

June 2010



COTTONWOOD  
tucson

# Alumni News...

the journey continues

## Honesty

All my life I heard that in order to be honest with others I would have to get honest with myself. What I learned instead was that in order to get honest with myself I could start by getting honest with others. How is this you ask? Well, the only honesty I was capable of in new sobriety was admitting I was powerless over alcohol and that my life was unmanageable. So I was told to start acting as if I was honest. When the clerk gave me the wrong change I was to correct her and give back the extra. When I made a mistake at work I was to own it and not hide it. If I told a lie I had to go to the person and clean it up. When I promised to do something for someone and I didn't do it I had to make amends. Taking these actions slowly enabled me to become honest with myself. I guess practicing honesty on the outside showed me how to be honest on the inside. Today, having integrity is how I want to live my life. By trying to live my life honestly with you the veil of dishonesty has been lifted from my consciousness. I read a quote once by Robert Brandt that said you don't wake up one morning a bad person. It happens by a thousand tiny surrenders of self-respect to self-interest. On the other hand, I did not become a person of integrity over night either, it happened by a thousand tiny truths surrendering the ego to God's direction. I hope you find your truth in recovery. I know I have.

**Cottonwood is a unique and life changing experience. Let us help you find recovery and hope once again.**

**If you have any questions, please contact me at [shicks@cottonwoodtucson.com](mailto:shicks@cottonwoodtucson.com) or call 520-743-0411 extension 2517.**

*Be well, Sally*

## Receptor Roulette Pathological Gambling Linked to the Use of Dopamine Agonists By Jim Seymour, MD and Jeff Friedman, LISAC, CCGC

When Dottie V., after a lifetime of responsible and modest behavior, suddenly developed a gambling addiction at age 67, her husband and children were shocked and frightened. In less than a year, the retired church secretary put over half of her life savings into the local casino's high denomination slots before her exasperated husband finally threatened divorce if Dottie did not get help for her gambling problem. Admitted to an Arizona behavioral health treatment center, Dottie's initial physical examination and psychiatric evaluation were unremarkable. Except for her recent gambling problem, the doctors noted only a family history of alcoholism and the fact that Dottie had, for the five years prior to admission, suffered from restless legs syndrome (RLS). The medical record also indicated that Dottie's RLS had responded well to dopamine agonist therapy.

# Receptor Roulette

## Pathological Gambling Linked to the Use of Dopamine Agonists

By Jim Seymour, MD and Jeff Friedman, LISAC, CCGC

Continued from page one

### Restless Legs Syndrome

Dottie's problem with RLS was not unusual for a woman her age. Restless legs syndrome is a well-known neurological disorder, more prevalent in older adults, in which the affected person suffers unpleasant sensations deep within their limbs. These are accompanied by an irresistible urge to move the legs. Chronic and progressive, RLS is typically worse at night and during periods of inactivity. Symptoms are temporarily relieved when the person moves his or her legs. It is estimated that about 10% of the general population suffers from some degree of RLS symptomatology (Montplaisir, et al., 2007)

There are two commonly prescribed medications for RLS, pramipexole (Mirapex®) and ropinirole (Requip®). Both are dopamine agonists and work by increasing dopamine transmission in several areas of the brain. In recent years, however, a number of neurological and neuropsychiatric studies have linked dopamine agonists to a form of medication-induced pathological gambling (PG). Hundreds, perhaps thousands of patients have developed pathological gambling and other impulse control problems after beginning dopamine agonist therapy.

### Pathological Gambling and Dopamine Agonists

With the recent proliferation of Native American casinos and increasingly easy access to Internet gaming sites, gambling problems are bringing more and more people into counselors' offices. For most behavioral health clinicians, effective treatment of pathological gambling is well understood: help the patient appreciate and accept the level of impulsivity of their gambling and the need for an ongoing and proactive recovery effort - usually involving regular attendance of Gamblers Anonymous meetings. Typically, clinicians also work to help the gambling patient learn more adaptive ways to handle the affective, cognitive and behavioral precursors to their urges to gamble.

Although effective treatment for pathological gambling is well understood, the etiology of the disorder is not. A number of researchers believe that problematic gambling is related to the dopaminergic system - especially that part of the dopaminergic system located in the area of the limbic brain known as the nucleus accumbens (Lu, et al., 2006). A key reward center, the nucleus accumbens has also been implicated in addiction to alcohol and other drugs of abuse. Proper regulation of dopamine within this part of the brain, it seems, is critical in mediating a wide range of emotion and behavior.

The idea that dopamine figures in problematic gambling is also supported by the work of Dr. Valerie Voon, a researcher at the National Institute of Neurological Disorders and Stroke (NINDS). In a study of 297 patients receiving dopamine agonists (in this case they were Parkinson's disease patients) she found that 7.2% of those studied reported the development of pathological gambling or some other kind of impulse-control problem (the normal prevalence of PG is about 3.4% in the general population). For the patients in Dr. Voon's study, problematic gambling began only after the subject started on or had a dose escalation of dopamine agonists.

Further evidence of a relationship between dopamine agonists and pathological gambling is that, in affected patients, problematic gambling that began coincident with the initiation of a dopamine agonist, stopped soon after the medication was discontinued (Lu, et. al, 2006). In fact, a majority of patients studied experienced a resolution of their gambling problems within a month of discontinuing dopamine agonist therapy. Patients who reported other impulse-control problems, like hypersexuality or impulsive spending also reported cessation of these activities within a month of stopping the use of a dopamine agonist (Barclay & Vega, 2005).

Some researchers believe that dopamine agonists can heighten behavioral impulsivity because they may disproportionately stimulate dopamine D3 receptors located in the limbic system (Dodd, et. al, 2005). Pramipexole and Ropinirole have a strong affinity with the D3 receptor and are the medications implicated with the development of problematic gambling or other impulse control problems (Barclay & Vega, 2005).

# Receptor Roulette

## Pathological Gambling Linked to the Use of Dopamine Agonists

By Jim Seymour, MD and Jeff Friedman, LISAC, CCGC

Continued from page two

Why dopamine agonists awaken an impulse to gamble in only a few of the patients who take them may have something to do with the genetic version of dopamine receptors the affected patients have inherited. Researchers think that some variations of dopamine receptors may be more prone to dopamine stimulation than others. Genetic research and functional brain imaging might eventually reveal more about this (Arehart Treichel, 2005).

### Practice Implications

Dr. Voon found that study subjects who reported problematic gambling, when compared to non-affected patients, scored higher in personality testing for novelty seeking and impulsivity. Affected patients also reported a personal or family history of alcohol abuse or dependence (Voon, et. al, 2007). These data seem to imply that patients being considered for dopamine agonist therapy should be screened for risk factors - like impulsivity, novelty-seeking and a personal or family history of alcohol use disorders - factors that might predispose them to develop gambling problems while on these medications. It also might be a good practice to inform prospective dopamine agonist patients, and even members of their families, about the potential behavioral risks associated with the therapy, and to monitor patients for the emergence of impulse control problems throughout the course of their treatment (Lu, et. al, 2006). Extra caution on the part of medical practitioners may be key here, considering that dopamine agonists are being marketed directly to the consumer through television and other mass media ads. If patients on dopamine agonist therapy do develop impulse control difficulties, treatment providers may want to explore alternative, behaviorally focused strategies to, manage RLS symptoms. Restless legs syndrome has been associated with a sedentary lifestyle, and some believe that exercise is a promising non-pharmacological treatment option for RLS. In fact, a recent randomized controlled study showed that RLS patients who exercised for a half-hour three times a week reported significant relief from restless legs symptoms (Montplaisir, et al., 2007).

### Conclusions

For the clinical team at the Arizona facility where she was treated, working with Dottie highlighted the importance of making a thorough multi-axial assessment of gambling patients. Dottie's report of alcoholism in her family, at first thought to be an innocuous point of information, turned out to be a risk factor for her having developed gambling problems after starting on dopamine agonists. After her dose of dopamine agonist was reduced by about half, Dottie reported increased symptoms of RLS, but, significantly, fewer and less severe urges to gamble. The behavioral focus of Dottie's treatment involved helping her find more adaptive ways to manage stress, learning good sleep hygiene and developing an exercise regimen to reduce the remaining symptoms of RLS. Assessing the root causes of gambling problems or other behavioral impulsivity is best done deliberately and thoroughly. At the Arizona facility where Dottie sought treatment, clinicians adhere to a policy of making a complete assessment of Axis III conditions and current medications, screening for dopamine agonists. Personality testing is also routinely ordered for patients taking dopamine agonists who are experiencing impulse control difficulties.

*Jim Seymour, M.D. is a board certified psychiatrist and is assistant medical director at Cottonwood Tucson, an inpatient behavioral health treatment center in Tucson, Arizona. He may be reached at [jseymour@cottonwoodtucson.com](mailto:jseymour@cottonwoodtucson.com).*

*Jeffrey C Friedman, LISAC, CCGC, is a primary therapist at Cottonwood Tucson who specializes in the treatment of pathological gambling. He may be reached at [jfriedman@cottonwoodtucson.com](mailto:jfriedman@cottonwoodtucson.com).*



## 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.

## Farmington/Durango Alumni Meetings

Dear Farmington and all our New Mexico alumni,

I am looking forward to the July Alumni meeting. Your meeting topic will be "**Harboring Resentments or Taking Poison and Waiting for the Other Person to Die!**" 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 at 511 W. Arrington, 87401 in Farmington, NM.** (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

**July 26 • September 27 • November 29**

## Phoenix Alumni Meetings

Dear Phoenix Alumni,

I look forward to seeing you and supporting you as you continue your journey towards recovery. We meet every other Tuesday night at the **ABC Wellness office**, located at **7219 E. Shea Boulevard Scottsdale, AZ 85260**. This months topic will be, "**What are You Thinking About Today?**" 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

**Jun 1 & 15 • Jul 6 & 20 • Aug 3 & 17  
Sept 7 & 21 • Oct 5 & 19 • Nov 2 & 16 • Dec 7 & 21**



For more information, click here [shicks@cottonwoodtucson.com](mailto:shicks@cottonwoodtucson.com) or call 520-743-0411 extension 2517 or toll free 800-877-4520 [www.cottonwoodtucson.com](http://www.cottonwoodtucson.com)

# InnerPath Retreats

## Beginnings & Beyond

June 28 • July 2 • July 26 –30

## Women's Retreat

June 21-25 • July 19-23 • Aug 30-Sept 3

## 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](mailto:jzeff@cottonwoodtucson.com) for more information about InnerPath.

# Labyrinth Meditation

Sometimes during lunch, I will take a walk down Cottonwood's serenity path. This is aptly named because of its tranquil, and beautiful setting. The path gently winds its way around the perimeter of the Cottonwood campus about 240°. I feel invited to invest a few minutes of thought and reflection to each of the huge stones along the path that are inscribed with the twelve steps of Alcoholic's Anonymous. As I get farther along I reflect on my day and my Higher Power. I give thanks and am grateful for all the blessings in my life. I can still remember the hopelessness and despair I felt before recovery began for me. That is why gratitude is such a important part of my meditative experience. However, my favorite part of the journey starts at the end of the walk, at the labyrinth. Here is where I leave any problems I have as I travel towards the inner part of the spiritual trail. Defining and giving my worries or troubles to God, I walk slowly and purposefully. For me this labyrinth is special in many different ways. First, it was made lovingly by patients at Cottonwood. They placed each rock in it's final resting place. They talked, laughed, and prayed during the building of this important spiritual component of Cottonwood's recovery program. There can be nothing more special than enjoying something someone created with love and happiness. The other reason it is special to me is because it was inspired by a fellow co-worker and friend who was encouraged by his own experience and walk with spirituality. As I near the middle of the path I am inspired to pray for others. I leave the cares of my world here and I stop to reflect on what God might want me to accomplish with the rest of my day. I happen to use prayer as a primary tool in my recovery. Actually it's more of a gift, and walking the labyrinth helps me focus while I pray. Entering the middle, I love the feeling of sharing energy with all who have stepped into the circle before me. It feels alive. I leave some positive energy for the next person. After walking slowly towards the ending of my commune with nature and God, I am once again thankful for all my rebirths. God has given me life more than once and I take this time to give credit where credit is due. Sometimes I just walk the labyrinth to relax. I love to walk it on the days I lead the alumni meetings. I ask for understanding and compassion but I receive a whole lot more. The whole glorious, meditative experience takes about twenty minutes and it is worth the time out of my lunch schedule to center myself. I believe it helps me be a better employee and a better person. If I had to write a list of all the ingredients that make up the unique and authentic experience that is Cottonwood, I would include the labyrinth in the top five. I love it!