

# ROADS TO RECOVERY NEWSLETTER

Created by Dual Recovery at Warren Washington Association for Mental Health to support individuals in recovery



*A newsletter for you  
and about you*

## SPOTLIGHT TOPIC

### Peer Supports, What Do They Do?

BY GINGER MILLER

Instead of giving you the textbook definition I'll give you some experiences I've had. My experiences have varied depending on the company I was working for, the grant I was working under and other variables, but the underlying principles were all the same: offer compassion, encouragement, hope, light, a listening ear, support, and share experiences I've had that may contribute to those principals when appropriate and welcomed. As a Peer Support here at Warren Washington Association for Mental Health (WWAMH) I am hands on, "in the trenches" at times, face to face, walking with or holding space for individuals as they work on their recovery, whether that be with a substance use disorder, managing life challenges and barriers while coping with mental health symptoms/issues, or both. I am not a counselor, therapist, or sponsor but I have seen many counselors and therapists and I have sponsored individuals outside of my work program, so I am very familiar with those roles. There is training for both being a Certified Recovery Peer Advocate (CRPA – an OASAS approved training) and to be a Certified Peer Specialist (the OMH approved training). A peer's largest amount of training comes from life experiences though. We hold a unique position in that we are on a level playing field with the individuals we support. There is no power differential - we can't (nor do we want to) make anyone we support do anything. It is not our place to tell them what they should or shouldn't do. We work on building a trusting individual relationship. Our desire is to see each person grow and achieve things in his or her life, at their pace, in the way they want – the person-centered approach. One of the most unique pieces of being a peer is what makes the position as successful as it is; we share our life experiences as tools to support and perhaps guide individuals. Just as with any professional role we have ethics and guidelines we must follow too; sometimes they look a bit different than those of a clinician or care manager for example. Confidentiality is extremely important, not just because of HIPPA laws, but also because we recognize how important it is in building trust. So, that confidentiality within the peer role includes not reporting back to the individuals' counselors, family, or other authority figures in their life. When an issue is brought up that we recognize as something someone else probably ought to be aware of, we work on encouraging the person to recognize the benefits in sharing that information themselves. When someone is being abused or a life is at threat is the only exception to the rule, as peers are mandated reporters. But that doesn't mean we aren't open to and understanding of discussions around suicidal ideations. In situations that the peer needs guidance or support in relation to one of the individuals they are supporting, they use discretion and discuss it with their supervisor, trusting that the supervisor respects the same confidentiality the peer does.

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## Peer Supports, What Do They Do? (Con't)

So, time for some 'snap-shots' or scenarios of the peer role within WWAMH.

I'm sure it goes without saying, relationships and trust take time to build. So, you may see a peer just sitting with someone coloring, playing a game, painting, or something similar. We are working on getting to know that person and allowing them to get to know us... building a relationship and hopefully trust.

Peers are often familiar with many of the community resources that are available and can offer information or referrals to those resources. At times this has included connecting someone with in-patient or out-patient services, a variety of meetings, food pantries, shelters or housing, finding a therapist/counselor/psychiatrist, help dealing with domestic violence, care management, and many other things.

We often encourage people to set goals of any kind and help them break those goals into achievable steps. We act as friendly accountability partners and cheer them on if they feel discouraged. The different aspects of our lives are intertwined, so if any piece is being built up, it is reasonable to believe that it will enhance the persons recovery as well. Some examples of goals I've worked on with individuals in the past are creating a weekly routine, learning how to manage a checking account, learning how to cook, going back to school, or building a support network. The goals are tailored to what the individual wants.

WWAMH peers often lead peer-led groups. Some of those groups are at the East Side Center and there are several Dual Recovery Meetings throughout the community. People need each other and people with similar experiences and struggles often find a unique bond, so the opportunity to gather with like minded people is important for supporting each other, developing new friendships, socializing, and learning from each other.



Sometimes people just want to talk with someone they feel 'gets it'. Since peers sometimes share their personal experiences, this can help someone feel less alone or less misunderstood. So, even though peers aren't therapists, counselors, psychologists, or such, it isn't unusual for a person to feel very comfortable talking with a peer, and peers are taught to be good listeners. When an individual doesn't have someone from one of those professions but could benefit from connecting with one, we will encourage and help them find one.

As adults it can be difficult to ask for help particularly with things that 'every adult should know by now', such as handling difficult situations, having better attitudes, managing a checkbook, meal planning and grocery shopping, learning how to make friends, making and going to doctor appointments or pretty much anything to do with taking care of ourselves or managing life. As peers (not that we know it all or have perfected anything) we can often recognize some of those things because we may have struggled with them at one time too. Modeling those sorts of things in a kind and nonjudgmental way or helping find caring support for those situations is another thing we do. I remember that especially in the first couple of years of my recovery I knew there were things I didn't know but couldn't identify (because I didn't know them). I could just feel that something was off, missing, or awkward. The supports I had around me could sometimes recognize them because they struggled with something similar, or I would get comfortable enough to express those feelings and they were able to offer support and guidance. I still experience things like that on occasion, but I've come to realize that not knowing everything doesn't make me stupid, incapable, or unworthy; it just makes me human and it's ok to ask for another viewpoint, support, or help.

For me, being a peer is so, so, so much more than I could really describe. My heart wants to 'pay it forward', 'give what was given to me', and see other people progress, grow, and succeed the same way I've experienced. I didn't believe in myself, but I found people who did and would encourage me and be cheerleaders for me and after a while I started believing in myself. I didn't



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## Peer Supports, What Do They Do? (Con't)

particularly like myself (actually hated some things) but there were some who loved me so I could learn that I was lovable and how to love myself. I didn't know if I truly knew what happiness or love was anymore – the people I started surrounding myself with would laugh (even at themselves sometimes) often and help me see that life does still have enjoyable times – I just needed to adjust my attitude or perspective sometimes or be less hard on myself or those around me. My new perspective is that I'm a student of life; I can learn something from any situation or anyone if I look and try or ask. I want to be like some of those people that helped me – kind, compassionate, caring, a good listener, nonjudgmental, offering hope, supportive, patient, honest, firm at times, trustworthy, capable of helping someone look at themselves and want to do the work to move forward, get better, or make changes. Again, there is so much more than I could possibly list. I just want to be the best version of myself I can be and learn how to be the positive I see in others and share that.

# UNDERSTANDING THE DIAGNOSIS

## Attention-Deficit/Hyperactivity Disorder (ADHD)

BY GINGER MILLER

According to Psychology Today, Attention-deficit/hyperactivity disorder (previously known as attention deficit disorder or ADD, is no longer part of the official language for ADHD) is a neurobehavioral disorder characterized by core symptoms of inattentiveness, distractibility, hyperactivity, and impulsivity. In the current view, there are three forms of ADHD: the kind with inattentive symptoms; the kind with hyperactive and impulsive symptoms; and the kind with all of these: inattentive, hyperactive, and impulsive symptoms. ADHD is thought to be the most common childhood mental health disorder, with estimates of its prevalence in children ranging from 5 to 11 percent. ADHD in adulthood is thought to be less common, with approximately 2 to 5 percent of adults diagnosed.

ADHD symptoms can interfere with work, school, household tasks, and relationships, and managing the disorder can be a challenge for both children and adults. Fortunately, there are treatments that have been shown to be effective, and anyone affected by ADHD can learn coping skills to work around struggles and harness their talents—as many successful individuals with ADHD have already done.

What does ADHD look like? Some children and adults with ADHD find it difficult to concentrate on tasks at school or work and may daydream frequently. Children with ADHD may become disruptive, defiant, or have trouble getting along with parents, peers, or teachers. Children who struggle with hyperactivity and impulsivity, in particular, often have behavioral challenges that can be difficult for adults to manage.

Adults, on the other hand, may be more likely to report feeling restless or fidgety; if they struggle with impulsivity, they may make rash decisions that adversely affect their life. For both children and adults, executive functioning (planning, emotional regulation, and decision-making) is often affected as well. This type of ADHD involves things like inattention, procrastination, frequently lost items, and distractibility. Many children and adults display either hyperactive or inattentive symptoms of ADHD, but it's also possible for both sets of symptoms to exist together, in what is typically called combined type ADHD.

Hallmarks of ADHD include difficulty sustaining attention, easily becoming distracted, and not paying attention to details or instructions. They also include making careless mistakes at work or school, the inability to finish projects, and losing or forgetting things. Problems of hyperactivity and impulsivity include feeling restless, moving around when it is inappropriate to do so, fidgeting or squirming, and talking excessively or interrupting others at inappropriate times.



## Attention-Deficit/Hyperactivity Disorder (ADHD) (Con't)

To be diagnosed with ADHD the individual's symptoms must be persistent and impair function in school, at work, or at home. For children, symptoms must be unusual for the corresponding developmental stage, as some may represent typical behavior for one's age group. Because adulthood comes with different expectations than childhood, symptoms of ADHD tend to manifest differently in adults. A hyperactive child, for instance, may run around the house or struggle to wait their turn in a game. A hyperactive adult, on the other hand, may feel "restless" or fidgety when sitting still; their hyperactivity may also manifest as excessive talking or frequent interruption of others. Impulsivity, similarly, may manifest in adults as impulsive financial or relationship choices, rather than impulsive physical behavior.

Here's a personal experience related to ADHD. Not too long ago I decided to find a psychiatrist to review my medications. Some things felt different, and I'd been on the same ones for nearly a decade and thought maybe it was time to see if they were still working as effectively as possible.

I've had medication therapy through the majority of the past 30+ years to help my depression and anxiety. After having bloodwork done, and a couple of sessions discussing my medical history in relation to my mental health, medications, and substance use, it was determined that at this point I didn't need as strong of doses as I was on, so we started titrating the medications. Then at one of my appointments I decided to ask about some other issues I thought might be related. She suggested I try a certain supplement. Within three days I saw a humungous difference in some things. I was doing with relative ease tasks that, in the past, had overwhelmed me to the point of paralyzing me. Opening-up about deeper feelings, how I truly felt about some things, and being able to express thoughts was becoming a lot easier. I noticed I was having less foginess in my thinking and my mind was becoming a little clearer. I was so excited I could hardly contain myself! I had dealt with these things so long that I had sort of come to an acceptance that they were just me so I was coping with them the best I could. I had watched other people do tasks that overwhelmed me with ease or speak their mind clearly and eloquently and I was a bit jealous that I just couldn't seem to get myself together enough to do those things. At times I was really hard on myself verbally over it and here I am doing them now with relative ease and feeling more 'normal'! When I told my doctor about the drastic changes and how quickly they happened she had an answer for me – I was misdiagnosed. What?! How could this be? I'd seen SO many therapists, doctors, psychiatrists over the years. I didn't understand how this could be. She explained that ADD (and later ADHD) was not a diagnosis until the 80's and as mentioned above it is more predominant in children. Since it is diagnosed most often in childhood, the diagnoses of depression and anxiety were determined when I was in my teens and the diagnosis followed me into my adulthood; that's probably how the diagnosis was overlooked. Guess what else?! Depression and anxiety are symptoms of untreated ADHD. I had no idea! What a flood of feelings that poured over me! One of the thoughts that occurred to me though was that if I had not opened-up, become willing to talk about things that might be related and things that were a little more scary to share, and been brave enough to ask questions I had been afraid to ask in the past – I'd probably still be being treated for the wrong diagnosis! So, the lessons I learned? I'd always been honest with my doctors, but I never volunteered much information beyond what they asked for, now I them any information that might be related to what I am seeing them for. Asking questions is good, don't be afraid to. Keep an open mind. I wasn't even sure I was going to try the supplements! Listen to my gut. I'd been 'thinking about' finding a doctor to review my medications for about a year; imagine if I'd done it when I first thought of it!



### Riddle of the Month:

What is the longest word in the dictionary?



### Riddle Answer

Smiles - there is a mile between the two s's



# IS THIS MEETING FOR YOU?

## ALL RECOVERY

BY GINGER MILLER

All Recovery meetings are an alternative to 12-step meetings. These peer led meetings welcome all who struggle with addiction (of any kind), are affected by addiction, are pursuing progressive health and wellbeing, or support the recovery lifestyle. In these meetings all recovery pathways are supported; it is a “non-denominational” meeting. The format is designed to be very open, understanding, and nonjudgmental. Universal recovery topics are discussed and individuals may share what has worked for them as options that others may decide to try. Participants introduce themselves in whatever way best works for them personally. Typically, asking questions and respectful cross talk in moderation is acceptable. Just listening is also understood as participation. It is encouraged that everyone tries to understand and respect each other’s views and comments. Although the meetings do not follow a hard anonymity rule, attendees are asked to not divulge outside of the meeting who is there without that individual’s permission.

Two local All Recovery Meetings (both are hybrid):

- Hope & Healing Recovery Community Center, 2 Maple St, Hudson Falls on Friday’s at 6:00pm, zoom link 841 4071 3980
- Healing Springs Recovery Community Center, 125 High Rock Ave, Saratoga Springs twice a week, Tuesday’s & Thursday’s both at 2:00pm, zoom link 988 3746 3897

## INSPIRATION & MOTIVATION

Do we miss blessings because they are not packaged as we expect?



### THE WAY OF ZEN



- Do one thing at a time.
- Do things slowly & mindfully.
- Connect deeply with people & nature.
- Meditate frequently.
- Appreciate silence.
- Expect nothing.
- Be grateful for everything.
- Observe without judgement.
- Consume less, create more.
- Let go of fears and desires.
- Listen to understand, no to respond.
- Be patient and generous.
- Love deeply.
- Live simply.

## HEALTH & WELLNESS

### Are You A People-Pleaser?

BY GINGER MILLER

Are you a person who has a strong urge to please others, even if at your own expense? Do you feel that your own wants and needs do not matter, or do you alter your personality around others? Maybe you are a people-pleaser and don’t realize it yet. Here are 10 questions to help identify people-pleasing tendencies:

1. Do you pretend to agree with, or act like the people around you just because you want to be liked, even when you disagree?
2. Do you feel responsible for how other people feel? For example, a friend feels down and you feel like *you are responsible* making them feel better, or two family members are at odds and you feel like *you need* to be the peace maker.



## Are You A People-Pleaser? (Con't)

3. Do you apologize often? Maybe you excessively blame yourself or fear other people are always blaming you and feel compelled to apologize frequently.
4. Is your schedule filled with activities you think other people want you to do to the point that you feel burdened by the things you have to do?
5. Do you often agree to do something then later wish you hadn't agreed, perhaps faking an illness to get out of doing it because it is hard to tell someone no?
6. If you know someone is angry with you, does it make you feel so uncomfortable you can't stop thinking about it and you end up compromising your values, or you say yes when you really didn't want to?
7. Do you ever do things that you think will help make others feel more comfortable in a social setting even when it is counter-productive to your personal goals? For example, maybe you've been being mindful of your eating habits so you could lose weight but while at a gathering you feel like you have to eat 'a little of everything so no one thinks I didn't like the food they brought' or 'I have to have a bigger piece (or second piece) of the cake someone made 'special for you' so I don't hurt their feelings'.
8. Do you *need* validation; you only feel good when others give you compliments or praise?
9. Do you find it difficult to stand up for the things and people you believe in when it might cause a conflict, avoiding conflict at all costs?
10. Do you deny your feelings (sad, angry, embarrassed, disappointed) because you feel that if you admit to them it will hurt the other persons feelings, make them angry, or cause some other discomfort?

If you answered yes to several of the questions in the quiz, you may have people-pleasing tendencies.

I remember thinking at one time, "people-pleasing is far from the worst of my problems." I wasn't looking at the bigger picture though. What causes a person to become a people-pleaser? Medical News Today listed the following:



- **Low self-esteem:** People who feel they are worth less than others may feel their needs are unimportant. They may advocate for themselves less or have less awareness of what they want. They may also feel that they have no purpose if they cannot help others. People need healthy self-esteem.
- **Anxiety:** Some people may attempt to please others because they feel anxious about fitting in, rejection, or causing offense. For example, a person with social anxiety may feel they must do whatever their friends want in order for people to like them.
- **Conflict avoidance:** People who are afraid of conflict, or feel they must avoid it, may use people-pleasing as a way to prevent disagreements. Learning how to handle conflict is an important life skill.
- **Culture and socialization:** The culture of a person's family, community, or country may influence how they view their duty toward others and themselves. Some may learn that total selflessness is a virtue or that the needs of the collective matter more than the individual, for example.
- **Inequity:** Some forms of inequity can reinforce the idea that some people are meant to look after others. For example, benevolent sexism promotes the idea that women are naturally more maternal and caring than men. Internalizing these ideas may influence women in heterosexual relationships to feel that they should put their partner first.
- **Personality disorders:** Personality disorders are long-term mental health conditions, some of which may lead to people-pleasing. For example, dependent personality disorder (DPD) causes a person to feel very dependent on others for help and approval in many facets of life. For example, they may need other peoples' opinions to make simple decisions, such as choosing what to wear.
- **Trauma:** Emerging research suggests that fighting, fleeing, or freezing are not the only responses to traumatic events, such as abuse. Some people may also "fawn," which is an extreme form of people-pleasing. It involves trying to gain the affection and admiration of those they fear as a means of survival.



## Are You A People-Pleaser? (Con't)

And I didn't stop to think how people-pleasing can cause harm, both to individuals and those around them. Some examples of the risks include:

- **Stress:** Stress occurs when a person feels they do not have the resources to cope with something. Frequently being overbooked, having a high workload, or a long to-do list due to people-pleasing may result in this feeling. Behaving in an inauthentic way, or ignoring one's true wants or needs, can also make a person stressed or anxious.
- **Tiredness:** Taking on too much, or putting on a more cheerful persona around others, can be mentally or physically tiring.
- **Neglect:** If a person has little time or energy for themselves, they may neglect aspects of their own self-care. This could include personal hygiene, appearance, mental or physical health, or career.
- **Resentment:** People who feel they have no choice but to please others may grow to resent their role, causing feelings of anger or frustration. This can manifest as passive aggression, which is when someone indirectly expresses anger, such as via jokes or sarcasm.
- **Relationship problems:** When a person is unhappy, it can affect their relationships. For example, a person may feel that a partner takes advantage of a willingness to help, resulting in conflict.
- **Loss of identity:** People who think a lot about pleasing others may become less aware of what they want or how they feel. This may mean they are less in touch with their needs or who they are.
- **Role conflict:** People who attempt to please others may find that the person they are in one context conflicts with who they are in another.
- **Harm to others:** People-pleasing may cause a person to prioritize feeling liked over the well-being of others. For example, a person might engage in harmful gossip to fit in.

People-pleasing can be a serious problem, and it's a hard habit to break. So, how does a person go about changing this behavior? Keep in mind that you'll never reach your greatest potential if you're trying to be all things to all people. Some short-term tactics that may help include:

- **Starting small:** To begin with, try committing to meeting one need at a time. For example, a person might set a goal to give themselves small breaks between meetings.
- **Express your opinion:** Start with something simple. For example, express your preference in what to eat or where to go shopping.
- **Stalling:** When someone makes a request, try allowing for some time to think about it rather than answering immediately.
- **Setting time limits:** When saying yes to something, include a time limit or deadline rather than waiting for someone else to set the schedule. For example, a person might agree to babysit between certain hours.
- **Time blocking:** Block out time in the day that is off-limits to any new requests or plans. People can do this mentally or use a calendar app to automatically decline any new invitations.
- **Rehearsing "no":** Start by saying no to something small. In many situations, there are tactful and empathetic ways to say no. Rehearsing these before speaking with someone may help.

Breaking the habit of people-pleasing can be difficult, so it may be beneficial to get the support of a therapist or coach. A professional may help a person identify the behavior, recognize its impact, feel empowered to change things, learn about their values and who they want to give their time to most, learn about healthy boundaries, and how to set boundaries with family, friends, or coworkers. Breaking longstanding habits takes time and practice so be patient and kind with yourself. Remember, each step you take will help you gain more confidence in your ability to be a more authentic, stronger version of yourself.



# CREATIVE WRITING CORNER



## Prologue to *The Biological Abandonment*

They set up D, R, and P housing to collect the last of the artists and communal psychics. We went through a time not far from now called the Reformation of Nature. Thirty-three years from now, the whole civilization would wake up one morning with a tattoo. One hundred and seventeen different ones to be exact, and mostly it seems like there are only fifty for a few minor differences making one hundred and seventeen groups. It happened after they found the cure for cancer. The US government released a frequency and nutritionally based therapy for every stage. The word frequency became a very popular buzzword. But one month later during all the excitement of getting in line to be freed of cancer, the mysterious tattoos appeared on everyone. On different parts of the body too. New Hampshire was the groundbreaking science and medical state that had focused on the healing of cancer though it seemed to come at a cost. They had become reclusive and designated to lust after years of strict and difficult work.

~ Rebecca Soucie



Her dreams it seems are in the sun beams to bright to seek always out of reach.

So, with a sigh she tries not to cry lifts up her chin and forces a grin.

I'll live in the now and get by some how one day at a time I'm going to be fine.

~ Anonymous

## Who's At The Window?

Dark shadows dance upon my windowpane. If I watch too long they could drive me insane. The moon light flickers in every now and then. Almost as though it is a warning. I hear a scratching at the window frame. My cat is beside me him I cannot blame. I pull my covers up tight an attempt to avoid some fright I wish I had a better plan I fear I can't hide from the boogieman!

~ gl



## Opening paragraph to a new book...

As she stepped out onto the front porch of the log cabin a gentle warm breeze kissed her cheek and playfully tasseled her hair. Gazing at the stars on a night of such perfect weather only happened but a handful of evenings each year. Sarah leaned against the railing and gently crossed her arms in front of her. As she stood soaking in the moonbeams reflecting off the mountains her mind drifted. She closed her eyes and took a deep breath, the smell of fall leaves on the ground was in the air. In the distance she could hear a whippoorwill calling over the soft babble of the brook. Sarah wished with all her heart that moments like these could be captured and relived. Only one thing could make this evening more perfect...

~ Ginger



We would love to hear from you too! If you'd like to share a poem you've written, some creative writing you've done or a piece of your recovery story we would love to add it to our newsletter to help support or inspire our readers. Not sure what to write about? I'll provide a prompt each month as an option.

February's prompt - What is the most important relationship you have? Examples might be a parent, best friend, pet, mentor, yourself, your higher power, etc. Why is it the most important? What makes that relationship so special?

Submit your writing please email it to [gmler@wwamh.org](mailto:gmler@wwamh.org), mail it to WWAMH, Dual Recovery Department, 230 Maple St., Glens Falls, NY 12801, or drop it off to me in the Peer Pod at the East Side Center at the address above.



# RECOVERY

## Resources

### WEBSITES

- Al-Anon and Ala-teen Groups** – Hope and help for families and friends of alcoholics: [al-anon.org](http://al-anon.org)  
**Alcoholics Anonymous (AA)** - Local group schedule and information: [district13.aahmbny.org](http://district13.aahmbny.org)  
**Celebrate Recovery (CR)** – Celebrate Recovery is a Christ-centered, 12-Step recovery program for anyone struggling with hurt, pain or addiction of any kind: [celebraterecovery.com](http://celebraterecovery.com)  
**Debtors Anonymous** - Debtors Anonymous offers hope for people whose use of unsecured debt causes problems and suffering in their lives and the lives of others: [debtorsanonymous.org](http://debtorsanonymous.org)  
**Digital Recovery Support** -Online recovery support groups are available daily. They are open to anyone who is dealing with substance use, mental health conditions, and any other quality of life concerns. Meetings are led by peer recovery support specialists who have firsthand experience and understand what you're going through: [www.recoveryanswers.org](http://www.recoveryanswers.org)  
**Gamblers Anonymous (GA)** – Online services for anyone struggling with a gambling addiction: [gasteps.org](http://gasteps.org)  
**Grief Recovery After a Substance Passing (GRASP)** – For those who have lost someone to substance use or addiction: [grasphelp.org](http://grasphelp.org)  
**Narcotics Anonymous (NA)** - local group schedule and information: [narcotics.com](http://narcotics.com)  
**Overeaters Anonymous (OA)** – Online support groups for anyone who wants to stop eating compulsively: [oarecovery.com](http://oarecovery.com)

### PHONE NUMBERS

- LGBTQ+ Hotline:** 844-997-2121  
**The Trevor Project** - Support for youth in crisis: [thetrevorproject.org](http://thetrevorproject.org)/hotline: 866-488-7386  
**International Bipolar Association Crisis Line:** 1-800-273-TALK (8255)  
**National Association of Anorexia Nervosa and Associated Disorders Helpline:** 630-577-1330  
**National Center for PTSD Helpline:** 1-800-273-8255  
**National Alliance on Mental Illness (NAMI):** Hotline staff are prepared to answer any mental health questions you may have. You can also text NAMI to 741741 for free support. (800) 950-NAMI (6264)  
**Substance Abuse and Mental Health Services Administration (SAMHSA):** Available 24/7, 365 days a year: (800) 662-HELP (4357). The professionals on the phone can provide treatment information and referrals in English and Spanish.  
**National Institute of Mental Health (NIMH):** Available 8:30am to 5pm EST: (866) 615-6464 or (866) 415-8051 (TTY). Professionals can answer any mental health related questions in English or Spanish.  
**Boys Town:** Specially trained counselors are available 24/7, 365 days a year to provide crisis support specifically for children and their families: (800) 448-3000  
**Life Line Mental Health Crisis & Suicide Prevention - 988**  
**Never Use Alone:** A toll-free nationwide overdose prevention, detection, crisis response and reversal lifeline services for people who use drugs while alone. Our all volunteer peer-run call center operators are available 24-hours a day, 7 days a week, 365 days a year. No stigma. No judgment. Just love! 800-484-3731  
**Gay Men's Domestic Violence Project:** supports victims and survivors through education, advocacy and direct services 800-832-1901

### PODCASTS

- This Naked Mind** - Some of the episodes discuss alcohol withdrawals, the link between drinking and binge eating, how to deal with loneliness, and more.  
**Recovery Rocks** - Our varied paths show listeners that there are a myriad paths to recovery and countless songs to rock out to along the way.  
**Mental Health - Hope and Recovery** - They share inspirational true stories and a host of recovery skills. You'll learn about treatment options, coping skills, goal setting, relationships, and mindfulness.  
**Mental Illness Happy Hour** - Weekly interviews with comedians, artists, friends, and the occasional doctor.; exploring mental illness, trauma, addiction and negative thinking.

### APPS

- Addiction Apps:** Twenty-Four Hours A Day (Free), Quit That! Habit Tracker (Free), NoMo (Free)  
**Counseling Apps:** TalkSpace (\$\$) BetterHelp (\$\$) Larkr (\$\$) ReGain (\$\$) TeenCounseling (\$\$)  
**Suicide Prevention Apps:** MY3 (Free) notOK (Free)  
**General Mental Health Apps:** What's Up (CBT; Free) Mood Kit (CBT; \$)  
**Anxiety Apps:** MindShift (Free), Self-Help Anxiety Management – SAM (Free), CBT Thought Record Diary (Free)  
**Bipolar Disorder Apps:** IMoodJournal (\$), EMoods (Free)  
**Depression Apps:** Talk Space Online Therapy (\$\$), Happify (Free), MoodTools (CBT; Free)  
**Eating Disorder Apps:** Recovery Record (Free), Rise Up & Recovery (Free), LifeSum (Free)  
**Obsessive Compulsive Disorder Apps:** nOCD (Free), Worry Watch (\$), GG OCD (Free)  
**PTSD Apps:** PTSD Coach (Free), Breathe2Relax (Free)  
**Schizophrenia Apps:** UCSF Prime (Free), Schizophrenia Health Story Lines (Free)  
**Mindfulness & Meditation Apps:** Headspace (\$), Calm (\$), Serenity: Guided Meditation & Mindfulness (Free)  
**Wellness:** Wellness Recovery Action Plan (Goal Setting; Free)

THANKS FOR READING! :)

IF YOU WOULD LIKE TO SUBSCRIBE TO  
OUR NEWSLETTERS, PLEASE EMAIL US  
AT [GMILLER@WWAMH.ORG](mailto:GMILLER@WWAMH.ORG)  
OR CALL 518-401-5991



### WWAMH DUAL RECOVERY SUPPORT GROUPS

EVERY THURSDAY FROM  
3:30-4:30 PM AT THE  
OPEN DOOR MISSION:  
226 WARREN STREET, GLENS FALLS

AND

EVERY TUESDAY FROM  
4:00-5:00 PM AT THE  
HOPE & HEALING  
RECOVERY CENTER:  
2 MAPLE STREET, HUDSON FALLS  
ATTEND IN PERSON OR  
VIRTUALLY - ZOOM MEETING ID:  
844-2214-0148

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