

The New Dawn Recovery Newsletter

Issue 3

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It's been a while since our last New Dawn Recovery Newsletter (over 6 months!) and we have accumulated quite a few fantastic articles for this issue. In fact, its our biggest so far! We went from 6 pages in our first issue to 8 pages in our second, and now, we are at a whopping 10 pages with 5 really great articles!

Last September, New Dawn was involved in the Art of Recovery Expo in Phoenix, AZ (artofrecoveryexpo.com) where we met Jo Fendly, a life coach who wowed us with her journeys around the world. Her article, on the importance of removing yourself from your comfort zone to find your own voice, touches on a few of her journeys into the Outback. Our other articles range from a personal account of an ACA (Adult Child of an Alcoholic) to a 'How To' on getting the coverage you deserve from your insurance carrier.

Last month, New Dawn helped sponsor Mercy's "I've Got You Babe" dinner held in support of the



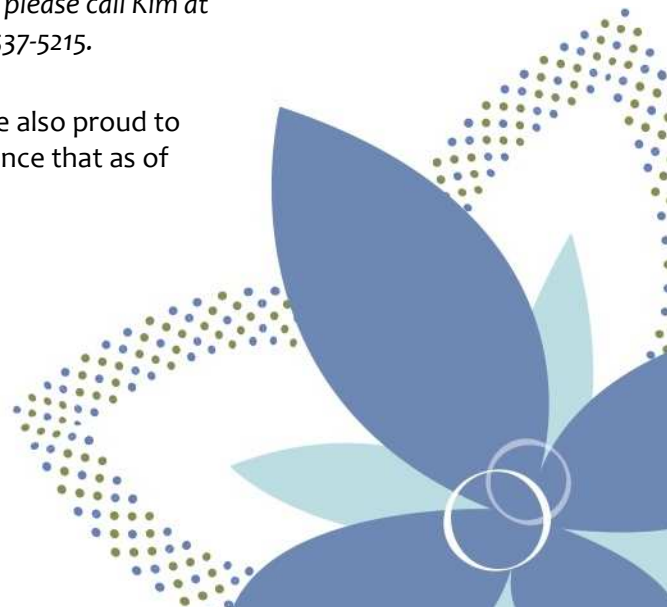
September '08, New Dawn was present at the Statewide Recovery Happens at the California Capital

Mercy Perinatal Recovery Network. The Gala raised more than \$24,000 and 100% of donations received will go towards bringing healthy babies into the world. For information on next year's event, please call Kim at (916) 537-5215.

We are also proud to announce that as of

March 1st, 2008 New Dawn expanded its adult outpatient services, with a new location off of Bradshaw and Folsom Blvd. This location will be run by longtime New Dawn employee, Steve Skiadas. This expansion is in response to the growing number of clients commuting to our Citrus Heights location from the Rancho Cordova, Sacramento, Folsom, and Elk Grove/Galt areas. Please contact us for more information or an intake at (916) 969-4300.

We hope you enjoy our third New Dawn Recovery Newsletter!!



Sometimes you just need to go on a walkabout... Sometimes you just need to go away to find yourself. - Jo Fendly

If you saw the movie “Australia”, you remember the little Aboriginal boy, Nullah, who knew he needed to go on a walkabout to become a man. We too sometimes need time away to experience defining moments and to enter into the next phase of our lives – to lose ourselves in order to discover what matters most. This is especially true when reframing our lives after we’ve started on our recovery journey.

Let’s be clear, I’m talking about more than a vacation here – I’m talking about a vision quest of sorts. The willingness to remove yourself from your routine in order to face a challenge, find an answer, consider a new path. To journal, meditate, and look for clues that have previously eluded you; to rebalance and refresh. To be effective, you’ll need a few days. Enough time to shake off the day-to-day routines and worries that have kept you stuck in the first place; time to get past your pre-conceived expectations and let your higher power take over as your guide. Spending large chunks of time alone can be excruciating at first, and then, if you stick with it, becomes strangely freeing.

It helps to go to a place that inspires you – the ocean, the mountains, to a far-away or unfamiliar culture. But you also can do this closer to home, if you have enough discipline to stay out of the temptation to quit and



“Leaving one's comfort zone is instrumental to awaken something emotional – an intuition – another way to be. It shakes us loose from what we think has to ‘be’ to feel safe and secure.”

go back to the safety of home. It’s hard, but worth it. It’s often helpful to place yourself in an environment where you’re “out of your box”. Now, a true Vision Quest is sitting alone, in nature, with no food for 3-4 days. No

phone, no emails, not even music or a pen and paper. Just water to drink and your bare-naked thoughts to confront. You don’t necessarily need to go to those extremes to get results. But leaving one's comfort zone is instrumental to awaken something emotional – an intuition – another way to be. It shakes us loose from what we think has to “be” to feel safe and secure. Some of my most magical moments have been staying for several days in a hut on a beach in the Caribbean (trying to decide to stay in my marriage or leave); hanging out at a backpacker accommodation in the middle of the Outback in Australia; finding an abandoned tent in the freezing cold while lost and injured on a wilderness hike. Mind you, I enjoy luxury, and welcome being pampered whenever I can, but the experiences where I’ve stripped away the outer trappings have been my most cherished moments and reaped the greatest personal rewards.

I once faced a difficult choice – whether to remain living in Sydney - which I adored – or move back to Arizona, where my family and home was. It was a bitter-

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Sometimes you just need to go on a walkabout... - Jo Fendly (Continued)

sweet choice – what to do? And so I embarked on a journey into the Outback – my own personal walkabout. As I flew into an outpost and then drove hours upon hours into the most desolate land, I wondered what I had gotten myself into. My rental contract forbade me to drive after dark because of the danger of kangaroos darting across the road, and dusk was settling in. And then I saw the sign pointing me to the campgrounds and simultaneously, a full moon appeared over the horizon in the soft desert light, welcoming me into several days of a mystical full circle experience. It was then that I realized that the calling of the desert of the Outback was my calling to come back to the desert of Arizona – my full circle. I continued to receive powerful signs during the entire trip – hiking hours upon hours alone on a rocky and sometimes dangerous trail up and around the second highest peak in Australia, confronting my fears and allowing the time to be with my thoughts as nature provided inspiration. And the next day, I began an amazing hike through the Sacred Canyon, where 40,000 year old Aboriginal

carvings (see photo) suddenly appeared in several concentric circles. The purpose of my full circle journey was being revealed – I had come to Australia two years ago to heal, and my healing was complete. Like Dorothy in the Wizard of Oz, it was my time to go home.



40,000 year-old Aboriginal Carvings
Sacred Canyon, South Australia

The time away was critical to bring clarity and purpose to my next steps. I did a lot of journaling in the days that followed; much intention setting. Making friends with questions yet to be answered. One thing was certain – I could trust my intuition to guide me through the next steps. There was something big for me to do back in

Arizona, and taking myself away from my comfortable surroundings and the well intentioned voices of my family and friends helped me to find my own voice, my own path forward.

Go on your own walkabout and have the courage to ask your own questions. The answers are there, just waiting for you to be still and listen. Take the time to nourish the inner magic that moves your life forward with powerful intentions.



Jo Fendly, founder of Journey Into Tomorrow, is a certified life coach located in Phoenix, Arizona. Her passion is helping people in transition – facing career or relationship changes, financial disarray, health issues, or on the road towards personal recovery. Several times a year, she guides groups in transformational travel, both in the U.S. and abroad. The next group will journey to Bali in February and March, exploring the magic of this most unusual culture. Rest assured, we will enjoy beautiful accommodations, wonderful cuisine, and daily massage, as well as workshops to reveal and expand new possibilities in your life. Please check out details on www.journeyintotomorrow.com. And if you're interested in a real Aussie Bush experience, we will be traveling to Australia in September, 2009. Please contact Jo for details at (480)381-6733.

Ruminations of an ACA — Diane Bayer

I have a framed photograph of a young man in his prime, smiling gently into the camera, for his high school portrait. I have had it on my bookcase shelf for as long as I can remember. When I look into this young man's face I see hope for the future. Yet whatever hopes he had for the future were cut off short. The photo is of my father before he succumbed to his alcohol addiction. It was my father's addiction which ultimately killed him along with all of his dreams. His life story stops at age 34, leaving behind my mother and me to pick up the pieces.

There have been times when I have wanted to smash that portrait of my father into a zillion pieces. As a fully grown adult with children of my own, I still carry that little girl's rage and despair over losing my father. Underneath all this passion to hate him, there is also love. I was only four at the time of his death but I still embrace my memories. I can see a hazy vision of my dad at one of my tea parties, his larger frame stuffed into one of my little chairs at my play table. He is pouring one of my stuffed animals a cup of pretend tea. He

“Underneath all this passion to hate him, there is also love. I was only four at the time of his death but I still embrace my memories.”

calls me “Princess” and kisses my cheek. And then suddenly the vision is gone. My mother is crying and my father is simply no longer there.

I have thought about what my life might have been like had my father lived. I romanticize it. I think that it surely would have been better. I will never know. Some questions will never be answered. One of the biggest unanswered questions I have always had is the question of “Why?” Why did my father die? Why couldn't he control his alcohol addiction so that he didn't have to leave me and my mother? Why would someone drink themselves into a coma? My mother tells me that my father's doctor told him that if he continued to drink, his liver would be permanently damaged and he would most likely die. And six months later the doctor's prophetic words came true.

Sometimes the universe provides us with what I believe are synchronicities, meaningful coincidences, which ultimately give us some of our answers.

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A Note on ACA—Ross Morton, COO New Dawn

Adult Children of Alcoholics, also known as “ACA's”, are often overlooked because their differentiation from the rest of the world doesn't fully develop until adulthood. A few common ACA traits are guessing at what “normal” is, lying when it's just as easy to tell the truth, constantly seeking approval and affirmation, and being extremely loyal even when undeserved.

Not surprisingly, most addiction treatment providers focus the

majority of their services on helping their clients learn how to live life in sobriety. Family therapy is often offered, yet most kids are never introduced to the ACA phenomenon unless they seek outside individual counseling, and thus have no idea how to cope with and balance out the ACA characteristics that at times can be so limiting.

It is important that providers dedicated to treating families suffering from addiction offer

adequate counseling and support for the addict's family members, for all too often they too are ACA's. The following resources can be an important first step in learning how to find happiness and serenity as an ACA.

www.AdultChildren.org

www.drjan.com

www.geocities.com/missnmiss/coa

[Life Skills For Adult Children](#) by Janet Woititz and Alan Garner

Ruminations of an ACA — Diane Bayer (Continued)

I experienced such a synchronicity in my late twenties when I began an internship working with people having a dual diagnosis of both mental illness and chemical addiction. I was pursuing my second Master's degree in Social Work and needed some hands on credits. I was working full time and so it was very difficult to find an internship which I could do within my schedule. My advisors found me the only program open during the evenings so I could complete my requirements. This was for a day program for those who were dually diagnosed. I have to be honest here. This was not an internship I was excited about. I was afraid to see people who might be like my father. My father, in addition to his alcohol addiction, also suffered from extreme depression. He has been hospitalized for trying to take his own life more than once.

Would my personal life experiences help or hurt me in my learning? Would I be strong enough to witness first hand, the struggles of people who walk in my father's foot steps? Reluctantly, I agreed to follow through with this practicum.

I didn't quite know what to expect when I got to the program. I heard stories of how some of the patients were living in crack houses, some had been to prison, and some had severe mental illness including schizophrenia and multiple personalities. I decided that if I were to give this my best shot to both learn and to help, I must let go of any of my personal baggage and biases. I would attempt to enter the situation trying to

“Would my personal life experiences help or hurt me in my learning? Would I be strong enough to witness first hand, the struggles of people who walk in my father's foot steps?”

get to know people as individuals and not as case studies with labels attached.

My early days as a student there were rough and often humbling. It could not be assumed that the patients would like you and quite often it was the opposite. Armed with only my book studies and in class exer-

cises, I attempted to do my best to validate and to empathize when in truth there was so much I did not understand. I remember one woman vividly. She was older than most at the program but filled with so much rage. Being a lowly student, I provided ample target for her anger. One day she spewed at me about how I couldn't possibly understand where she was coming from. And I agreed with her. I told her that I did not suffer from addictions but that I did want to learn from her and that I would do my best to help. I told her she had every right to be angry and to feel wary to share with me. I told her that I would have to earn her trust. Basically she was sizing me up to see if I was trustworthy. Most people in her world were not. When I allowed her to be angry at me her rage did diminish over time.

Most of the people there were filled with a quiet rage. I heard so many stories of both physical and emotional abuse. In almost every instance, I would be told that they could withstand the physical abuse but the emotional scars would take far longer to heal. Most carried these



A writer for a major health site, Health Central (<http://www.healthcentral.com/depression/c/84292/profile>), Diane writes about first hand experiences with both depression and having Multiple Sclerosis.

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Ruminations of an ACA — Diane Bayer (Continued)

scars into adulthood. One way they found to cope was to turn to drugs or alcohol. Yet this coping mechanism would be the one to cause them the most self destruction. While not every person who has addictions has suffered from abuse, in the particular subset of the population I was helping to treat, this was far more the norm than not.

There were times when I had to deal with my own unresolved anger over losing a father to addiction. When I saw some patients behave recklessly and hurtfully with their family and especially with children, I had to hold back my own feelings of hurt and outrage. I had an especially hard time with a mother who would threaten suicide frequently in order to get a reaction from her teenage daughter. I knew that this daughter had a very difficult life in switching roles and being the caretaker for her mom. When I asked this mother why she continued to use drugs she answered fatalisti-

cally, “I might die tomorrow so I might as well have fun today.” These types of justifications were especially hard to hear and even more difficult to change.

I suppose the hardest thing for me to deal with during my time at the drug and alcohol addiction day program was to see the suffering involved in having a chemical addiction. There were people there who had lost everything including their jobs, their homes, and their families. Some had even lost their freedom and had experienced jail time. And some would be at particular risk to lose their life. And I went back to the question I have had all my life and that is “Why?”

The one thing I did learn without a shadow of a doubt during that time spent amongst people who were on a similar path as my father is that chemical addiction is a disease. An addiction isn't something you can just snap out of and suddenly wake up and have it be gone. You do need

both support and time to get on that road to recovery. And it won't be easy. Suffering is inherent in this slow and arduous process.

For my father it was too late. He lacked the resources to treat his addiction to alcohol. I have stopped hating him and am in the process of forgiving him for letting go. I have made peace with the fact that my father had a disease he was unable to control. For others who suffer from this same disease, I do absolutely believe there is hope. Don't let the story end. Do get help. Do seek treatment. There is so much in life you don't want to miss like being with friends and family or watching your kids grow up.

In this way my father lives on in the sharing of my story. I hope it has made a difference to someone out there who needs to hear it.

Diane Bayer

I am the mother to two boys, my youngest having autism. I am the co-author of a book entitled, Embracing Autism (please see [Amazon.com](https://www.amazon.com) for copies) where I discuss my journey towards acceptance of my son's autism. My life has given me a vast array of topics to write about including the topics of mental health and substance abuse. In my young life I had lost my father to his alcoholism when he passed away due to liver damage when I was only four years old. In later years I pursued a Master's degree in Social Work which led me to intern at a day program for people

having a dual diagnosis of substance abuse and mental illness. It was one of the most difficult learning experiences of my life but one which I can look back now and feel grateful for having had such an opportunity. One of my missions in this life is to take my life experiences and share them with others in order to make a difference. Whatever you are going through at this moment in your life, please know that you are not alone. Through our collective effort to share our journey with our fellow travelers, we will persevere.

How to get the most from your Insurance Company—Arlene Huerta, New Dawn Billing Specialist

Educate yourself! Know your plan even if it takes calling a couple of times to ensure that you are getting the appropriate and the most accurate information possible. Ask detailed questions such as “what is my deductible?”, “how much are co-pays & coinsurance?”, and “am I covered for Severe Acute Care or just Sub acute care?”. Key limitations on your policy to look for: lifetime maximums, stop loss, out of pocket expenses, daily maximums, and/or yearly maximums. It is of the utmost importance to know what specific benefit you want to be covered for. For example, instead of simply saying “I need treatment for addiction,” be clear and say “I need Detox treatment for alcoholism.”

In network? Your insurance carrier has groups of specific facilities/providers that work hand in hand with them; this is called “in network.” It is generally easier on you if you go to a facility/provider that is in network, and this usually limits your out of pocket expenses. If you have found a specific facility/provider you would like to go to, ask if they contracted, and whether pre-authorization is required.

Be thorough! If you don’t understand their jargon or their descriptions of your coverage (it can be very confusing and misleading) ask them to define and relate it in laymen’s terms. If you still do not understand, write down all of the benefit information, contact the facility where you are prospectively going to receive treatment and ask them for help with understanding your benefit.

Beware the disclaimers! Insurance companies are famous for their lines such as: “Benefits are based on medical necessity, subject for medical review and subject to change; we cannot authorize or guarantee payment” (Basically they are saying: “we can look for any reasons to deny your claim”...so don't give them any reason!).

Follow through! As long as you know your coverage and you have followed the procedures to obtain your authorizations, they cannot legally deny your benefits! If they still deny treatment, then try again. Cover your bases so you can make an informative decision about whether or not you need to pay for treatment yourself.

Having A Problem Getting the Mental Health Care You Need From Your HMO or PPO Managed Care Plan?

The Department of Managed Health Care (DMHC) regulates all HMOs and other health plans in California, including Blue Cross and Blue Shield PPOs. When consumers experience problems with their health plan they can contact the Department for assistance.



- Denial of appropriate medications
- Denial of investigational therapies
- Difficulty in obtaining other medically necessary services & treatments.

The Department realizes that patients suffering from mental health disorders must have access to the established treatment guidelines and standards of care to maximize functioning and promote recovery. We encourage you to contact the Department's HMO Help Center, if you have been denied health care or are dissatisfied with your health plan's decision. Some of the issues you may be facing could involve the following:

- Denial of interventions & treatment programs.
- Denial of continued care w/ mental health professional
- Referral to specialists

These are very important issues for your health and quality of life and the HMO Help Center will work with you and your health plan to resolve these disputes.

If your treatment has been delayed, denied, or modified, you have the right to an Independent Medical Review. The decision by an external medical expert that has no financial interest, is binding on the plan.

If you are uncertain about how to proceed with a health plan dispute or are having other problems involving your health plan, please contact the HMO Help Center which is staffed 24 hours a day 7 days a week at **1-888-HMO-2219** or visit their website at www.hmohelp.ca.gov

What Happens If Your Pain Becomes Chronic— Bruce F. Singer, Psy.D.

You have an injury or an accident. The pain is acute. With rest and time, you heal. But what happens when months pass and the pain grows worse? Conventional medical pain management promises pain relief but the quest for a complete pain cure can be both costly and dangerous.

Acute vs. Chronic Pain

The first several months of pain are referred to as the "acute" period. In the early stages of pain onset, pain is clearly defined and normal medical recommendations for rest, drugs, and sometimes surgery may be indicated and applied.

As time passes, and pain persists, more complicated psychological and behavioral symptoms of pain begin to emerge, and unless effective action is taken, the pain will transition into a full chronic pain.

Typical treatment for chronic pain includes:

- frequent doctor visits on an out-patient basis

- One narcotic pain prescription after another
- Injections of local anesthetics into various painful areas where nerves gather
- Implantable pumps for delivering narcotics or implanted electrical stimulators
- Surgical "corrections" to release nerves or disable sensation carrying nerves

Unfortunately, these efforts can have significant and dangerous side-effects, including painful scar-tissue formation, infection, muscle wasting, and worsening of pain. Take the example of muscle wasting or "atrophy." It results from inactivity and often increases pain with movement. Depression, too, can lead to lowered self-esteem resulting in increased pain sensitivity or *hyperesthesia*. This "sensitization" to pain is possibly the result of neurological events taking place in the spinal cord and brain.

Returning to a normal functioning life seems practically impossible as you become trapped in a *chronic pain syndrome*. Think of a

"syndrome" as a constellation of symptoms that when added together with the pain experience result in *significant suffering and disability*. These problems grow out of our physical, psychological, and behavioral reactions to pain. Typical symptoms of a pain syndrome can include:

- Persistent pain
- Insomnia
- Depression
- Medication dependence & addiction
- Weight gain
- Decreased sex drive
- Isolation & social withdrawal
- Loss of employment
- Litigation

With chronic pain, the danger of wrong treatment is that it can result in the progression and worsening of the pain syndrome. Remember, chronic pain does not disable but *chronic pain syndrome* does!

How does acute pain develop into a chronic pain syndrome? The following figure demonstrates the

Continued on following page.

Bruce F. Singer, Psy.D.

As a staff psychologist for Pacifica Pain Management Services in St. Helena, Dr. Singer specializes in chemical dependency and chronic pain. He teaches mindfulness-based relapse prevention and pain management with an emphasis on meditation. He is a graduate of Pepperdine University's GSEP program where he earned a Psy.D.

Before coming to Pacifica, Dr. Singer worked at Kaiser Permanente's flagship CDRP in Oakland. Prior to that, he trained at Tarzana Treatment Centers in Southern California as well as different community mental health clinics.

His work on mindfulness-based relapse prevention has been published in *Addiction Professional*, including an arti-

cle on a guided meditation, "Transforming Fear", that is featured in the March/April 2009 issue. He has edited a number of psychology books, including three on neuroscience and psychotherapy by Louis Cozzolino. In a previous incarnation, he was an award-winning writer of Hollywood television movies, films, and television shows. He lives in Napa Valley where he enjoys walking and biking through the vineyards that surround his home.

Should you have any questions, Dr. Singer can be contacted at Pacifica by phone at 707-963-1493 or by email at bsinger@pacificapain.com.

What Happens If Your Pain Becomes Chronic— Bruce F. Singer, Psy.D.

process:

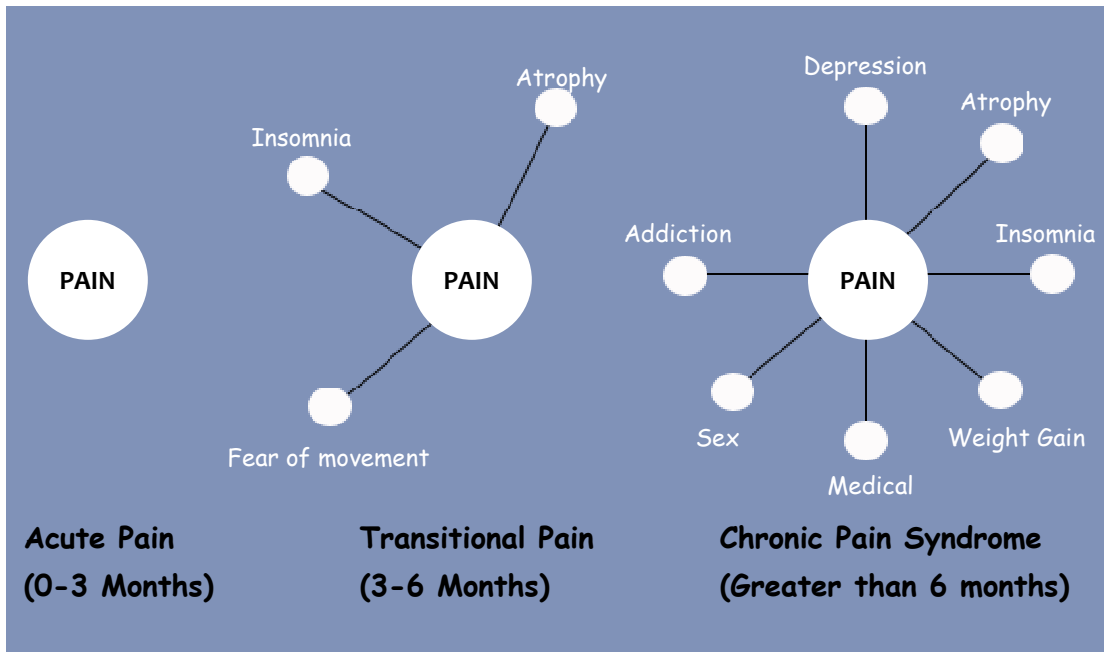


Figure 1: Chronic pain syndrome development

Treatment: The good, bad, and ugly

Acute pain is typically treated with acute methods medically, including diagnostic procedures such as radiological imaging (i.e., x-ray, MRI, CT scan, etc.) to determine what is wrong structurally. Medications for pain, muscle spasms, tension and sleep (i.e., narcotics and benzodiazepines) are often prescribed in the acute phase of the pain experience to block awareness of pain and assist with the other problems mentioned above. In addition to medications, rest of the painful area, if not entire body, is advised during the acute period of pain experience. In some instances, surgical correction is recommended to facilitate the ultimate reduction in pain.

Thus, rest, drugs, and surgery can be useful acute interventions in some cases of acute pain. However, if these acute methods of medical management fail to "cure" the problem and pain persists, then continuing these acute treatment methods for many months and perhaps years can be harmful. Continuing these methods into the chronic stages of the pain experience can result in the following chronic pain syndrome.

Treatment Options

Since it is unlikely that medical science can "cure" most chronic pain problems, treatment should be aimed at providing pain sufferers with safe and effective, non-narcotic treatments that may facilitate the body's normal healing process (i.e. detox, learning active coping skills, individual psychotherapy, meditation, family therapy, etc.).

Focus should be on adaptation to pain rather than escape from pain. The role of the doctor, hospital, and of medication is slowly replaced by sound judgment, confidence, and balance in using new and old techniques to manage the pain experience effectively and with less disability. I encourage patients to work toward discovering small positive effects and use them frequently rather than looking for one complete answer or "magic bullet" that stops pain altogether.



For questions about New Dawn's:
 Adult Chemical Dependency Programs in Sacramento, CA please call (916) 723-1319.
 Adolescent Chemical Dependency Programs in Sacramento, CA please call (916) 723-4335
 Eating Disorders Programs in Sausalito, CA please call (415) 331-1383

www.NewDawnRecovery.com

Be Free.

New Dawn is an established behavioral health company with a formula for success that has been perfected for over 20 years. Our organization was initially started as a transitional facility for women - a refuge for women in need of a second chance and a new start. Over time, our mission changed as demands for treatment grew, and as a result new programs for men, women, and adolescents were added, facilities were expanded, and outpatient programs were established. Our organization strives for continuing success in improving the lives of those who choose New Dawn as their temporary sanctuary.

Some Random Memorandums

Spread the word & get involved!

With our New Dawn Newsletter circulating within our community, we will be looking for interesting content to include in our future editions. Should you like to be involved, whether it is submitting an article or poem, highlighting an event, or writing a piece yourself, please do not hesitate to contact us!

calendar of events which could include birthday celebrations, community events, sobriety birthdays, and any other interesting happenings. We would like everyone to be able to join in the celebration of your accomplishments!

We would also like to put together a

You can either email your content to Outreach@NewDawnRecovery.com, or call Ashley at (916) 983-9700 for

LEADERSHIP DEVELOPMENT CLASS

Join Heather Duzan, CPCP starting April '09 for a 12-week teleconferencing coaching program focusing on

The MUST HAVE life plan for every entrepreneur

Program Length: 4 sessions a month for 3 months
 Fees: One on One Coaching - \$325 per month
 Group Coaching (Groups of 5) \$125 a month

For more information, please email Heather at heather.duzan@gmail.com

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