for war out of the blue are very worn down over time and result in premature death.

Career and social difficulties can result from having temper. When you have a temper you feel ill-equipped to deal with the emotional nuances in relationships because some part of you is always out of control. Although peers may like you they often become on-guard around you and they may avoid you altogether. For this reason many people with hyperarousal underachieve in work and have iffy relationships.

Perhaps the greatest cost of temper tantrums is in our family relationships. When our loved ones know we can "lose it" for no reason they often tiptoe around us so as to not disturb us. They become distrustful of us and may fail to share the most personal aspects of themselves with us for fear of sending us over the top. They may tell us what we want to hear, causing us to have insincere and distant relationships with our children and spouse. When our primary partner has gone through many temper displays with us, he or she often loses trust altogether and feelings of closeness dissolve. Some partners get very discouraged, feel alone and get depressed with all the burdens of keeping us from going off. The love we receive from a significant partner is much less than what we could receive if we didn't have a temper. Long after the temper tantrums are over, distrust and despair take over since none of us knows when the next episode will occur. People with temper problems cheat themselves out of being more deeply loved.

WHAT CAUSES TEMPER TANTRUMS?

Both men and women can have temper problems, although men who have higher testosterone levels than women are more prone to anger control issues. Many factors can cause temper issues. Drug abuse, unforeseen reactions to medication, sleep deprivation, psychoneurological conditions like ADHD, chronic agitated depression and right brain head injuries can result in people being on short fuse. People with post-traumatic stress disorder are prone to temper displays as a defense against invisible past foes. However, in my experience most temper problems are the result of learned aggression in one's growing up years. When children are around adults who blow their stack as a coping mechanism for normal life stressors, they may learn to identify with the aggressor and continue such behaviors themselves in adult life. Such people don't problem-solve when stressed, they become physically over aroused and "blow their stack" since that's what they learned growing up and they currently lack other resources for handling stress. Although they may dislike the physical experience of "losing it," they may enjoy the apparent control it gives them over others in handling

stressful situations. People with temper tantrums are deathly afraid of abandonment and of feeling it is all their fault for why they are not loved. Oddly enough, temper displays often risk and may result in what they fear the most.

HOW CAN I HELP MY PARTNER?

Clearly if your mate is being violent it's best to separate from him or her until your loved one has completed treatment for violence control. You will need support on protecting yourself and your children from assault and can do so by getting involved in the Domestic Abuse Project (612-874-7063 x232 or firstcall@mndap.org). Violence at home that is untreated only gets more frequent and more deadly. Otherwise, realize that your mate's outbursts are always about problems inside him or her and actually have little to do with what provoked the crisis. Temper issues can only be solved by your partner getting competent psychological help. Promises for improvement never help. You may find yourself walking on eggshells around temper displays or placating a mate to avoid arguments. It's best to realize that you are not the cause of arousal.

All temper displays could always be handled in a calmer way. No matter how critical a part you played in the triggering incident, your partner's losing it is always about his or her inability to handle stress. Don't accept even one ounce of blame for the outbursts even if you played a big role. In fact, it's wise to take a detached stance towards temper displays—an "in one ear out the other"—when your partner overacts.

Walking away from rantings and going about your business is a good idea. Your partner will get over it at some point and he or she will be a totally different person. If your loved one chases after you, leave the house with the children. Don't ever argue or reason with a person in the midst of a meltdown. That will only throw gasoline on the fire. When the storm is over, you may consider writing him or her a letter saying how you and the children are affected by temper tantrums and ask him or her to get help. Realize that your mate is physically and psychologically wired to go off, something that won't change unless he or she gets serious psychological help.

HOW CAN I TAME MY TEMPER?

Start with admitting you have an anger problem that is hurting you and your loved ones. Realize your temper is a lot worse than you think. If you have any doubts about that just ask your spouse, children and friends how they are affected by your outbursts. They are affected by your temper more than they even know. They will also feel very sorry for you and wish you could control your anger, not because of how it affects them, but how it affects you. Your health, stress level, relationship with your spouse and children and overall life satisfaction are significantly impaired by your temper. When I talk with children of hotheaded parents their biggest life wish is for their hotheaded parent to get rid of his or her temper. Repeated displays of temper actually wire your children's brains for overreaction to stress or spacing out reactions in their adult lives. Often that's how you learned to be a hothead.

Temper control problems are very treatable by practical methods and don't

require extensive digging into the unconscious. You can learn to recognize your physical sensations to arousal, discover what internal and external situations invariably set you off, and learn how to develop your own personal anger control plan that you practice. Practice makes perfect. The more you practice controlling your anger, learning to relax your body under stress and develop emotional competence, the much easier it will be to always stay in control. Eventually your brain gets rewired to respond to stress differently. Instead of winding up, you learn to wind down and handle things. Read *The Anger Control Workbook* by Mathew McKay and Peter Rogers. Taming your temper not only changes your day, it changes your life and the lives of those who love you.

John H. Driggs, is a retired Licensed Clinical Social Worker, living in St. Paul and co-author of Intimacy Between Men.

This article first appeared in the June/July 2009 issue of *The Phoenix Spirit*. John Driggs is recovering from health issues.

Never to suffer
would never
to have been
blessed.

EDGAR ALLAN POE

FROM THE STATE OF MINNESOTA

Three Reasons for Hope in Minnesota's Recovery Landscape

by *Teresa Steinmetz*



September is National Recovery Month — a time to celebrate the millions of Americans in recovery from substance use disorders and to promote the evidence-based treatments, supports, and communities that make recovery possible.

At the Minnesota Department of Human Services, we are privileged to work alongside providers, advocates, people in recovery, and families every day. These partnerships are the heartbeat of our work, and they give us reasons for hope even in the face of daunting challenges.

Recently, I asked three of our staff members what gives them hope about the future of recovery in Minnesota. Their answers, rooted in their own experiences and expertise, offer three powerful perspectives.

EXPANDING HARM REDUCTION AND CONNECTION

Tina Monje, a leader in our harm reduction work, reminded me that recovery is often sparked by connection — sometimes before someone is ready to think about treatment. She pointed to a growing body of research showing that harm reduction programs don't just prevent disease and save lives. They also increase the likelihood that people who use drugs will eventually access treatment for substance use disorder and connect with other health and social supports.

Tina spoke about the recent increase in state funding for harm reduction services in Minnesota, with a particular focus on communities disproportionately affected by opioid overdose deaths. "With these resources," she said, "we can cast a wider net of care and connection across the state and deepen the networks we already have."

Her perspective is a reminder that recovery is not a one-size-fits-all journey. By meeting people where they are, we keep the door open for when they are ready to walk through it.

RCOS BRIDGING THE GAP

Darren Reed has worked exten-

sively with Recovery Community Organizations (RCOs), and he shared how transformative they have been for people leaving treatment. Statistically, most relapses occur within the first 90 days after treatment. In the past, a common recommendation was for people to join recovery support groups in their communities — but these groups don't always match a person's needs or style of recovery.

"Now," Darren told me, "RCOs are in nearly every part of the state, providing peer support, advocacy, and education. They help people find the recovery path that's right for them, whether that's 12-step, faith-based, medication-assisted treatment, or something else."

He added that these organizations are not only reducing the stigma of addiction but also fostering a "recovering out loud" culture — where people in recovery are visible, vocal, and inspiring to those still struggling. This kind of community support can make the difference between slipping back and moving forward.

A HOLISTIC APPROACH TO HEALTH

LaShawnda Bishop is a policy and grant consultant with our Substance Use Disorder (SUD) Primary Prevention and Recovery Team. She told me she is particularly hopeful about the expansion of a holistic, equity-centered continuum of care. This approach considers the whole person — mind, body, and spirit — while also addressing the social determinants of health that so often shape a person's recovery journey.

"By recognizing and addressing these broader factors," Lashawnda explained, "we can provide more compassionate and effective care that resonates with people's lived experiences." She also emphasized how this approach benefits the next generation, ensuring they'll know where to turn if life takes a difficult turn.

It's about more than recovery from substance use disorder — it's about building healthier, more resilient communities.

HOPE AS A FORCE FOR CHANGE

Hearing Tina, Darren, and LaShawnda share their reasons for hope left me feeling energized. It reminded me that while substance use disorders continue to take a devastating toll on our state, there are dedicated people working every day to create systems and communities where recovery is possible — and sustainable.

Hope in this work isn't naïve optimism. It's a grounded belief that change is possible when we invest in what works, center people's needs, and never give up on someone's potential.

This Recovery Month, I invite you to reflect on your own reasons for hope — whether you are in recovery, supporting someone who is, or working in this field. Together, we can create a Minnesota where everyone has the opportunity to find healing, build connection, and live a life of purpose.

Because recovery is real. And with each connection we make, each barrier we remove, and each voice we lift up, we bring that reality closer for more people across our state.

Teresa Steinmetz is assistant commissioner of the Behavioral Health Administration at the Minnesota Department of Human Services.

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ESSAY

Why Wait

by Mary Lou Logsdon

Photo illustration by Getty Images



Procrastination is a con. It tempts me into thinking it will be easier later, tomorrow, next week. It lets my fears expand and my resolution diminish. It holds me in suspension, like salt in the sea, ever present but not solid enough to grasp.

I procrastinate to avoid. Like denial, it is an ineffective coping strategy. It doesn't lead to freedom; it leads to imprisonment. Putting off may give me comfort in the moment but I trade it for serenity in the long run.

Most of us experience procrastination. It is part of being human. I don't procrastinate on everything. Some things I am eager to start and finish. It helps if it's on my calendar or is part of a regular routine or I do it with others. I rarely put off my daily walk or my regular volunteer gig and I certainly don't miss a meal!

So, when do I procrastinate? When it's emotionally charged, when I don't know how to do it, when I think it has to be perfect.

Why, you might ask, am I talking about procrastination in this issue? People occasionally ask me how I find the topics about which I write. Sometimes they are related to the theme of the issue, but most often the topic shows up at the right time. I might have read an article or a book that I want to explore. Sometimes

a conversation sparks curiosity. A few times, I have had a significant event that wants to be shared. Recently, the country has been thrust into times of confusion or uncertainty and I look for a soapbox. This issue, I find myself putting off writing. I am waiting for the muse who is behind schedule...and it is so nice outside, my garden calls, I have a great book to read. Hence, the topic, procrastination.

It fits well into our *Recovery Month Issue*. Who among us hasn't put off what we know we need to do and instead do something unimportant? Cleaning drawers is easier than fixing the clogged basement drain. Scrolling through *Facebook* is more fun than going to meetings. *I am sure I can wait until after my next vacation before I enter treatment.* Recovery and procrastination don't mix well.

Nils Salzgeber, author of *Stop Procrastinating – A Simple Guide to Hacking Laziness, Building Self Discipline, and Overcoming Procrastination* says, "We want to do something that feels bad and brings up resistance. We sincerely want to follow through, but when thinking about the task we're experiencing all these negative emotions. That feels uncomfortable, and so we feel the urge to run away – to pursue an activity that feels better."

How do I move from resistance to action?

My first step is to admit that I am caught in procrastination. I want or need to do something, and I am not doing it. This is the time to practice self-compassion followed by self-awareness. I see that this is hard for me. I recognize it is going to be hard. I take a few minutes to consider why it is so hard. *Where is the resistance?* Can I feel it in my body? Does it remind me of another time when I failed at this task or was shamed about not getting something done? Am I looking for perfection or certainty? Am I stuck in self-judgement?

Once I have talked with my inner-procrastinator, I can still put it off as long as I decide when I will pick it up again. I schedule that time—later today, tomorrow, next week—write it on my calendar, add it to my to-do list, share it with another who will hold me accountable. Then I sit at my desk and write. An hour. It doesn't matter if it is productive, it only matters that I do it. The hour completed, I get a reward—15 minutes in my garden, calling a good friend, a chapter in the book I am reading.

I do this over and over, piece by piece. Steadily I work toward the goal of a completed article. *The fact that you are reading this is good evidence it worked though I don't know that as I type this into the document.*

What are some hacks we can use to manage our procrastination?

First, let's look for our own personal patterns. *Why do I put things off?* I'm not lazy. There are many things I do and do well. For me, fear looms large, fear of failure, fear of not being able to do it well, right, perfect. Acknowledge the fear and do it anyway. Boredom is also a problem. It is so boring, I have already done this a million times. Cleaning and cooking come to mind. I can reduce the boredom with music or a favorite podcast or a fresh way to deal with the task.

Maybe distractions are your biggest interference. We live in an electronic world that wants our constant attention—beeps and reminders and notifications interrupt our days if we let them. Silence the phone, hide it in a drawer, make it difficult to see. Designate a period of time where you give the task your undivided attention.

Secondly, minimize the decisions you make during the day. The night before, decide what you want to get done and schedule time to do it. Let routine be

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your friend. Decide which days you go to the gym, when you walk, what meetings you will attend.

Third, rather than focus on the whole task, determine the next step, the next action needed, the next right thing. That moves it from huge to manageable.

Fourth, manage your environment. Create a clean space on your desk. Close the door to your in-home office. Stack the lawn furniture until the mowing is done. I often put off my at-home weightlifting routine. It is on my list for the day and then I simply ignore it or don't check the list or wait until I am way too tired. When I put my hand weights on the kitchen table, I am much more likely to use them. They are harder to ignore.

Finally, celebrate the completion of a task. Some jobs deserve a party, others a high five or a trip to the movie theater or a favorite episode from *Netflix*.

Why wait? Freedom follows accomplishment. Know your patterns, plan for success, make it manageable. Move in and through, step by step. Celebrate. Let me know if you need a cheerleader.

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Jason Roop, Ph.D.
Leading with Strength, Changing Lives



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Compared to 47%
in Traditional Treatment
See startfromstrength.org/trait-based-model-of-recovery

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*A 10.41% Increase from Pre-Intervention Score

Resilience: 78%
Post-Intervention Score

*A 8.16% Increase from Pre-Intervention Score

Creativity: 70%
Post-Intervention Score

*A 7.81% Increase from Pre-Intervention Score

Self-Awareness: 82%
Post-Intervention Score

*A 5.54% Increase from Pre-Intervention Score



Find out more at the Trait-Based Data Archive.

Roop, D. J. (2025). Trait-Based Data Archive [Data set]. Zenodo. <https://doi.org/10.5281/zenodo.14711457>



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