COTTONWOOD
tucson

October 2010

Alumni News…

the journey continues

Hope

Hope is a casualty of addiction. Hope can also be a casualty of disease and trauma. I see many people drive through the gates of Cottonwood hopeless and despairing of ever having a "normal" life again. Once having arrived at treatment, that vital ingredient, the one that helps us get through life happy and whole, is restored. For some, Cottonwood is their last chance. Beaten down, depressed, unhappy, and rejected they start to feel relief as they walk through the arch on the Cottonwood campus. It is palatable.

Hope and courage go hand in hand. Once even a small amount of hope is restored, most start to find the courage to look deeper. No longer looking for happiness outside of themselves, they begin to find the truth where it has always been, inside. Fear is replaced with courage. Hope replaces despair. Lies are replaced by honesty and self worth replaces self hatred. The journey to recovery can now begin. When your attitude changes from pessimism to optimism, life will change for the better. Did I say it would be easy? Not always. In fact it can be quite a struggle at first but with a little willingness, honesty, and faith recovery can and will become a natural state of life.

My hope is that you start to believe in the greatness of your own life and in the lives of others. This can become a stepping stone to your dreams and future.

Cottonwood is a unique and life changing experience. Freedom and happiness begin with the first step. Let Cottonwood help you begin the journey.

If you have any questions, please contact me at shicks@cottonwoodtucson.com or call 520-743-0411 extension 2517.

Be well, Sally

Aging and Addiction by Kathleen Parrish LPC

Sam is a 73 year-old retiree living in an upscale, gated community located in the Southwest sunbelt. He has enjoyed a long and successful career as a commercial real estate developer. Sam and his wife raised three happy and successful children, though he lost his wife of 45 years to cancer about two years ago. All who know him think of Sam as witty, intelligent, and thoughtful. Sam is also an alcoholic who for the past six years has been addicted to prescription pain medication.

Sam represents an ever-increasing number of seniors who meet DSM criteria for a substance use disorder. Many clinicians now agree there is a growing epidemic of substance abuse among older adults. It is estimated that over ten percent of the over 60 population suffers from alcoholism (Jinks and Raschko1990). In his 2001 study Henderson also concluded that polysubstance use was a significant problem for adults in the age range of 55 to 79, with substance related problems being found in up to 20 percent of subjects studied. Henderson goes on to suggest that the rate of substance abuse among individuals 75 and older is comparable to that of persons younger than 40. Accordingly, it is predicted an increase in the number of aging individuals who suffer from a substance use problem will occur in the coming decades. Studies also seem to suggest this potential increase might be related to an aging generation of baby boomers, who histories tend to include more substance abuse than do those of members of previous generations (Dfroerer, et al, 2001). The elderly present a greater range of physical and emotional complexities than do other age groups, posing a number of challenges for clinicians who provide addiction treatment to this segment of the population. Older adults also experience more serious health concerns related to their use of

mood-altering substances. In many cases, by the time the patient is assessed, years of drug and alcohol abuse have taken an irreparable physical toll. To make matters worse, age-related physiological changes - such as decrease in body mass and lower levels of hydration, result in seniors processing alcohol differently - compounding substance-related damage. Older adults who drink even moderate amounts of alcohol may experience alcohol-related problems that, in younger drinkers, are associated with much higher levels of use (National Institute on Alcohol Abuse and Alcoholism, 2003). Older adults who use alcohol or other substances of abuse are also likely to experience dementia or be injured in falls (Rigler, 2000). Adults 60 or older can suffer amnesia or experience significant personality changes after consuming even relatively moderate amounts of alcohol— sometimes as few as two drinks! (Lipschitz, 2008).

More Than The Evening Cocktail

In evaluating substance abuse among older adults, clinicians should take into consideration the possible use of drugs other than alcohol. A recent study found older adults use prescription medications three times more frequently than the general population, with an even higher prevalence of the use of over the counter medication (Patterson and Jeste, 1999). Lipschitz (2008) also suggests that the use of heroin and crack cocaine among the elderly will increase as baby boomers age. This is contrary to the long-standing trend that alcohol dependence is the predominant substance abuse diagnosis in older adults. Citing a SAMHSA study, Krantz (2008) describes the changing nature of addiction among people 60 an older, suggesting illicit drug use, including the use of such drugs as heroin and cocaine, has increased dramatically among this subset of elderly.

Treatment Barriers

A number of barriers prevent elderly alcoholics and addicts from getting the treatment they need. Preconceived and erroneous notions of alcoholism and addiction are often inconsistent with how loved ones view their elderly relatives. To further muddy the waters, the signs of problematic alcohol or drug use can mimic expected age-related difficulties, such as cognitive impairments and problems with balance and gait (Levin and Kruger, 2000). The normal and expected cultural, and familial and community roles assumed by older adults can also make it difficult for concerned relatives to recognize drug use among older family members. And, though research efforts typically focus on trends of substance abuse among the elderly, not enough is being done to develop treatment strategies aimed at addressing the distinct and complex needs of the elderly substance abuser.

To ensure effective treatment, a thorough bio-psychosocial assessment of the elderly patient should be completed prior to initiating any kind of behavioral health therapy. Assessments should include a thorough history and physical examination, a psychiatric evaluation, and a nutritional assessment. Interviews with concerned relatives should also be done to ensure the accuracy of any information obtained from the elderly patient. Cognitive screening should be considered if indicated by data in any of these prior assessments. This comprehensive assessment process can then be used as the foundation for subsequent therapy, allowing the clinician to approach the older adult patient from a holistic perspective, with a clear appreciation for all possible factors that might impede the treatment process.

Clinicians providing substance abuse treatment for older adults should also be alert to the possible presence of co-occurring disorders. Koenig, George, and Schneider (1994) report members of the baby boom generation are 3 to 4 times more likely to experience mental health problems than members of the current elderly population. Additionally, King, et. al (1994) report alcohol and mental health problems among the elderly often go hand in hand. This implies that clinicians should be well versed in treating co-occurring disorders.

There are a number of factors that can affect changes in the mental health of older adults, including: retirement, the death of a spouse, age related deterioration of health, "empty nest" syndrome, and reduction in income. Additionally, older adults may have fewer opportunities for meaningful social interaction and sometimes live in isolation as a result of a physical handicap or financial limitations. While many older individuals are able to cope with these age-related life challenges, some seniors experience an exacerbation of pre-existing depressive and anxious symptoms, sometimes accompanied by a re-emergence or escalation of substance abuse. Although some older adults come to the attention of treatment providers, others go on with their lives with little or no outward signs of distress.

Though older adults can approach the counseling process differently than their counterparts, denial in this population is still common. Many seniors have difficulty in accepting the need for treatment, and the longstanding use of alcohol or other substances may have impaired the elderly adults ability to recognize the consequences of their substance use. Planning treatment without regard to the elderly patient's age and developmental status can result in treatment stalemate (Koch, 2003). However, the work of several theorists, including Erik Erikson, has shown the benefit of using treatment approaches that take into consideration the tasks associated with the patient's stage of development.

Aging and Addiction by Kathleen Parrish LPC, cont.

Erikson suggests certain life-stage tasks for older adults. He identifies the task for later adulthood (age 60-75) as that of integrity vs. despair, in which the central life task is introspection. In essence, this task focuses on the acceptance of self and the reality of one's eventual death. Other tasks at this stage include the promotion of intellectual vigor, redirection of energy into new roles and activities, and the development of a point of view about death. Those who complete these tasks are rewarded with a sense of peace and integrity. Erikson believes those 75 and older face a crisis known as immortality vs. extinction in which the task is a review of life culminating in an acceptance of one's own mortality. If successful, this outcome is accompanied by a sense of integrity and calm acceptance of one's eventual death (Erikson, Wikipedia, 2006).

Erikson's theories seem to imply treatment interventions for older adults must include opportunities for interspection, evaluation, and a critical examination of thoughts, attitudes and beliefs. This kind of cognitive approach may be a better fit for older adults who often experience difficulty with counseling interventions that are primarily experiential and involve intensive emotional exploration. Older adults difficulty with more experientially based therapies may be due to era-specific societal norms that have, for older generations, promoted self-suffiency and stoicism. Contrast this with baby-boomers who may prefer treatment interventions that offer more immediate relief. They may enjoy more experiential modalities of treatment that emphasize health and wellness (Krantz, 2008). Whatever approach is utilized it remains older adults both recognize and confront the disease of addiction, while embracing the inherent value of their life experiences—sharing these experiences with others in the context of recovery.

While further research is warranted, current indicators suggest a need for substance abuse treatment that is specifically tailored to meet the needs of older adults, who present with complexities that far outstrip those of other age groups. Treatment strategies that highlight education, introspection and individualism will offer immeasurable benefits to the older individual seeking freedom from substance related problems.

Kathleen Parrish LPC is the Clinical Director at Cottonwood Tucson. She specializes in treating co-occurring disorders, including trauma, depression, eating disorders, and substance dependence. This article was published in Arizona Together in 2008.

InnerPath Retreats

Beginnings & Beyond

10/18-10/22 • 11/15-11/19 • 12/6-12/10

Women's Retreat

10/11-10/15

Developing Healthy Relationships

Dec 2-5

Developing Healthy Families

Monday - Friday
Contact us to schedule

We offer several 4 and 5 day programs for individuals, couples, and families who want to focus on codependency, relationships, communication, grief, loss, trauma, and anger. InnerPath is like a mini-Cottonwood experience where you can come back for a boost to your personal recovery plan. All of our retreats are held at the Cottonwood Nash House, meals and lodging included, and are limited to 8 people. Rokelle Lerner who is a therapist, author, and codependency expert, is our facilitator. Please contact Jana Zeff at 520-743-2141 or e-mail her at jzeff@cottonwoodtucson.com for more information about InnerPath.

Sweetwater Adolescent Program

Sweetwater is a 90-day residential program, internationally recognized for the treatment of co-occurring disorders with adolescent females ages 13-17. The ***Sweetwater Program*** has been designed to help girls and their families recover and make changes necessary to improve the quality of their lives. ***Sweetwater*** places a strong emphasis on scholastics, offering both structured classroom hours as well as a therapeutic curriculum designed to further the intellectual, emotional, and spiritual growth of each girl. Cottonwood de Tucson's ***Sweetwater Program*** is a recipient of the **Woodbury Reports, Inc. "Excellence in Education Award"** having been selected on the basis of our excellent reputation for producing positive and consistent results with at-risk young girls and their families. Additionally, Cottonwood Tucson is a proud member of National Association of Therapeutic Schools and Programs (NATSAP). If you and your family are struggling with addiction or depression, please contact us, Cottonwood Tucson (see below) and let us help you and your family experience recovery and health.

Phoenix Alumni Meetings

Dear Phoenix Alumni,

I look forward to seeing and encouraging you as you continue your journey in recovery. We meet every first and third Tuesday night of the month at the **ABC Wellness office,** located at **7219 E. Shea Boulevard Scottsdale, AZ 85260.** The meeting time is from **7:00pm until 8:30pm**. The 2010 dates are listed below. Hope to see you there.

2010 Phoenix Alumni Meeting Dates

Oct 5 & 19 • Nov 2 & 16 • Dec 7 & 21

Farmington/Durango Alumni Meetings

Dear New Mexico alumni,

I am looking forward to the November Alumni meeting. Your meeting topic will be **"Amends: How do we make them?"** Don't worry we will just be talking about amends no one is required to make any. Don't let fear keep you from attending your alumni meeting. We have a great group of alumni who are serious about supporting each other. The 2010 meetings will be held at the **First Baptist Church 511 W. Arrington, Farmington, NM. 87401**(west side of building) The meeting time is from **7:00pm until 8:30pm**. I hope to see you there, all are invited.

2010 Farmington Alumni Meeting Dates

November 29

Tucson Alumni Meetings

Dear Tucson Alumni,

Just a reminder, that your Cottonwood Tucson alumni meeting meets every Wednesday from **6pm until 7:30pm at the Cottonwood Campus**. On the first Wednesday of the month you can come early (5pm) and have dinner ($5 each). You may also bring one guest. This is a great opportunity to show your sponsor or a family member a small piece of the recovery process. We have a presentation on the first Wednesday of every month. The Cottonwood staff will present different topics to help with your journey towards wellness. Every third month we feature an alumni speaker and we have a short meeting afterward.

Please come and support your alumni meeting. The bond Cottonwood alumni have is unique. I'm hoping you will always remember that together we can do what we could never do alone.

Keep Coming Back!