Together AZ
The Journey through Addiction and Depression to Hope and Recovery
By Joyce M. Willis, LPC

On August 12, 2014, the day after Robin Williams committed suicide, I was talking to my neighbor about this tragic death. My neighbor stated, “What a fool, he had everything and any resource money could afford.” My reply: “We never know what is going on in someone else’s life and it is not up to us to judge his last moments. He must have been feeling despair, loneliness and hopelessness at the moment.”

My neighbor, knowing that I am a mental health therapist, politely conceded, knowing this was not a topic I would change my opinion on. The truth is that in that last moment—before someone takes his own life, he is in the darkest moment of his life and this is the answer. In this article, we will explore depression, addiction and how they tie together. Most importantly, we will explore hope and recovery.

The one glaring truth that comes to light after Robin Williams’ suicide is that depression, addiction and suicide do not discriminate. Depression and addiction are not diseases that are more likely to occur in the poor or the rich. The truth is that depression and addiction are human diseases; no matter whether you are rich, poor or middle class. Robin Williams’ death does bring up the connection between creativity and mental illness. A study completed earlier this year by the British Journal of Psychiatry found a connection between creativity, comedic ability (whether it be writing or performing) and depression. Often, comedy is a way to escape the pain and depression. Yet, we cannot escape; we need to work through to get to the other side. Robin Williams was not the only comedian or artistic, creative person to suffer from depression and substance abuse. He is one of many entertainers who took his life, either intentionally or incidentally. As Alice Walton points out in the Forbes.com website, Robin Williams spoke about this himself. Williams spoke about how it is important to be funny when you’re speaking about painful subjects. He spoke about how humor was a tool to obliterate the pain.

In the history of entertainment, we have seen many comedians and entertainers die from addiction via accidental overdose and from suicide often caused by both addictions and depression. Kurt Cobain, Ray Combs, Richard Jeni, Dana Plato, Freddie Prinze... the list goes on. Comedians often make us laugh, so we cannot see how much they hurt. Those of us who have suffered from depression or addictions often do the same. We put on masks of humor or smiling so others cannot see the pain beneath. It is when we are able and willing to open up and make connections that we can begin to enter a life of recovery and of hope.

Decision Point Center expands with acquisition of Carleton Recovery Center

Decision Point Center, a renowned name in the treatment industry, announced the acquisition of Carleton Recovery Center as of September 15, 2014. Decision Point Center’s focus is helping individuals who have dual-diagnosis, drug and alcohol addiction, compulsive behaviors, codependency, underlying trauma and behavioral health issues.

Decision Point has been treating adults since 2002, with a unique blend of 12 Step, holistic, adventure and individualized therapy to ensure that every one of our clients receives the most effective treatment. According to Decision Point Center’s CEO, Michael McGill, “Acquiring Carleton will allow Decision Point Center to serve more clients and continue its mission of cognitively clarifying clients’ concerns, while introducing them to the 12 Step philosophy with a goal of lifelong recovery.”

With this acquisition, Decision Point Center will become the largest residential treatment center in Prescott, AZ, expanding from 45 to 105 beds including 8 beds for detox services. Decision Point Center’s Executive Director, Gail Chase-Quinn, enthusiastically stated, “This is very exciting news for us! Carleton Recovery Center has been successful in helping so many people over the years and we look forward to integrating the two companies. The transition will be unified with absolutely no interruption to our clients’ care and daily routines.”

The staff at both facilities have many years of experience in the field of addiction and recovery. This newly combined staff will only add to the level of expertise. “Decision Point Center’s acquisition of Carleton is a win-win for our clients, present and future, as well as our employees. Our culture is one of collegiality and sharing where each clinician knows they not only have my support but the support of every member of the team.” states Gary Hees, Decision Point Center’s Clinical Director. “The addition of the years of expertise and experience of the Carleton team will greatly enhance our ability to effectively address the developmental and spiritual malady of addiction.”

For more information visit www.DecisionPointCenter.com or contact call 888-966-9279.

As I stated, addiction and depression do not discriminate; these diseases enter many lives for many reasons. There is a close relationship between addiction and substance abuse.

How did either or both start?

As per Pia Mellody, Senior Clinical Advisor for The Meadows, less than nurturing and abusive family systems in childhood lead to adulthood behaviors of codependency. The codependency patterns translate into addictions and mood disorders. According to Pia, there are five primary symptoms of codependency, which lead to addictions, depression and other mood disorders. The five primary symptoms are:

1. We have trouble esteemishing ourselves from the idea of inherent worth.
2. We have trouble protecting and nurturing ourselves.
3. We have trouble being real.
4. We have trouble attending to our needs and wants.
5. We have trouble living life with an attitude of moderation in all things.

When we have trouble with these five primary symptoms, we are more than likely to abuse substances and become depressed.

Substance abuse and depression occur together in a high percentage of individuals. The connection is so strong that we cannot say for certain which “caused” the other. There are many drugs that people use which do directly affect the brain and can lead to depression. Marijuana...
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THE JOURNEY from page 1

The journey from page 9

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sloths down the brain functioning and diminishes cognitive ability, which can lead to depression. Alcohol affects people in the same way as marijuana. Cocaine can elevate moods, yet when people stop using cocaine they can experience a crash that turns into depression. There is a long list of drugs that can be a factor in depression either during the time the person is actively using or when the person is withdrawing from use.

How does depression leads to substance abuse?

Many people with depression are looking for a way to “cure” the depression, so they look for ways to medicate themselves. They may have difficulty accepting they are depressed or think they can handle the depression without professional help, thus they turn to alcohol or other drugs to change how they feel. They are able to change how they feel temporarily; yet they have just created more of a dilemma for themselves; they have now become addicted to alcohol or other drugs…and the depression worsens the depression. It is a vicious cycle.

Let’s explore this connection between depression and substance abuse a bit more. Depression is debilitating; it is a disorder that can destroy relationships and lives. It is one of the most common disorders in our society. Depression leads to people feeling sad, empty, lonely, discouraged and hopeless. Many people with depression are irritable and have difficulty concentrating. They stop doing things that interest them and stop taking pleasure in activities they previously enjoyed. Trouble sleeping, becoming easily fatigued and weight fluctuations are signs of depression. Feelings of worthlessness and guilt can lead to suicidal ideation…and suicide.

People with depression have a high rate of substance abuse. It is important to consider that often addiction is a mask for depression. With depression, we feel less than others; with substance abuse, this takes us to a feeling of more than others. However, as stated before, this is a vicious cycle and we, ultimately, go to a place of “less than others.” Depression can be seen as the acting in behavior, while addiction can be thought of as the acting out behavior. It is possible that someone may be depressed and not abuse substances, yet the two usually go together. We will look at some statistics further. Depression does have the potential to predispose people to abuse substances.

Many substances have a close connection with depression. We will explore a few specific connections; the first of these being marijuana. Depression is common in people who use marijuana. It has been found that higher quantities of marijuana use predict severe depressive symptoms. Alcohol, most certainly, has a high correlation with depression. Alcohol is a mood depressant, even though many people use alcohol to feel happy. Alcohol has the opposite effect of those looking for “HAPPY.”

Alcohol in large quantities worsens depressed moods. Depression and alcohol use are closely associated with an increased risk of suicide. Depression is common among stimulant users. Stimulant use includes methamphetamines. Stimulants affect sleep cycles and thus, add to depression during sleep-wake cycles. In the days following stimulant use, users experience depression. Depression is present during the withdrawal stages from stimulants and present for a significant time following abstinence.

The connection between depression and substance abuse is severe and can affect many people. Stats from The National Alliance on Mental Illness tell us:

- One in four adults experience mental illness in a given year. Mental illness can be major depression, schizophrenia or bi-polar disorder.
- Approximately 6.7 percent of American adults live with major depression. That may seem like a small number, yet that computes to about 14.8 million people.
- About 9.2 million adults have both mental health (depression, anxiety…) and addiction disorders occurring at the same time.
- Mood disorders such as depression are the third most common cause of hospitalization in America for youth and adults between the ages of 18 to 44.
- Suicide is the tenth leading cause of death in the United States. Suicide is more common than homicide and is the third leading cause of death for college-aged students.

Alcohol use is a significant factor in the leading causes of death in the United States...and for college-aged students. Every year, about 68,000 people die from drinking-related causes. Depression and substance abuse are severe conditions that require help. People need help in order to change the way they feel and the way they think about the world around them. We are here to help. Please call us at 480-878-6987.
loading cause of death for those between the ages of 15-24. More than 90 percent of those who die by suicide had one or more mental disorders. This includes those with depression and substance abuse disorders.

These are alarming statistics. Yet, there is hope. The fact is that most people with depression do not kill themselves. However, untreated depression can lead to suicide. Suicide is a risk problem when combined with substance abuse when professional help and support are not sought out. Further, statistics state:

• Up to 15% of those who are clinically depressed commit suicide.
• More than four times as many men as women die by suicide. However, women report attempting suicide more often than men.
• The majority of suicide attempts are expressions of extreme distress that need to be addressed, and not just a harmless bid for attention. A suicidal person should not be left alone and needs immediate intervention and mental health treatment.

Suicidal behavior is complex

Risk factors for suicide occur in combination; not in vacuum. Ninety percent of people who commit suicide have depression in combination with another mental disorder, or in combination with substance abuse. It is important to stress that suicide and suicidal behavior are not normal responses to the stresses experienced by many people who experience one or more risk factors or not risk for suicide. Statistics show that the strongest risk factors for attempted suicide or actual suicide are depression, substance abuse and separation or divorce.

Statistics, however, do not need to determine our lives. There is hope! Things can get better. The path out of depression and substance abuse has more than two paths. Many see the only two paths as spiraling back into substance abuse or depression and death. There are so many other possibilities that lead to a life of recovery and a life of hope and fulfillment.

Hope begins with getting help for yourself or for a loved one who is struggling with mental and substance abuse. This is where connection comes in. Connection is so important in prevention and intervention. The most positive action a person can take is to begin to connect with others. When we build connections, we also build hope. Talking to a mental health professional is of utmost importance, yet, often, a person is reluctant to do so. How do you help a person who is in despair and experiencing one of his darkest days?

The first way is to be there for them and let them know that you love and support them.

The second is to provide resources for help—and, often to go with them. At the very least, suggest 12 Step Meetings, such as Alcoholics Anonymous, Depression Anonymous, Co-Dependants Anonymous and Emotions Anonymous. Often, people will begin to feel more comfortable opening up to you when they realize there are people who have experienced the same things they are experiencing.

At that first meeting, it is important to select a sponsor, even if this is just a temporary sponsor at first. The connection with just one person who has your back and is concerned with your well-being can often spark you on to even further recovery.

Therapy is of utmost importance. Both the addiction and the depression need to be addressed in treatment. Treating one is no guarantee that this will eliminate the other. Sometimes, therapy will require medications under a doctor’s supervision. Accept this help. One of the most useful treatment modalities is Family of Origin work. When we can get to the root of the depression and substance abuse, we can release the pain and help one of us past and toward recovery and hope.

Other professional resources include attending workshops, seminars and lectures. Look at your community resources and the Resources list in this publication of AZ. There are many free resources that are there for you and for your loved ones.

In addition to therapy and professional resources, there are other resources we can incorporate to maintain recovery.

The Importance of Self-care

How do you take care of your needs and wants? Do you honor your need for connection with others by making phone calls, attending meetings or meeting a friend for lunch? Do you honor your simple wants by treating yourself to a simple pleasure: a walk after work, listening to music that you like or playing with your dog or cat? These are all ways to nurture yourself. Other ways to nurture yourself and honor yourself as a human are stating daily affirmations and keeping a gratitude journal to write in at the end of every day. Establishing boundaries with other people so that you protect yourself and contain yourself helps keep you balanced and in recovery. Meditation and exercise are great tools to add to your recovery basket.

I want you to realize that all addictions and mood disorders can be overcome with work. It is about placing yourself in the position to succeed and having the honest desire to seek help. When you have the honest desire to seek help, positive things start happening in your life! This leads to an onset of new hope and an appreciation of possibilities for a new way of life. You begin being more in control of your emotions and building confidence in yourself. All these lead to an enlightened way of life opening up on this road that we all travel; the road of hope, of recovery and of life.

Pia Mellody’s five primary symptoms which lead to addictions, depression and mood disorders were mentioned earlier in this article.

We can all recover from these five primary symptoms and change the outlook to five ways to maintain balance and recovery in our lives:

• We are precious and valuable just as we are.
• We are vulnerable and can expect protection.
• We are human and make mistakes. We are perfectly imperfect.
• We are dependent on others for our needs and wants, when making a reasonable request. We can live inter-dependently with others.
• We are spontaneous and open.

I want to end this article with reminding you that there are so many resources available to everyone — not just the rich or the privileged, as some viewed Robin Williams. Recovery is about taking that risk to say, “I am important enough to deserve a life of hope... a life of fulfillment... and I am going to take the steps to do this.”

All the resources mentioned require connection to yourself and connection to others. Another connection to incorporate is the spiritual connection. A spiritual connection to your higher power can lead to an open mind and an ability to continue on the road of recovery... for the rest of your life. When we build healthy connections, we build healthy relationships and recovery.

Connection requires that we open up and talk about our addiction and depression; that we share with those who can help us. Connection requires that we continue opening up and talking, even when we are confident in recovery and our lives are going well. As Buddha stated, “Happiness never descends by being shared.” Share the tough times and share the happiness. The tough times will decrease and the happiness will increase.

I would like to provide you with a number that can be a life—saver. The number is for the National Suicide Prevention Line: 1-800-274 TALK (8255). This is a free confidential call that will be answered by a trained counselor at a local crisis center. Keep this number, share this number and make a difference.

Lastly, I would like to leave you with an acronym: CARE for yourself. Connect with Anonymous groups and Resources Every day.

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Joyce Willis is a Licensed Professional Counselor and is currently a Lead Counselor and Training Specialist at The Meadows. Joyce obtained a Bachelor of Education from the University of Akron. After teaching for several years, Joyce pursued and earned a Masters in Counseling from the University of Phoenix. Joyce has been in the Counseling Field since 1996.

Joyce has worked extensively in the addictions field. Joyce’s specialties include treatment for addictions, bereavement, trauma, depression and anxiety. Joyce has a special interest in mindfulness and helping people connect their emotional, spiritual, mind and physiological selves with compassion and respect.

Resources:


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Together	OCTOBER 2014 www.togetheraz.com 9