

The Phoenix Spirit

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RECOVERY MONTH / TREATMENT CENTER ISSUE

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WHAT'S INSIDE

- Bulletin Board / 2
- Letter From the Editor / 3
- Support Groups / 4
- First Person Testimony / 5
- What Do You Know About Dope? / 7
- Telehealth Provider Directory / 8-9
- Recovery Month in the Time of COVID / 10
- Books / 11
- Resilience / 12
- Ask the Expert / 13
- Connecting and Reconnecting / 16



VIRTUAL TREATMENT GETS THE JOB DONE.

by Pat Samples

Time for your treatment group meeting? Plop down in your favorite spot at home, get on Zoom, and you're there.

Virtual counseling for people in non-residential addiction treatment is the current norm and will likely be commonplace even when COVID-19 is tamed. This at-home treatment option has plenty of benefits, according to both patients and local treatment providers.

No travel needed, for example. A big plus if you lost your driver's license due to a DWI. Or if you live a few hours away from the nearest treatment provider. Or if you otherwise would have to make a rush-hour drive to your group time between work, school, and family obligations.

Minnesota's brutal winter driving conditions no longer need to keep you from getting to group either. Instead, click-click, and your treatment support is just inches away. This close-at-hand approach to counseling also makes it more likely that the patient will actually show up – an asset for both providers and patients.

Another obvious benefit is pandemic safety. Some patients are still being seen for in-person sessions by providers, however, with typical pandemic safety protocols in place.

GREATER EASE ONLINE

People entering treatment may actually have a greater comfort level with this virtual format, according to Club Recovery addiction counselor Craig Johnson. That's because they are already at ease with online ways of communicating.

Lydia Burr, Director of Clinical Services for Hazelden Betty Ford Foundation in St. Paul, says, "We definitely have some patients who absolutely love virtual services and it's very empowering to them. It helps them to overcome

a lot of the things that they struggle with, because it can be intimidating, especially for new patients, to come to a new place – to get ready, to leave the house, to find parking, to navigate all of these things." Also, as Craig Johnson points out, they can feel pretty anxious "when they first walk in the door and there are all these people."

For Bernadette Super, who has been living with the effects of compulsive gambling for over 25 years, either option is fine. The cumulative costs of losing vehicles, housing, and more finally pushed her to seek professional help earlier this year. She started attending group treatment sessions with Johnson at Club Recovery in Edina and made the switch-over to virtual sessions more or less seamlessly in early April. While Super has been a member of Gamblers Anonymous for a long time, getting treatment has helped her make a much bigger leap forward in her recovery, she says.

"I've learned so much more about addiction and what happens to the brain when it gets to the point of addiction," says Super. "I've become ready to change my life. They give you all the tools you need." She has written to all the casinos in Minnesota and made arrangements for them to ban her from entering any of them.

Super is grateful for not having to leave home to get treatment. The time she gets for herself during the meetings, while her teenage son tends to her toddler, is invaluable, she says. Calling herself a "chatty Cathy," she enjoys the social interactions in the group meetings, making new friends, and connecting with them outside of group times.

VIRTUAL TREATMENT to pg 6

JOHN H. DRIGGS, LICSW

Looking on the Brighter Side of Things: It'll Likely Save Your Life

"It's not things but how we think of things that makes us happy."

— EPICTETUS (Greek Philosopher, 50-135 AD)

Let's suppose you are struggling with a significant life challenge. Perhaps you're thinking about finishing your college degree and going back to school, are in the grips of an addiction and contemplating getting help for your recovery or you're seeking to lessen your life-long depression by getting counseling. You are at crossroad in your life. Let's say you run into your life-long friend Joe and you let him in on your dilemma. Joe initially supports your intention but because he has known you all your life he reminds you of the many times in the past that you've set out to change your life in one way or the other. He humors you with funny stories of your failed efforts and tells you he will always be your friend no matter what. He jokes about the terrible family background you come from and sees the difficulty in expecting more for yourself. You temporarily enjoy the humor in his remarks and are glad that Joe is there for you, although you aren't sure if he has been helpful to you.

The next day you run into another friend, Mike. Mike is Mr. Positive. He always has a kind word for everybody and knows how to turn adversity into success. You may be distrustful of Mike as a new friend and wonder what he wants from you. He is a little too good to believe. Nevertheless you decide to take a risk and share with Mike some of your personal struggles. Mike really doesn't want to focus on your past failings but shares how much he respects your intentions to have a better life. He mentions how determined you were when you replaced the transmission in your car last year even when you didn't completely know what you were doing. He said he saw a "can do" attitude in you that he would never want to bet against. He asks you what your next step is in getting help and shares having to face his own struggles. You'd like to believe that Mike really cares about you but you're aware that Joe has known you longer than Mike has. So, in comparing these two friends, who do you feel more supported by: Joe or Mike?

BRIGHTER SIDE OF THINGS to pg 14

BULLETIN BOARD

UPCOMING

Virtual Walk for Recovery

Minnesota Recovery Connection's Walk for Recovery will be held virtually as well as through an on-site pop-up exhibit at the Capitol Grounds on September 19, 10:00 am to 2:00 pm. You must register before attending. Visit minnesotarecovery.org/2020-walk-for-recovery for more information and to participate or donate.

4th Step Workshop

Six Tuesdays beginning September 15 from 7:00 to 8:30 pm via Zoom. To reserve your place, email 4thStepWorkshopTC@gmail.com (required). Questions call Simone K. at 651-324-0888.

The Science of Emotional Eating

Tuesday, September 15 from 6:00 to 7:00 pm online. Are you finding yourself browsing in your pantry more in the last couple months? The truth is, emotional eating is an effective tool for relieving stress! While that cookie may make you feel better in the moment, it's not truly a solution to your emotional strain. Join Jesse Haas, functional nutritionist and co-founder of Wellness Minneapolis to build a better understanding of what draws you to the kitchen when you feel worried/sad/bored/enter-emotion-here. Take home some strategies for breaking the pattern in loving, joyful ways. Free virtual class- Please RSVP in advance. You will receive a Zoom link before the day of the class. Register via Eventbrite (search for event).

VANPAA Presents
"On the Backs of Giants"

Saturday, September 19 starting at 9:00 am (PST) via Zoom (ID: 951 7679 2481, PW: 248086). Speakers and panels. Also, a virtual dance and live entertainment with performers from L.A. to Vancouver via Zoom (ID: 752 144 6730, PW: 1212). 8:00 pm to late.

"Hearts of Our People" Curator and Artist Conversation

Thursday, October 1 from noon to 1:00 pm online. Learn more about the collaborative curatorial process and the exquisite artwork by Native women featured in the landmark exhibition *Hearts of Our People: Native Women Artists*. Join exhibition curators Jill Ahlberg Yohe, associate curator of Native American Art at the Minneapolis Institute of Art, and Teri Greeves, an independent curator and member of the Kiowa Nation, and featured artists Kelly Church (Ottawa/Pottawatomi) and Carla Hemlock (Kanienkehá:ka) for this virtual conversation moderated by Anya Montiel, curator of American and Native American Women's Art and Craft at the Smithsonian American Art Museum. Preview featured artworks from this exhibition in our online gallery. Registration is free and through Eventbrite.

Heartland Society of Women Writers
October Write-In

Wednesday, October 21 from 5:00 to 7:00 pm online. Register via Eventbrite. Writing is a solitary activity, but it doesn't have to be lonely. Join HLWW via Zoom for a free two-hour write-in. We welcome ALL genres of writing. Our two-hour write-in will include: Introductions, a quick writing warm-up, timed writing sprints, optional sharing.

Food and Your Mood

Monday, November 2 from 6:00 to 7:00 pm via Zoom. Register via Eventbrite. Food and your mood are more connected than you may think! Anxiety, depression, memory, stress, and attention are all influenced by what you eat for breakfast, lunch, dinner (and anything in between). Understanding the interactions between what we eat, how we feel and what we think or feel empowers us to care for ourselves body, mind and spirit. Jesse Haas, functional nutritionist and co-founder of Wellness Minneapolis, will share some doable strategies for uplifting mental well-being in a time when maintaining a positive outlook is a daily struggle.

ONGOING (May be postponed due to COVID-19)

Dissonance Presents: Story Well

Mondays from 6:00 to 7:00 pm at The Warming House, 4001 Bryant Ave S, Minneapolis. Held the first Monday of every month — is a time to share and discuss the various ways we can help and care for each other and others. Whether you have substance use or mental health concerns, feel depleted by everyday life, have a friend or loved one who is sick or suffering, or just want to connect with others around the idea of being well, this is a place for you. Everyone welcome.

Caring Families Online
Support Group

Every Tuesday at 6:00 pm CST, online at TheDailyPledge.org. A support group for parents and family members of loved ones that are struggling with alcohol and or drug addiction; mixed/open to the public. It may seem counterintuitive or even selfish, but finding a way forward for your family starts with getting help for yourself—regardless of whether your loved one seeks addiction treatment. For more than 65 years, Hazelden Betty Ford has devoted each new day to helping individuals and families reclaim their lives from the pain and chaos of addiction. They know from experience that life gets better. Questions, contact Jeremiah at 651-213-4754.

The Recovery Church

253 State St., St. Paul, 55107, offers worship services on Sunday at 9:30 am with fellowship, coffee and snacks following service. The mission is to provide a spiritual community for people in search of growth, healing, and recovery. For a list of recovery meetings, visit www.therecoverychurch.org or like [therecoverychurchstpaul](https://www.facebook.com/therecoverychurchstpaul) on Facebook.

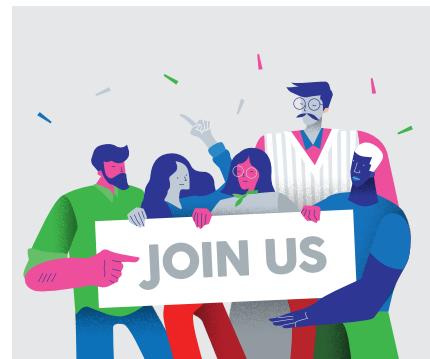
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IN A CRISIS?

If you are experiencing a crisis, you can text HOME to 741741 to be connected to a crisis counselor. Or visit crisistextline.org.



WRITERS / ARTISTS

The Phoenix Spirit is interested in writers and artists with experience writing about recovery & addiction.

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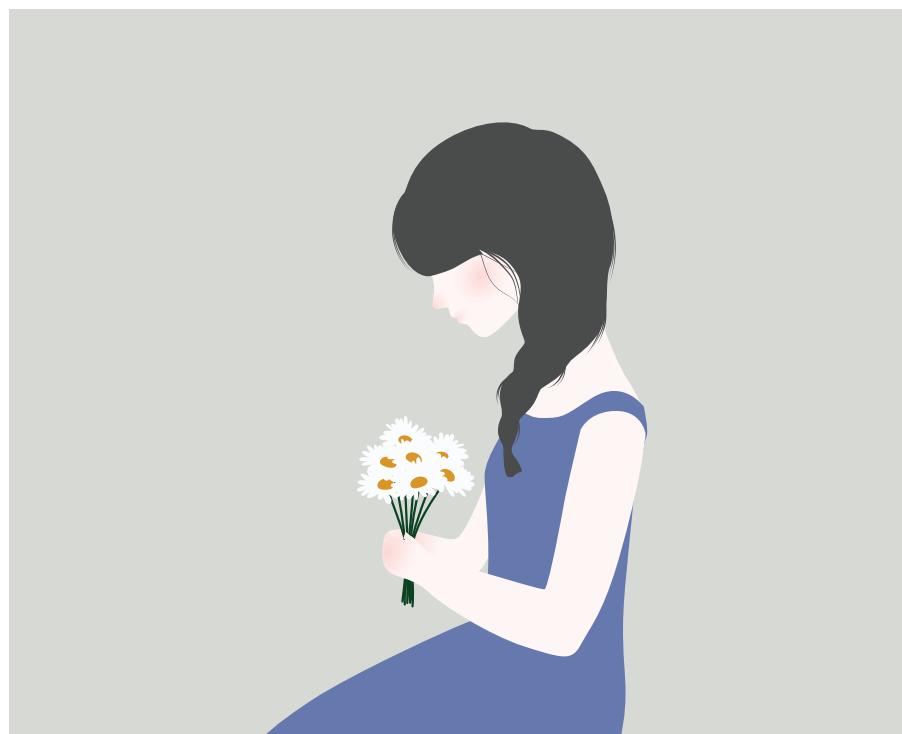
LETTER FROM THE EDITOR

Compassion in Recovery

by Louise Elowen

"A kind gesture can reach a wound that only compassion can heal."

— STEVE MARABOLI, *Life, the Truth, and Being Free*



Cami Cami / Vecteezy

To state that 2020 has been a challenge is probably a considerable understatement! People the world over have had challenges thrust upon them in regard to income, employment, health, housing, social injustice, and just in living from day to day. In some cases, it's hard to imagine how can we possibly recover from all of this trauma?

For me, recovery begins with compassion. And compassion begins with taking care of yourself first. For a long time, I always put others first. I was *that* people pleaser. And guess what? All that people pleasing left me exhausted, broken, and my body finally failed me. *No more!* it cried. *When are you going to take care of me?*

I hit rock bottom and it was then that I was diagnosed with fibromyalgia and undifferentiated connective tissue disorder (UCTD). Basically, my body had turned on itself and it was now attacking *me* from the inside out. Years of neglect and abuse, all those times when I was running around after others and neglecting myself, had resulted in the manifestation of the loss of my health.

After that initial diagnosis, I was in despair. Pain. Exhaustion. This was *my* new normal. But I didn't want this. I wanted my *old* normal back. Sound familiar?

But the world — *my* world — had changed. I could either work with it. Or give up. I learned a lot in my recovery pro-

And my recovery is a continual process. Forever changing, forever moving, forever finding new challenges for me.

cess — about me, about others, about life itself. A little bit like 2020 has shown us. But the fight — the *continued* fight — has made me stronger, more compassionate, and understanding of other people's battles. And my recovery is a continual process. Forever changing, forever moving, forever finding new challenges for me.

But I learned this: Recovery begins with *you*. No amount of help is going to save you, if you can't be bothered to help yourself. Put yourself first — and fight for you, then you will have the strength (and compassion) to help others in recovery, too.

I think that 2020 has shown us the good, the bad, and the ugly of human nature. Yet, the "good" has continued to astonish me in such amazing ways. It is this compassion which will help in the world's recovery. *Your* recovery. There is no time like the present to start to create your version of a brighter and better future.

Louise

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The Phoenix Spirit

RECOVERY • RENEWAL • GROWTH

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

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

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

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COVID-19 MESSAGE

We are seeing current patients and accepting new patients and intakes. All appointments and sessions are being done by phone or video until it is safe to do so in person.

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SUPPORT GROUPS / SOME MAY BE NOT BE MEETING DUE TO COVID**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.

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 ffosmn@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.daminnesota.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.daminnesota.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 10115 Zenith Ave S. (2 Blocks south of Old Shakopee Rd, on the East side of Zenith) Contact: bloomingtontonma@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 Thurs. 6-7:15 p.m. Christ Presbyterian Church, 6901 Normandale Rd. Room 210 North entrance, enter door on left. Call before attending for any schedule or location updates. Liz 612-229-8930, Gretchen 615-423-9444 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.

Adults with ADHD Support Groups: (first time free) Every Thursday morning 10am-noon and every Thursday evening (except last Thurs of the month) 7pm 8:30pm. LDA Minnesota, 6100 Golden Valley

Road, Golden Valley, MN 55422. Tel. 952-582-6000 or www.ldaminnesota.org.

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.

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.

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 rwwink@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.daminnesota.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 expe-

riences 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)-Big Red Book: 11:15am-12:45pm at the Cavalier Club. 7179 Washington Ave S., Edina, MN 55439, voicemail: 507- 312-9423, aca1115sunday@gmail.com.

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.

Eating Disorders Anonymous: 5-6:30pm in Eden Prairie at Wooddale Church, 6630 Shady Oak Road, 55344. Room 291. Contact Nikki: nikkihaven@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@thephoenixspirit.com. Thank you.

"We must be willing to let go of the life we have planned, so as to have the life that is waiting for us."

PARKER PALMER



My Step One Story

by Mary B.

Frost lined the edges of the porch windows one morning in February, 1996. My daughter had left for school. As I put milk back in the refrigerator, I noticed ice had built up on the coils again. The refrigerator was an older model and needed to be defrosted the old-fashioned way. I'd just done that a few weeks previously, so I was pissed to have to do it again.

I took all the packages of meat out of the freezer, packed them into a box, and stashed the box on the porch which was at a perfect sub-zero temperature for keeping food cold. As I began pulling foods out of the refrigerator, I saw that something had spilled. I moved vegetables into bags and pulled out the shelves. I found the usual odd packages of uneaten takeout as well as a rotting onion and a bag of moldy rice flour. Gross! I decided I'd better pull out all the food and all the shelves. I hadn't done that when I'd defrosted the freezer the last time.

I even investigated the tray that catches water underneath the refrigerator. It was filled with brackish, fur-covered water. Totally gross! By this time, my brain started making connections between my cleaning spree and my alcoholism, and I became sort of fascinated with the whole process. I even removed the panel from the front lower portion below the refrigerator door. When I reached in to clean those external coils, I found piles of black dust and debris. This part of the refrigerator hadn't been cleaned in years – way before my daughter and I had moved in. There was so much dust on those coils that I thought it was insulation. I pulled out handful after handful of dust and debris.

I'd taken my last drink, just a sip actually, on December 25, 1995. I'd decided it would be okay to drink the non-alcoholic wine because my friend was bringing it. I'd met her at a recovery retreat at Wilder Forest seven years earlier. If she was drinking non-alcoholic wine then I could, too, even though my friend wasn't working an AA program. As soon as I swallowed the first sip, I knew it contained alcohol. I knew that I'd have to tell my sponsor and I knew that I'd probably have to change my sobriety date. I was pissed off. I was a little over a year sober at that time and I didn't want to have to start counting my days all over again. It was kind of like seeing that ice dam in my refrigerator.

I told my sponsor. She encouraged me to talk to other people and to put out what had happened at meetings. I got various responses from, "No big deal. You didn't keep on drinking so it's not a slip," to "It's not about changing your sobriety date. If you have to, you have to. Just keep coming back to meetings," to "You didn't know it had alcohol in it so it wasn't your fault."

The thing is, I DID know that non-alcoholic wine has alcohol in it. And I knew that I planned to drink that wine anyway. Recovery requires rigorous honesty. I had spent the past six weeks re-reading and re-working Step One. As I looked at what made my life unmanageable while drinking, I discovered things similar to the inside of my refrigerator. In the refrigerator I found rotten food, ice dams, and dusty coils. In my life, I found the characteristics that led me to use alcohol in the first place. I'd used drinking as a means to seek



out male companionship even outside my marriage. I'd used money and work as my Higher Power. I'd used alcohol to prop up my sagging self-esteem. I'd tried to control people, especially my daughter, and I still wanted to control situations, especially those that made me look bad. The worst characteristic I found, though, the one that was similar to those moldy foods and gobs of dust is that, before I had a solution to my depressed, fear-riddled, mixed-up thinking, before I'd started going to AA and other 12-Step meetings, before I'd learned how to connect with my Higher Power, or had even heard about the Steps, let alone started working them, I had wanted to kill myself. I'd felt that the answer to my life's problems would have been non-existence—suicide. I didn't ever try it, but I had contemplated it. I'd considered driving into the path of a semi or crashing into a concrete abutment. I'd thought about jumping into a river. I didn't attempt any of those things because I feared that I wouldn't actually die; that I'd still be alive, still have all my problems, and that my attempt would add the problems of disability. I eventually found my way to recovery programs and even later yet, to AA.

I had used alcohol to pep me up, to make me feel more attractive, smarter, and funnier than I really felt. I'd used bars and alcohol as a hunting ground for male attention. During my very early drinking days, alcohol had sometimes been a fun lubricant in social settings and a way for me to emerge from a quiet, introverted cocoon. It had seemed to enhance my life and make me fit it. Eventually, however, screwdrivers, vodka gimlets, and hurricane cocktails led me to dark places and immoral situations that didn't fit with my values.

What I learned is that AA is about more than not drinking. I'd tried to stop drinking on my own and I hadn't been able to, not long term, anyway, and being dry hadn't solved my living problems. I'd lost my marriage, my home, my profession all while attempting to not drink. The five years before my divorce, I'd thought that if I didn't drink, I wasn't an alcoholic. I became a very crazy person trying to fix myself. What I needed was a solution to my living problems, in addition to stopping drinking. I found that solution in AA, a program that has allowed me to live—not just sober, but also happy and free from my crazed thinking.

There's a sentence in Chapter 3 of the *Big Book of Alcoholics Anonymous* that states, "We had to concede to our innermost selves that we were alcoholic and could not manage our own lives." I had to realize just how much I'd lived my life on the edge; just how much I'd wanted to run my own life—both when I was using alcohol as well as during those white-knuckled years when I'd tried not to use alcohol. My sobriety started with that sip of wine. I haven't had to take another drink since Christmas Day, 1995.

Resource Directory

Counseling

Lehmann Counseling

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

Eating Disorders

Melrose Center

Melrose heals eating disorders for all genders and ages. Our experienced team offers specialty programming for those struggling with an eating disorder and substance use disorder – whether they are in recovery or treatment. Melrose Center has 5 metro area locations. Visit melroseheals.com or call 952-993-6200.

Living Proof MN

Living Proof MN offers a holistic and all-encompassing approach to healing from eating disorders. We know healing comes from within, but that doesn't mean it has to happen alone. We are here to walk alongside you as you take back control and live the life you deserve. We have virtual adult, adolescent, clinician, and supporters groups as well as individual mentoring. Visit www.LivingProofMN.com, email shira@livingproofmn.com or call 612-207-8720.

Substance Use Disorders

Minnesota Teen Challenge

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

Narcotics Anonymous Helpline

Drug Problem? We Can Help! Call Now 24-hour 877-767-7676. Also, check out www.namiminnesota.org For a complete listing of meetings, upcoming events, camp-outs, and service opportunities.

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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from page 1

VIRTUAL TREATMENT GETS THE JOB DONE

A QUICK LEAP TO VIRTUAL

Treatment providers had to ramp up quickly this spring to make the switch to online treatment. Hazelden Betty Ford Foundation, which had been planning to create virtual options in a carefully developed rollout over time, implemented virtual services in one week's time. "That meant training all of our licensed alcohol and drug counselors and flipping all our patients, and we did it," says Burr.

For gambling addiction providers, the leap didn't come as easily. Virtual treatment had never been an option for them due to state regulation limits. Once COVID-19 caused a state lockdown in March, Susan Sheridan Tucker, Executive Director of Northstar Problem Gambling Alliance, contacted the Minnesota State Department of Human Services (DHS) to ask for an exception due to the pandemic. They said no.

"So, I actually called the governor and said this isn't right. We need to have this tool," says Tucker. The governor agreed and DHS followed suit soon after. "My hope, and I'm talking to DHS about this, is that it would become a permanent tool."

Northstar has also purchased, and made available to compulsive gamblers, hundreds of subscriptions to a self-excluding blocking tool that bars them from online gambling sites. It could be especially helpful when pandemic isolation at home might make the convenience of online gambling extra attractive. Gamblers must sign up in order to use this service.

Canvas Health, a 51-one-year old agency in Stillwater providing mental health and addiction treatment services, had some experience with telemedicine already. In February, they started expanding their technology for this type of service.

"We're really trying to reduce barriers," says Cathy Havrieux, Substance Abuse Service Manager at Canvas Health. In March, Canvas Health transitioned quickly to the virtual treatment model, including their jail programs in Chisago County and Washington County. Jail patients meet with the provider in a group setting while wearing masks. Canvas Health also provides laptop rental to clients who need one in order to participate in virtual meetings. If an inmate has to be quarantined after leaving the jail for, say, a court appearance, the inmate is provided with an iPad so they can join the Zoom meeting during the quarantine period.

People outside of jail settings may also have limited access to the needed technology for virtual meetings. Burr notes that some patients will move in with their parents or into a sober house so they can take part in group meetings.

HARDER TO MAKE SOCIAL CONNECTIONS

While appreciating the benefits of virtual treatment, providers express concern about the lack of social interaction that normally happens at in-person meetings. There is no opportunity for the typical hanging out with other patients before or after meetings, or during breaktimes.

As Harvieux says, "Recovery is based on the building of a sober support system, a consistent peer support group that you can call on and that keep an eye on you to help you move forward in your recovery. Whenever that piece is missing, it makes it very difficult."



"We've encouraged people to get together, to social distance outside of treatment," she says. Patients are also encouraged to attend community 12-Step meetings, which may meet online or in parking lots or other safe locations. "We do have a peer recovery support specialist on our team who will contact individuals and meet them at 12-Step meetings with their family, helping them to build that sober community support as well."

CHALLENGES FOR PROVIDERS

Providers have their own set of challenges with this new type of service delivery. Screen time overload is one of them. As Burr points out, "Your brain instinctively is trying to watch everything going on. It's like watching eight to ten TVs at once. It can be fatiguing for the staff. They also have a harder time reading body cues when not in the same room with patients." At Club Recovery, Johnson says he has never even met half of his current clients face-to-face.

With virtual meetings, says Burr,

"There is a need for more clear group norms, because you can't necessarily control where the patient is when they dial in to groups. We've had people dialing in from their roof and we've had people dial in from riding a horse."

Also, with the many distractions in the home setting, she says, "You can tell a patient is doing something else."

People sometimes show up not fully dressed, says Johnson. "I've had to tell them, 'Perhaps you need to go put on a robe.'"

Patient privacy is another concern. "We have to make sure that they are alone, that privacy is being respected," says Burr. Some online platforms for group calling don't meet strict federal privacy requirements, notes Tucker, so she recommends that patients ask the provider about their privacy protocols before starting online treatment.

One side effect from virtual treatment models is increased anxiety among providers. In addition to the screen fatigue and extra effort to read body language, more initiative on the part of the counselor is required to serve patients online. Without the easy socialization context of in-person meetings, says Burr, "The counselors are having to come to group much more prepared with a lot of con-

"Your brain instinctively is trying to watch everything going on. It's like watching eight to ten TVs at once. It can be fatiguing for the staff. They also have a harder time reading body cues when not in the same room with patients."

tent. Open- and closed-ended questions. Getting-to-know-you exercises. Maybe inviting the sharing usage history a little bit more frequently, so that people can hear each other's stories."

At Canvas Health, Harvieux is offering a self-care group option for her staff. "Some of them have branched out into their own little weekly get-togethers for support with each other," she says. She has called on a mental health specialist on her staff to provide stress management guidance for counselors, and one of them will soon be certified in the area of telehealth stress. "If the providers are not taking care of themselves, that makes it very difficult for them to deliver what patients need."

What matters most, say providers, is that people don't hesitate to seek treatment due to fear of technology or being overwhelmed with the pandemic. "What better time to surround yourself with people who know exactly what you're going through?" says Burr. "Waiting for a better time, it doesn't come. We're here and we want to help."

Pat Samples is a Twin Cities writer, writing coach, and champion of creative aging. Her website is patsamples.com

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WORLD HISTORY OF DRUGS SERIES

What Do You Know About Dope?

by George Lewis

The following is part one in a series from author, George Lewis. Opinions expressed in this article are not necessarily the views of The Phoenix Spirit.

The country now called the United States of America was originally not a country but thirteen colonies, ruled by British law, policy and politics. The American Revolutionary War, which began in 1775, was fought to free the colonies from the control of Britain. In 1781, the Revolutionary War was over.

Then came the task of forming a country originating from the original thirteen colonies. Those colonies became the United States of America on September 9th 1776. Before that, the American government was the domain of Continental Congress. The founding fathers – who originated the Declaration of Independence declaring that the colonies were no longer under British rule, followed by the eventual end of the American Revolutionary War with the signing of the Treaty of Paris in 1783 – were now the governors of a country that had no money and had significant debts from the Revolutionary War.

The first domestic product to be taxed for the purpose of paying off debts incurred by the Revolutionary War was the Whiskey tax that became law in 1791. This new country called the United States of America was helped by the revenue accumulated from “alcohol.” America had begun its rise to power through the revenue collected from alcohol taxation, a mood- and mind-altering substance.

In 1794 the beginning of the first of many taxations on tobacco began. The accumulation of revenue from the taxation of tobacco by 1880 accounted for 31% of America’s revenue, almost one third of America’s income. Again, another mood and mind-altering substance began to influence the building of America.

The country was growing, but there was a problem; it could only grow north or south. It could only grow as far north as Massachusetts which was the farthest state until the northern most part of Massachusetts became Maine. The country expanded south only as far as Georgia.

It couldn’t expand to the east, because

of the Atlantic Ocean. The only possibility left to the new Americans was to expand west. The problem was, to the west of the new American states were the Louisiana territories, which were owned by France, both a major power and an ally. The new country was trapped along the eastern seaboard.

Fortunately for America there was a world event taking shape that would greatly impact it. An incredible opportunity was taking shape. The French military leader Napoleon Bonaparte was fighting the British and he needed money. He thought that if he sold the Louisiana Territories to America, he could accomplish two things at once; the money raised could be used to buy supplies for his army to continue to fight Britain, which he hoped would ingratiate France to America, and America would be more aligned with France than Britain. America bought the 828,000 square miles of land that included parts of Minnesota. This historic purchase became known as the Louisiana Purchase of 1803. America paid \$15,000,000, the equivalent of about \$309,000,000 in today’s money, but still a bargain. Napoleon’s plan didn’t work. Britain defeated France and America remained Britain’s ally.

America’s purchase of the Louisiana territories gave it the ability to move west and white Americans brought with them a new substance called “whiskey and rum.” They used this substance to take advantage of Native Americans in trade, and in their abuse of Native Americans to take control of their land. To this day I believe that the Native Americans have never recovered from the introduction of alcohol into their culture. Native Americans had never before had alcohol in their culture, except for a very weak sort of beer, brewed from corn, called “tiswin.” They were not prepared for the introduction of “whiskey and rum.” And their lives were devastated by it.

As white settlers moved west, they encountered many different native na-

tions and used alcohol as a trading tool to move forward their agenda. If you think about this, the majority of the Native Americans who were most affected by alcohol were the young males. Young men of a tribe were the warriors and if they were drinking or were drunk, their ability to fight to protect their tribe would be greatly impaired. Once again, alcohol, a mood and mind-altering substance, plays a part in American history and ultimately, world history.

MOVING WEST TO THE PACIFIC OCEAN

The Louisiana Purchase opened up the West to the settlers and by 1805 the West was at the beginning of its colonization by white settlers. Nothing opened up the West the way the first Transcon-

Transcontinental Railroad ultimately settled both on the West coast, mostly in San Francisco, and on the East coast, mostly in New York. To this day the largest communities of Chinese people are Chinatown in San Francisco and Chinatown in New York. Many are the descendants of the Chinese immigrants that came to help build the railroad, and once again, drugs played a part in this piece of world history. It is estimated that in the six years that it took to build the railroad that as many as one thousand two hundred Chinese workers died building this monumental industrial construction project.

When the Chinese arrived in America, they brought their culture. This included smoking opium and opium smoking created yet another historical event.

The accumulation of revenue from the taxation of tobacco by 1880 accounted for 31% of America’s revenue, almost one third of America’s income

tinental Railroad did. The Transcontinental Railroad did two major things; it made it safer and cheaper to get from one coast to the other and it encouraged the growth of towns along the route of the railroad throughout the West. But there was a problem. In order to build the railroad manpower was needed. There weren’t enough white men to build the railroad from coast to coast. Slaves couldn’t be used as they were growing cotton and tobacco, a much needed commodity at that time because it was used for world trade, which then produced income to affect the new country’s income. America needed manpower.

Another world event was taking place that would impact America’s good fortune. The Chinese were trying to suppress the sale of opium by the British and the French. The problem was that this was unacceptable to the Europeans because it meant the profits they enjoyed would stop. The Europeans thought this situation intolerable and their response was to declare war on China. This was called the Second Opium War. The Chinese lost and the opium trade continued. When the Chinese were approached by the Americans to come to America and help to build the Transcontinental Railroad, many Chinese took the offer. Chinese arriving in America to build the

The first anti-drug law was enacted in 1875 by the San Francisco Board of Supervisors making it a misdemeanor to keep or go into opium dens. This was the beginning of modern anti-drug laws and policies. These laws primarily targeted the Chinese.

These new drug laws and policies were only instituted after the railroad was completed and the Chinese workers that built the railroad were now competing with white men for jobs in the new emerging American industrial nation.

Chinese people and their communities were blamed for lawlessness and depravity especially once the children of the affluent began to frequent opium dens. Once again drugs were used to create social policy and laws aimed at nonwhites. The beginning of using drug laws and drug policies to affect political change had begun.

George Lewis is founder and CEO of Motivational Consulting, Inc. and has more than 18 years of experience in the human services industry. His website is motivationalconsultinginc.com.

Murder Cartel Deathride
by Raj Bunnag (rajbunnag.com)

Fantastical Manifestations of the War on Drugs, is an ever-growing body of work about the failures, fallacies, and players in the war on drugs. In this series I am turning the drugs that exist in our world into Godzilla like monsters, or in my mind: Druggernaughts.

Using drug pop culture and graphic imagery of violence and terror, I create scenes of chaos and destruction to draw viewers in. Once I have drawn them in I have them make sense of the madness I have laid out in the print. No matter how crazy or depraved or violent my imagery may be, nothing fully compares to the bleak reality our appetite for drugs has inflicted upon this world.

With this work I hope to challenge what people think they know about drugs, prohibition, and addiction. To maybe start a conversation about why making drugs illegal has made our world worse, and maybe get people to see that the war on drugs is just a war on our friends and family.

TELEHEALTH PROVIDERS

The following list consists of substance use disorder programs/providers in Minnesota that have listed their telehealth, telemedicine and virtual groups on Fast-Tracker (as of the end of August 2020).

It's easy to find a list of those who offer telehealth by going to the SUD side search page at sud.fasttrackermn.org. Search using "telehealth" under service or as a key word. Searchers can also use "virtual groups" and "telemed" in the services spade to find a program.

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.

The screenshot shows the Fast-Tracker website's search interface. At the top, there's a navigation bar with links for HOME, FIND TREATMENT, SOR GRANTEES, HELPFUL INFO, ADMIN, PROFILE, and LOGOUT. The top right corner features a 'SUICIDE PREVENTION 1-800-273-8255' link. Below the navigation, a search bar is labeled 'Search for Programs' and contains the text 'Virtual Groups'. Underneath the search bar are three smaller input fields: 'Search by program, city, county or key word:' with 'Telehealth', 'Search by Zip Code:' with 'Enter Zip Code', and a 'SEARCH' button.

2118 NUWAY Counseling Center

Minneapolis
612-235-4677

3R'S NUWAY Counseling Center

Minneapolis
612-789-8030

A Better Connection, Inc

Park Rapids
218-252-2785

Abria Recovery

Burnsville:
952-406-8105

Amazing Grace Recovery Services

St. Francis
763-753-6639

Anishinaabe Miikana Gid-maajiaamin

Tower
218-753-2347

Nett Lake
218-757-0233

Awaken Recovery Center

St. Paul
763-331-2162

Canvas Health

Cottage Grove
651-777-5222

Forest Lake
651-777-5222

North Branch
651-777-5222

Saint Paul
651-777-5222

Stillwater
651-777-5222

Club Recovery

Edina
952-926-2526

Conceptual Counseling

St. Paul
651-221-0334

Cornerstone Therapy and Recovery Center

Minnetonka
651-645-0980

St. Paul
651-645-0980

Burnsville
651-645-0980

CREATE, Inc.

Minneapolis
612-874-9811

Saint Paul
612-874-9811

Burnsville
612-874-9811

Divine Hope Counseling

Willmar
320.231.9763

Douglas Place

East Grand Forks
218-399-4041

Fairview Adult Substance Use Assessment Services

Minneapolis
612-276-2736

Lodging Plus Program-IOP
with Lodging (DHOH)

Minneapolis
612-672-2736

Outpatient
Crystal
763-541-4993

Outpatient
Elk River
763-241-3558

Freedom Center

Princeton
763-308-0006

Milaca
763-308-0006

Cambridge
763-308-0006

Onamia
763-308-0006

Gamblers Choice

Fargo, ND
1-877-702-7848, Ext. 3279

Grace Counseling Services

East Bethel
763-413-8838

Hazelden Betty Ford Foundation

Chaska
800-257-7800

Maple Grove
800-257-7800

Center City
800-257-7800

St. Paul
800-257-7800

Plymouth
800-257-7800

Hope House of Itasca County, Inc.

LaPrairie
218 326-1443

Outpatient w/lodging
Minneapolis
612-594-2029

Integrations Wellness & Recovery Center, LLC

Hutchinson
320-434-1312

Khunsi Onikan

St. Paul
651-793-3803

Lake Country Associates

Menahga
218-564-9229

Park Rapids
218-366-9229

Lakeland Recovery

Minneapolis
612-807-8243

Waverly
763-658-5800

Litchfield
320-693-2461

Lakeside Academy

Buffalo
844-768-8336 (TEEN)

Life Transformations

Breckenridge
701-640-8915

Living Free Recovery Services, LLC

Brooklyn Park
763-315-7170

Minnesota Adult & Teen Challenge

Minneapolis
612-373-3366

Brainerd
218-833-8777

Duluth
218-529-3733

Rochester
507-288-3733

Minnesota Alcohol/Drug Assessments

Menahga
218-640-6133

Minnesota Alternatives

Spring Lake Park
763-789-4895

Native American Community Clinic

Medication Assisted Treatment Program
Minneapolis
612-872-8086

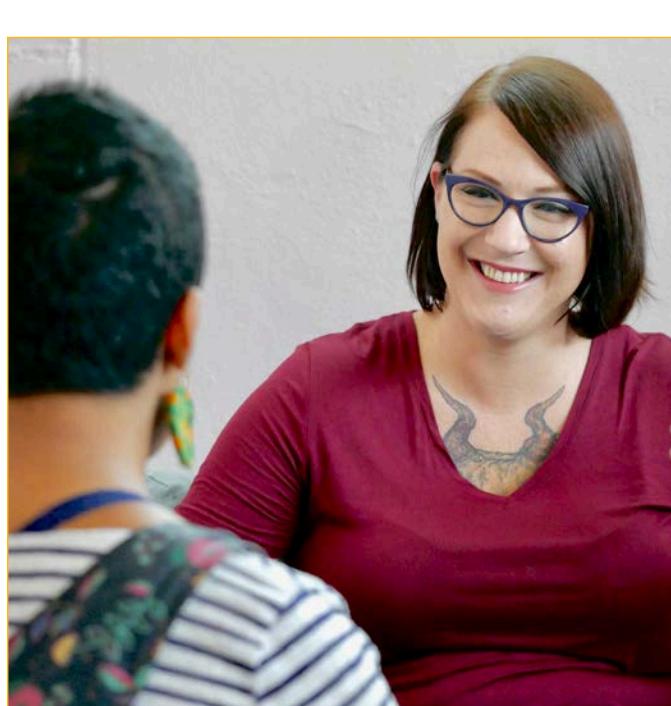
Wiinodewe Intensive Outpatient Program Minneapolis
612-843-5980

New Beginnings

Eagan
612 454-2248

Elk River
612-248-1455

Waverly
763-658-5800



Help Helps

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is here to help you.

We offer mental, chemical, and sexual health services for LGBTIA+ people, people living with HIV, and folks from communities that historically and currently face barriers to behavioral health support.

Call 612-373-9160, email clinic@justushealth.org, or visit us at 1000 University Avenue in Saint Paul.

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St. Peter 507-931-0918	NUWAY Rochester 507-225-0400
Stillwater 612-326-7600	St. Paul 651-404-2000 651-333-4410
Minnetonka 612-326-7579	Duluth 218-207-2130
Olivia 320-400-0001	Minneapolis 612-767-0309
St. Paul 612-326-7579	Nystrom & Associates, Ltd Rochester 651-529-8479
New Freedom Inc. OP and IOP With Lodging Princeton 763-220-5483	Coon Rapids 651-529-8479
Northland Recovery Center Aitkin 218-670-0005	Eden Prairie 651-529-8479
Grand Rapids 218-327-1105	Baxter 651-529-8479
Northstar Behavioral Health Fergus Falls 651-900-3881	Woodbury 651-529-8479
Oakdale 651-900-3881	Apple Valley 651-529-8479
St. Paul 651-900-3881	Duluth 651-529-8479
NorthStar Regional Co-Occurring Disorders Program Chanhassen 952-297-8665	New Brighton 651-529-8479
Maple Grove 763-898-3838	Maple Grove 651-529-8479
Men's Residential Program Shakopee 952-297-8665	Bloomington 651-529-8479
Chaska 952-297-8665	Sartell 651-529-8479
Northwestern Mental Health Center Crookston 218-281-3940	Otsego 651-529-8479
	Minnetonka 651-529-8479
	Big Lake 651-529-8479

Omada Behavioral Health Services
Northfield
507-664-9407

Options Family & Behavior Services
Burnsville
952-564-3000

Park Avenue Center
Minneapolis
612-871-7443

Partners In Recovery
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FROM THE STATE OF MINNESOTA



Recovery Month in the Time of COVID-19

by **Gertrude Matemba-Mutasa**, Assistant Commissioner, Community Supports Administration Minnesota Department of Human Services



September is National Recovery Month, a time for us at the Department of Human Services (DHS) to celebrate people's journey to recovery from substance use disorder and mental illness.

There's a lot for us to celebrate. Most people who enter chemical dependency treatment complete it and show considerable improvement, according to the National Institute on Drug Abuse. The institute also notes that abstinence from substance use and other benefits of treatment tend to continue over the long term. Meanwhile, mental illness treatment is highly effective, with between 70 and 90 percent of individuals having a significant reduction of symptoms and improved quality of life.

Bottom line: People *can* and *do* recover.

It takes all of us to step up and support people in recovery. Research shows that peer support services can be a valuable guide for individuals as they work to maintain recovery. Community members—including families, neighbors, employers, educators, charitable organizations, and faith-based institutions—are the backbone of communities that foster recovery among its people.

Support for people in recovery is perhaps more crucial now than ever. National Recovery Month 2020 comes at a difficult time for the state, the nation and the world. There is a great deal of fear that the stress and trauma of the pandemic will lead to, or exacerbate, existing mental health and substance use disorders.

"The COVID-19 pandemic and resulting economic downturn have negatively affected many people's mental health and created new barriers for people already suffering from mental illness and substance use disorders," the Kaiser Family Foundation reported in April. Nearly half of adults in the United States surveyed by the Kaiser Family Foundation reported that their mental health had been negatively impacted due to worry and stress over the virus. In a Journal of American Medicine Association (JAMA) article on psychology, also in April, called "Suicide Mortality and Coronavirus Disease 2019 — A Perfect Storm?" the authors discuss a range of factors such as economic stress, barriers to mental health treatment, and even firearm sales that may play a role in suicide rates.

While the long-term effects of stress and trauma remain to be seen, without question the COVID-19 pandemic has made getting services more difficult for many people in recovery or working to achieve recovery. Substance use disorder treatment programs have remained open, as they are considered essential services. But outside of those programs, many other substance use disorder and mental health services have not been readily available. How can you work with your drug and alcohol counselor or your mental health provider, if you have to socially distance?

Telemedicine—whether by telephone or video—seems an obvious solution. But unfortunately, public pay options did not initially allow for such remote services. Video was allowed for substance use disorder Rule 25 assessments for treatment; telephone was not. In large parts of the state that do not have broadband service, many support places had to close or sharply curtail their services.

Our work at DHS was clear: From the very beginning of the state peacetime emergency, we and other state agencies had to ensure people could get the services they need **and** stay safe from COVID-19. Since April, across all of human services, DHS has made 83 (and counting) changes in state laws and rules to help people get the services they need. Probably the most critical change that took place for substance use disorder and mental health services was allowing more services via streaming video and telephone. This involved an executive order for some services, but for most, it meant going to the federal government to obtain a "waiver." All of this took a great deal of work and a great deal more time than anyone wanted it to, but it got done.

Meanwhile, we allowed organizations more flexibility so they can do business safely. Many organizations that receive grants from DHS were allowed to spend previously approved funds on maintaining safety, such as purchasing telehealth equipment and programs. We also allowed for delaying many business processes that would normally be done face to face, such as recertification.

We also helped connect providers with support from other agencies and the federal government, such as Provider Relief Funds and meeting preparedness planning requirements.

We cannot forget the people for whom recovery still remains in their future. Many people who need treatment are not seeking the help they need to begin their path to recovery. About half of the adults with a co-occurring mental illness and substance use disorder in the past year did not receive either type of service. Nationally, an estimated 8.3 percent of adults with these co-occurring disorders received both mental health care and specialty substance use treatment, 38.2 percent received only mental health care, and 4.4 percent received only specialty substance use treatment.



The Department of Human Services is here to support people in recovery. But it takes more than government; it takes the entire community. How can you help? Go to the Substance Abuse and Mental Health Services Administration (SAMHSA) website at www.samhsa.gov to find resources for friends and families of those with substance use disorder and mental illness.

Recovery Month is a national effort by the Substance Abuse and Mental Health Services Administration (SAMHSA). Every September, SAMHSA sponsors Recovery Month to increase awareness and understanding of mental and substance use disorders and celebrate the people who recover. For more information about Recovery Month, visit www.recovery-month.gov.

Images and logo courtesy of SAMHSA

Virtual Support for Your Recovery

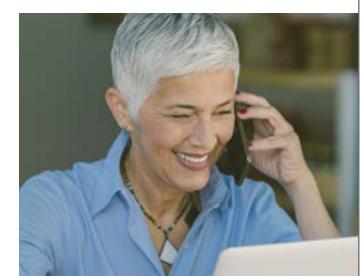


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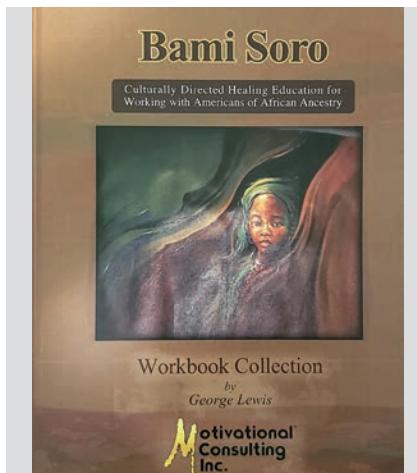


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Books

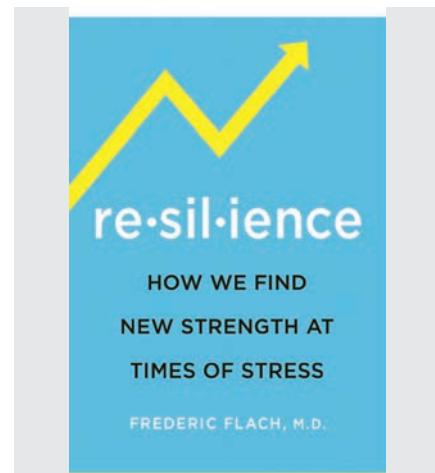


Bami Soro

Culturally Directed Healing Education for Working with African Americans of African Ancestry

By George Lewis
SELF-PUBLISHED

Bami Soro was developed as a “Culturally Directed Healing Program” for substance use, behavioral health and educational professionals. The *Bami Soro* curriculum was designed to help bridge the communications gap by helping professionals translate their academic and practical experience into easy conversation with African American patients and clients.



Resilience

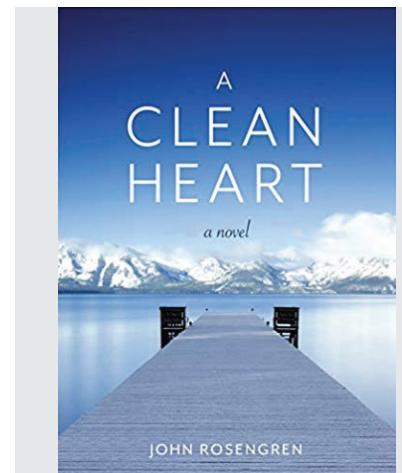
How We Find New Strength at Times of Stress (3rd Edition)

By Frederic Flach
HATHERLEIGH PRESS

There's no escaping stress. It appears on our doorstep uninvited in the shattering forms of death, divorce, or job loss. Stress even comes in the pleasant experiences of promotion, marriage, or a long-held wish fulfilled.

So why do some people come out of a crisis feeling better than ever, and others never seem to bounce back?

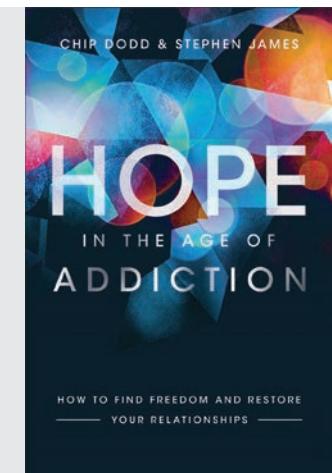
Drawing on more than thirty years of case studies from his own psychiatric practice, Dr. Frederic Flach reveals the remarkable antidote to the destructive qualities of stress—physical, mental, and emotional resilience.



A Clean Heart

By John Rosengren
MANGO PRESS

In John Rosengren's new novel, *A Clean Heart*, Carter Kirchner struggles to stay sane and sober as a counselor on Six West, an adolescent drug treatment center run by a hard-drinking nun with an MBA. The young man is caught between Sister Mary Xavier's plan to rescue the center by reforming a hardcase kid and the staff's clumsy plan to intervene on their boss's drinking. Meanwhile, Carter's mother—who never forgave him for giving up a promising hockey career to treat his own addiction—lands in the hospital with an advanced case of cirrhosis. Before Carter can help the young addict commissioned to his care or safely navigate the staff's dysfunctional intervention effort, he must rescue himself from his family's past.



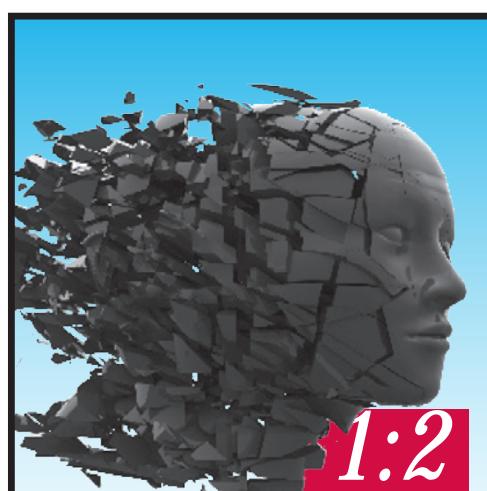
Hope in the Age of Addiction

How to Find Freedom and Restore Your Relationships

By Chip Dodd, Stephen James
REVELL

Between alcohol, illegal drugs, prescription drugs, pornography, gambling, and eating disorders, fully 25% of the population of the United States is addicted to something. Those addictions are taking a massive physical, emotional, spiritual, and financial toll on individuals, families, and communities. The problem can feel insurmountable. But there is a solution, at once ancient and supported by the latest in neuroscientific research.

The synopsis of these books were taken from the publishers or authors. 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.



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

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Resilience Needed More Than Ever Today

by Mark T. Scannell

As we live through these very challenging times, I can't imagine anyone arguing about the need for developing resilience. This is especially true for those of us in recovery from addictions, whatever our addiction or addictions. In this article, I'd like to suggest four practices that I have found helpful in developing resilience.

The first practice is to maintain our sources of support and possibly even looking for more sources. I don't believe we can have too much support! I see support as a two-way street – both giving and receiving. This is finding some people with whom we can share our journeys. The 12 Step group I belong to has adapted to meeting via Zoom and these meetings keep our connections alive. Don't forget your sponsor and possibly increase the number of times you speak each week.

The second practice is finding some sense of power in these times where many of us are feeling so powerless in regard to the impact of the pandemic. This is not feeling grandiose or entitled; rather, where can we find something we can do that can contribute to others? Remember that bumper sticker that said "Random acts of kindness?" – It might be good to practice today. This is Step 12 – spreading the news of recovery to other addicts as well as spreading the good news to everyone. What can I do to help another person? This builds resilience as well as a sense of well-being.

The third practice is having something we are going to do, which can be an important way to begin the day and give a focus. For me, this also means looking for manageable things to do – the opposite of the unmanageability of Step 1. Little

What can I do to help another person? This builds resilience as well as a sense of well-being

things make a difference! Keep it manageable or you will find yourselves disconnecting and throwing in the towel and feeling less resilient.

The fourth practice is focusing on the positive and not drowning in the negative – like how terrible things are. I see power in affirming others for what they are doing – like people who are on the front line, fighting this pandemic; family members who are hanging there in the face of challenges, members of our support groups. I also see the importance of self-affirmation, which is the opposite of negative self-talk and judgments we make upon ourselves. Be willing to affirm others as well as yourself. Such affirming can change the atmosphere as well as change people's lives.

Giving and receiving support, feeling we can do something, having a focus and intention for our lives and affirming others and ourselves: these are ways to develop resilience. I believe it takes a community to develop and maintain resilience and this is even more true today. You don't have to go it alone – with others, there is a way to developing and maintaining resilience.

Mark T. Scannell is the author of Resilience: The Ability to Rebound from Adversity.



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George Lewis,
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TEACHING EACH OTHER HOW TO HEAL

Ask the Expert

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

Q What are some key things that a professional can do to bridge the cultural divide when working with a client from a different cultural background?

Establishing rapport is not easy. If you are working with Black Americans, the next step after laying the groundwork of respect is to acknowledge the racial and cultural situations they face, so you can start and sustain conversations essential to your client's recovery. The success of your work rides on these first two steps, so that's where *Bami Soro* focuses.

To achieve that, we ask questions and share stories that speak directly to topics they're intimidated by or leery of because they assume—usually correctly—you won't understand. Opening up these topics is key to giving the people you serve the best possible chance to recover and thrive.

Bami Soro isn't about political correctness. It's about exploring key aspects of the Black experience in America. This goes a long way toward setting the stage for honest discussion and helps members view you apart from the system they distrust.

Q How does Black culture play a role in both addiction and recovery?

Black Americans tend to drink at a somewhat lower rate than White Americans across most age groups but use drugs at remarkably similar levels. Yet Blacks are arrested and suffer legal problems from drinking and drug use to a much greater degree. They also have higher rates of social and health problems, at least partly because of racial disparities in poverty rates. Poor neighborhoods have easier access to alcohol and drugs and less access to good health care.

There is also a paradox in traditional Black culture that can help protect against heavy use of drugs and alcohol yet worsen some of their consequences. For instance, heavy alcohol use is culturally frowned upon in Black social society. But when Black people do drink heavily, their loved ones are often less likely to intervene. This may be due to a strong culturally based distrust of the medical establishment, at least in low income neighborhoods.

This distrust extends to treatment programs because they're considered part of the medical establishment unless they have a prominent faith-based component. Blacks between the ages of 12 and 25 are less likely to need specialty treatment compared to the same age group among other ethnicities. Black men 26 and older, however, are more likely to need specialty treatment. This may be because Blacks who drink heavily tend to start drinking later than other ethnic groups. Black women, on the other hand, are less likely to need treatment than women of other racial and ethnic groups (Source: *PsycINFO Database Record (c) 2013 American Psychological Association*).

Q How does historical and present trauma impact the ability of Americans of African ancestry to recover?

Most "street codes" are unhealthy responses or unhealthy coping strategies developed to help make meaning of traumatic experiences. American clients of African descent who come from street culture have perpetuated these codes knowingly or unknowingly. The behavior's origin connects directly to slavery—silence was the only power a slave had. Many slaves would suffer horrible atrocities, even death, without uttering a word or a sound in order to hold on to something they valued and deny slave owners the satisfaction of seeing them hurt. Today's street code is that same ideology gone awry, in that Black Americans do have a voice, but many have been conditioned not to use it even when justice and safety are at stake, until they explode in violence turned inward on themselves and others who look like them.

Black men in the world of drugs and alcohol—especially those in impoverished communities—live with an undecurrent of violence that can erupt at any moment. Violence and other forms of social trauma can affect people up and down the socio-economic spectrum, but in poor communities they are part of daily life. To survive in that world requires denial—denial that the violence all around them will ever touch them personally, and denial that they will be deeply damaged if it does.

Q How can being of service support spirituality in recovery?

In the fellowship that I attend "service" is part of our symbol as a spiritual principle. Spiritual principles are amazing because you need only incorporate one into daily living and it will lead to others. You can't be honest without developing integrity, you can't develop integrity without developing commitment, and so on.

To truly recover from addiction, you must incorporate these principles into your daily life without compromise. It is important to understand that principles aren't lived by convenience, but by commitment. People who honor them only when it's easy or convenient keep their spirits weak and then their recovery is weak as well.

Living by spiritual principles strengthens the spirit. The more you feed them the stronger they get, and strong healthy spirits don't do unhealthy things.

Don't skate over that last point, because it's important—healthy spirits don't do unhealthy things because they don't want to. That's the beauty of it. Living by spiritual principles is self-reinforcing. The more you do it, the more natural it becomes.

Also, the stronger your spirit becomes, the more it appreciates being and staying strong. The more it recognizes how things were at your worst, the more grateful it is to have survived and become healthy again, and the more determined it is to stay healthy. A strong spirit is your ally, not your taskmaster.

Q As a black man, how has your own personal and professional journey helped other professionals in the field and people in recovery?

I am a person in long term recovery who has worked in the recovery community for over 20 years. Most of those years were spent delivering direct services to people of all ethnicities at a very vulnerable and troubling time of their lives. What struck me most was that all the information and experience I offered meant little if I could not translate what I knew in a way the person or audience I was trying to help could connect to, based on their own experiences. So, I focused on making those connections. And over time, I developed an empathetic, bridge-building, culturally sensitive communication style that served me well as a presenter, group facilitator, motivational speaker and author.

Bami Soro, which as mentioned before means "Talk to Me" in the Yoruba language of West Africa, represents my attempt to pass along this communication style. Its hallmarks are storytelling and eliciting personal stories on each topic from the participants themselves so that they, not the facilitator, do most of the heavy lifting. It's the participants who "connect the dots" between their own experiences and each topic that's up for discussion.

Support group participants and facilitators alike will find *Bami Soro* entertaining and informative. But its most important value to therapists, counselors and mental health professionals is that it helps those professionals with little or no experience, in communicating with Black Americans or people of color, begin to develop their own comfortable, confident communication style with clients from these communities.

Black counselors will also appreciate having a culturally directed tool to help guide their group discussions in ways that will make them more therapeutically effective for Black Americans and other people of color. But the fact is there are more young White therapists than Black therapists, counselors, behavioral health, and mental health professionals graduating every year, which means it's impossible for people of color to always work with professionals who look like them. There are no reasons why White professionals can't bridge this gap if they are willing to learn how to communicate effectively with Black Americans and other people of color and "meet them where they are." *Bami Soro* helps them do that.

Q What does "bami soro" mean, and how can it be helpful for people in recovery?

In the Yoruba language of the West African ancestors of many Black Americans, bami soro means "talk to me," in a way that's soulful, honest, and deep. The first step in any effective therapy or counseling situation is to establish a relationship where that kind of talk can happen. It requires a degree of mutual understanding and respect. But if you work in the field of substance use as a therapist, counselor, or teacher, there's a better than even chance that you're White and that many, or most of, your clients are not White. In this country, that means that your clients' experiences don't overlap yours nearly as much as you might believe—even if you come from similar economic backgrounds and have dealt with substance use yourself. This racial divide can make it hard to establish mutual understanding and connect on an intimate, honest level. This is especially true when you consider:

- The legitimate need to preserve professional boundaries.
- The huge empathy gap between most White and Black people in America due to their different experiences of the world, and consequently their different frames of reference.
- The fact that racial issues can be so emotionally loaded that many professional helpers avoid talking about them, even if that means that Black clients never get to deal head-on with aspects of their personal histories that could undermine or block their recovery.
- The importance of not allowing clients' past traumas or crises to become excuses for not doing the work of recovery.

As a key tool in Culturally Directed Motivational Healing, *Bami Soro* helps the helping professional motivate clients, patients, and students by discussing crucial topics with them to help bridge the gap caused by their social, cultural, and historical differences.

from page 1

Looking on the Brighter Side of Things

This example suggests that more can be gained by focusing on our strengths, our connection to an encouraging person and having a specific plan for facing problems in our present life. Indeed, perhaps too much time is spent on dwelling on our past distress and not getting on with our lives. Indeed, misery may love company but risk-taking with support may bring us to greener pastures. This is the thinking of a relatively new field of psychology developed in the last twenty years that is showing a lot of promise and is supported by research. It's called **positive psychology**. It's a very hands-on, action-oriented psychotherapy whose focus is present day help for mood improvement and personal well-being. It does not ignore the miseries of our past life experiences but is a truly authentic methodology that focuses on the present and what can be done to be happy and fulfilled. It doesn't deny the past but attempts to deal with the past in how it appears in our present life. It's the epitome of a "can do" mentality. Its optimism is not naïve but is truly authentic. Best of all, research tells that *it works!*

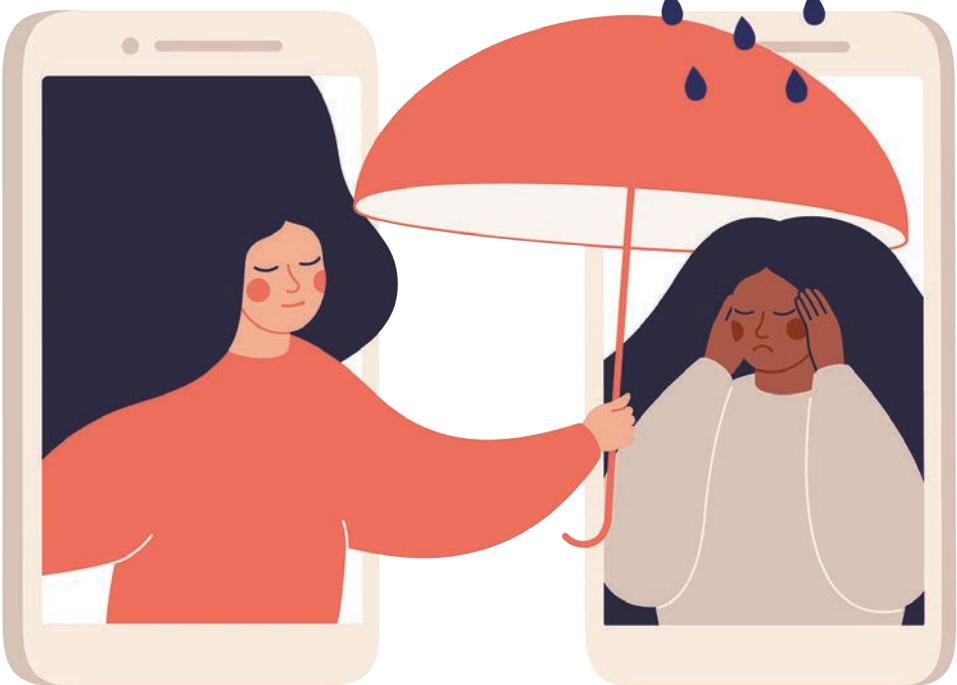
This more hopeful modality emphasizes the profound importance of the therapeutic alliance between helper and helpee. Resistance to change is seen as worthwhile since it addresses what the hold-up in a person's life is about. In this style, the client is the expert on himself and the helper is the catalyst for change, often by observing existing strengths in the helpee and suggesting specific suggestions that empower the client and enable the helpee to truly own his or her competency. In this methodology the client prac-

tices making corrections in his or her own life by first doing it with the helper and then outside the relationship with others. Often this type of therapy has a profound effect on the helper as well as the client. This method of change can be incorporated with other forms of professional help such as cognitive-behavioral therapy, somatic trauma therapy and psychodynamic therapy.

I like this change methodology because, based on the example above, I might enjoy seeing an old friend like Joe but would very much more prefer to get the help of someone like Mike who nudges me to get on with my life. As the old saying goes, "You catch more flies with honey than with vinegar." This mentality is even more relevant today in our often-powerless pandemic age.

WHAT RESEARCH SAYS ABOUT LOOKING ON THE BRIGHT SIDE

The benefits of positive psychology are actually quite remarkable even when you have lived through difficult life experiences. Being the starry-eyed optimist is a lot more life-saving than you would imagine. Clearly such views need to be authentic and based on real life personal victories. Research says that happier people live on average ten years longer than less happy people. Possibly this is due to the fact that happier people have stronger immune systems, lower blood pressure and better heart health, and they have more



Maria Ponomariova / iStock

successful marriages and favorable work experiences. Optimistic people also tend to focus less on their negative experiences and more on a feeling of gratitude for what they have in life. Even people with significant depression and trauma can lessen their symptoms more quickly by focusing on gratitude, personal forgiveness, self-compassion and a willingness to do small acts of kindness for others. Doing such behaviors changes our brain chemistry, helps us relax, improves our capacity to separate the past from the present and helps us grieve and live more in the present without judgment. We focus better when we are not living in our past.

Looking on the bright side is not the same as sugar-coating, which denies our past. No amount of sugar coating or denial of our past will sustain a happy life. Staying on the bright side means having an awareness of our darker life suffering but living less in that world. Oddly enough, having positive life experiences in the present actually facilitates our grief over past suffering and allows us to put such pain to rest. Brain studies verify many of these assertions. Good books to read on this subject are *Why Good Things Happen to Good People* (Broadway Books, 2007) by Stephen Post, Ph. D. and Jill Neimark and *Hardwiring Happiness* (Penguin Books, 2013) by Rick Hanson. We may not need research to tell us these things. Any one of us who has had an encouraging friend knows that miracles happen through the loving kindness of someone who truly accepts and cares for us.

"He is a wise man who does not grieve for the things which he has not but rejoices for that which he has." EPICTETUS

POSITIVE PSYCHOLOGY SKILLS

What the client sees as the problem is the starting point of help. In this modality, the client's expertise on what helps is respected and gets aided by the helper's suggestions in the collaborative relationship. Often these suggestions include building positive psychology skills whose efficacy is based on research. These skills may include: Body awareness and mindfulness, developing an attitude of gratitude, practicing acts of kindness, seeing the bigger picture, developing compassion for self and others, enabling personal forgive-

ness, recognizing a life purpose, witnessing strengths in self and others, cultivating trustworthy intimate relationships, and having a spiritual sense. Any one of these skills has been shown to increase serenity, relaxation, self-confidence and a resilient, positive mood. These benefits result from a change in brain chemistry and are long-lasting. Such positive results also allow us to process, grieve and resolve past suffering while dwelling less on past emotional wounds. The power of positivity in the hands of a skilled helper truly can facilitate miracles.

SOCIAL CONTEXT OF LOOKING ON THE BRIGHT SIDE

We are living in very grim times due to the COVID-19 pandemic, political strife and economic hardship. Our news media has no idea of TMI — "too much information." We are constantly exposed to the grim parts of life 24-7. You can only imagine how much anxiety our children feel when they are exposed to strife that is beyond their maturity level to handle. Especially when so many adults have become cynical and socially distrustful. So, what better time to learn how to look for the better side of things?!

Well I can tell you that one of the best kept secrets of life is that most people are very trustworthy. Nine out of ten are capable of real compassion. The ten percent of those who aren't, are there to keep us on our toes, to protect ourselves, and be more forgiving. Most of us bring the better part of ourselves to others. If we keep our eyes open, we will sense the well-being that is all around us, even in these dire times. Most of us are naturally driven to lead fulfilling and meaningful lives in families. We are all capable of bringing the better parts of ourselves to others (at least for the most part).

The dark side of ourselves — such as distrust, disdain, stereotyping, blame, and lack of trust we have in others — is more about ourselves than somebody else. The reason we do that is that we don't want to look at ourselves. We have little faith to handle such truths. We find it easier to make excuses, become prejudiced and write people off. Sadly, all of us have a dark side, which we can learn to keep under check. That's what makes us human.

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Continued from page 14

Most of us are more prone to be critical of ourselves and focus on our shortcomings. Often our view of ourselves is inaccurate, dismissive or defeatist. It's best to start with some accurate awareness of our good qualities...

**CONCRETE FIRST STEPS TO PRACTICE
POSITIVE PSYCHOLOGY**

A good place to start is learning more about your personal character strengths. I can recommend the VSI (Values and Strength Inventory) at www.viacharacter.org. Most of us are more prone to be critical of ourselves and focus on our shortcomings. Often our view of ourselves is inaccurate, dismissive or defeatist. It's best to start with some accurate awareness of our good qualities, either through the VSI or asking trusted friends what they see as our assets. For now it is better to avoid making a list of your shortcomings and instead focus on your strengths and doing practical strategies to promote your well-being.

I recommend learning about the science of happiness. Two excellent, research-based resources on the science of happiness to start with are *Authentic Happiness* by Martin E.P. Seligman, Ph.D. (Simon & Schuster, 2002) and the authentic happiness website (www.authentichappiness.sas.upenn.edu) with its inventories to assess your level of happiness. I can also recommend *The Myths of Happiness* by Sonja Lyubomirsky, Ph.D. (Penguin Books, 2013). Her website (www.sonjalyubomirsky.com) is an excellent, researched study of what does and does not make us happy. Her results are quite startling and illuminating. Should you want to get professional help with a positive psychologist you would be well-advised to visit www.psychologytoday.com and enter your zip code under "Finding a positive psychologist in your area." You will find a number of profiles of reputable, licensed helpers specific to your area.

If you are looking for concrete strategies that should quickly brighten your mood today let me suggest three:

1. Do one small act of kindness each day for a week.
2. Write a letter of gratitude and send it in regular mail to one person who has made a positive difference to in your life.
3. Google Dr. Elvis Francois, a surgeon at Mayo Clinic, and listen to his podcast of him singing "Lean on Me" to his patients during the exhausting and dangerous work of COVID-19 medical care in the ICU. Not only is this a testimony of human generosity but his voice is out of this world.

If you do any of these activities, you will likely notice a change in your brain chemistry and your mood will be much brighter and stay that way for some time. Good luck with your efforts!

*John H. Driggs, LICSW, is a Licensed Clinical Social Worker in private practice in St. Paul and co-author of *Intimacy Between Men* (Penguin Books, 1990). He can be reached at 651-699-4573.*

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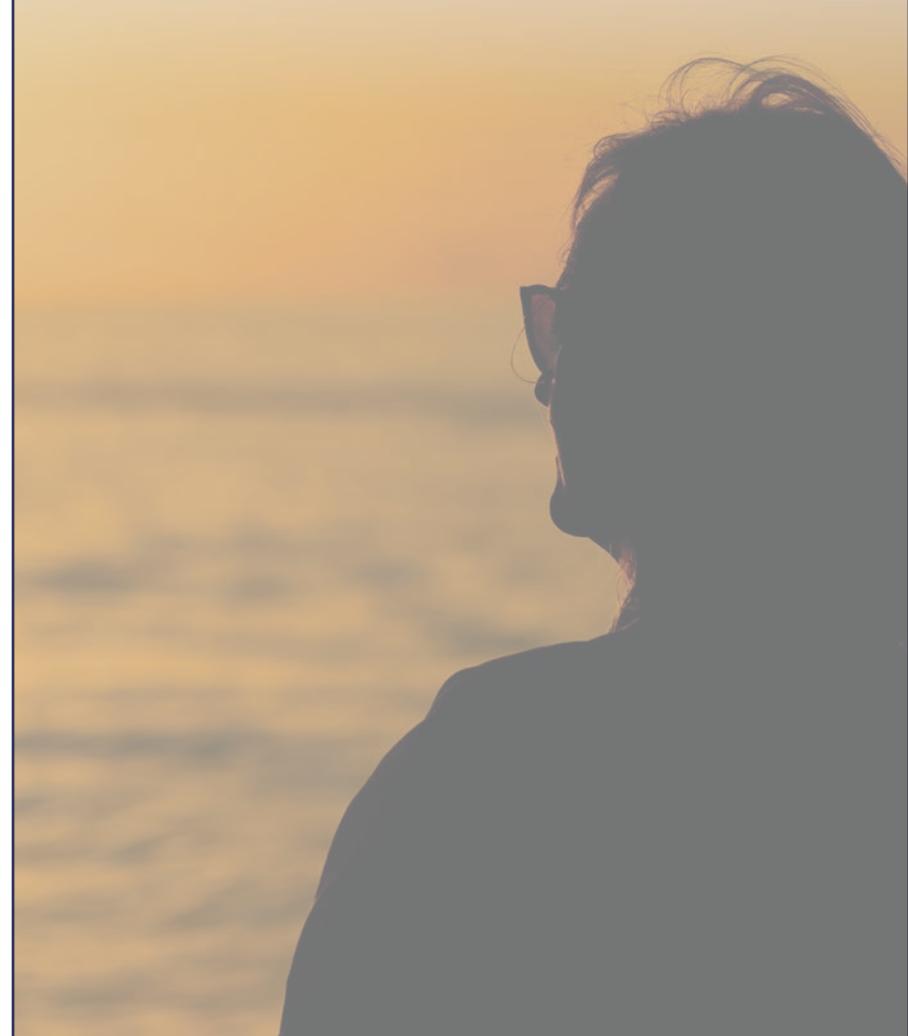
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Connecting and Reconnecting

by Mary Lou Logsdon



I sit on my porch, morning coffee in hand, watching light expand as the sun rises above the horizon. In those first rays I catch the glint of fresh spiderwebs. They connect marigolds to basil in porch planters, extend to the rhododendron just below and on to the wrought iron railing. The webs sparkle in the early sun, holding dew droplets soon to evaporate.

I only notice these in the quiet morning. By 9:00 I move on, my vision clouded by the day's tasks and concerns. The connections remain, I just don't see them. That's how I feel in COVID time. With new eyes I see what has always been—the many ways we are connected. The virus binds us across the seas and around the

block. All are vulnerable, none have a reserve of antibodies. Any of us can get it.

Seeing these connections leads me to consider other connections. We are connected by our national history. We look to the 1918 Spanish Flu pandemic for wisdom in how we might live through this. While I was not alive in 1918, I did live through the 1960s social unrest with its racial and political turmoil. I see echoes of that now. I remember a cartoon from then with two aged baby boomers in a nursing home brandishing their canes, still arguing about the Vietnam War. I fast forward to now and imagine the same picture with one wearing a red MAGA cap, dueling politics to the very end. We are

caught in a myth that we are separate. We aren't. We all belong.

We are connected in our personal history. Where did we come from? Who is in our family tree? When did our DNA cross the seas to get here? We all did, whether in the hull of a boat, across a land bridge or by sleek jet. Chosen or forced. Looking back or eyes ahead. We all came from somewhere else.

I recently saw the exhibit "When Home Won't Let You Stay: Art and Migration" at Mia, the Minneapolis Institute of Art. Entering you encounter a world map spread across a long wall, its continental shapes knitted from yarn. Colors and patterns distinguish countries within continents. Strands of yarn loop between and among land masses over open oceans, connecting one with another and on to a third—over and through, messy and entangled, representing the flow of migrants. Some threads simply drop to the floor, still attached to the remaining skein of yarn. The journey paused.

My 20-year-old grandmother left Germany to join Iowa cousins who had emigrated earlier. A neighbor's grandmother came to St Paul via a Thailand refugee camp to a community planted by earlier arrivals. Similar storylines.

Sometimes we are surprised at the connections we discover. A friend has found an English cousin born during World War II whose paternity is shared with cousins here—a surprise to the whole family! Stories left on one shore drift forward like notes tucked in bottles thrown into the sea. Buried secrets uncovered generations later.

My grown daughter was born in India and at 8½ months traveled across the Atlantic to become family with us. When I see East Indian Americans, I know we are connected. We share something of that far away land. They have no idea of that connection. Unlike when I pushed her in a stroller and her different heritage was evident, nothing about how I look or speak or live would tell them we are connected. But I know.

We are connected to the natural world. My daily walk brings me through a neighbor's sprawling butterfly garden. I loiter, watching monarchs drink, float and re-land on blue violet asters, deep yellow goldenrod, and the centers of purple coneflowers. They are engrossed; I am of no concern. These are super generation monarchs, the generation that migrates 3,000 miles to Mexican mountains where they winter before laying eggs in spring, passing on their internal GPS to the next generation who will begin the journey north. As they flutter by, I see my connection to those far away mountains. If that winter habitat is destroyed, I lose these delightful creatures.

We are connected in our neighborhoods. We rely on each other. One neighbor picks up groceries. A friend drops off dinner. Church members gather in a nearby park, six feet apart, catching up on life. We know we want to be together.

The world is connected by our 24x7 news cycle. A police killing in Minneapolis sets off demonstrations in Barcelona, Athens and Helsinki as well as Cape Town and Tokyo. Racial unrest and disparities are just below the surface,

erupting as another incident explodes over social media, even before details are known.

I have used this time apart to reconnect, too. I catch up with friends and family across the country. I wonder how things are there—in Arizona, Utah, Texas, Iowa. In many places the difficulties of the virus are exacerbated by heat, fires, or devastating storms. We share current concerns and remember our linked pasts. I sift through old memorabilia and relive joys and sorrows, reconnecting with the young woman I was.

We are also connected in our destiny—where we are going. We bring each other along. Parents move because they see opportunities for their family. We do it as community, advocating for schools, parks, and safe places for children. The Rev. Martin Luther King Jr. wrote from a Birmingham jail, "We are caught in an inescapable network of mutuality, tied in a single garment of destiny."

Gretta Thunberg, a 17-year-old Swedish activist, energizes student strikes

"We are like islands in the sea, separate on the surface but connected in the deep."

WILLIAM JAMES

across the globe. Her message resonates with young people worldwide, connected by their love of the planet, fear for its demise and a common shared future. They know. What happens with the Amazonian Rain Forest will make a difference in the ice melt of northern Sweden.

This web of life that connects us feels messy, random, chaotic—like the spiderwebs on my porch. All the differences we thought separated us are falling. Oceans, borders, walls—none of them hold back the virus. Not politics, not patriarchy, not fear, not hope, not denial, not wisdom, not foolishness. It is true that some of us are more vulnerable than others—but all of us can catch and transmit it. What we are learning is that no one is safe unless we are all safe.

When I have a sense of connection, I feel an inner warmth, a curiosity, a wondering. Who are you? How can I learn more about you? What if with each person we encountered we assumed we had a connection? What if instead of assuming we are disconnected, we assume we have something in common...and we inquire of each other until we know what that is?

The Vietnamese Buddhist monk, Tich Nhat Hanh, says, "We are here to awaken from our illusion of separateness." Perhaps that is the gift of this virus. We are part of a world where we all belong, we all matter, we are all together. May we not forget.

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