

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

September is National Recovery Month

What does that mean? Faces and Voices of Recovery (supported by SAMHSA - Substance Abuse and Mental Health Services Administration) describes it this way: Recovery Month celebrates the gains made by those in recovery from substance use and mental health struggles/diagnoses, just as we celebrate improvements made by those who are managing other health conditions such as hypertension, diabetes, asthma, and heart disease. Each September, Recovery Month works to promote and support new evidence-based treatment and recovery practices, the emergence of a strong and proud recovery community, and the dedication of service providers and community members across the nation who make recovery in all its forms possible. "Every Person. Every Family. Every Community" is their tagline, with good reason.

Recovery affects everyone, even you! On September 9th there was an event, Brain Storm, held in Crandall Park from 11:00 to 3:00 that was a fantastic opportunity to learn more about brain health including information on addiction recovery, mental health recovery, and resources relating to both.

There is still a lot of stigma and negative bias regarding addiction and mental health issues. Stigma is a significant barrier to wellness, good health, accessing treatment, and other much needed services for people who misuse substances and/or have a mental health diagnosis/struggle. Stigmatizing language and disrespectful attitudes have real-life consequences that can lead to blame and punishment. Stigma is both present and harmful at all levels of society, even among healthcare professionals, law enforcement officers, and social workers. Studies have confirmed that using stigmatizing language can have negative impacts on people's well-being.

In honor of National Recovery Month, I thought it would be a good idea to share preferred language to help destigmatize the disease of addiction and mental health illnesses. Stigmatizing language discourages people from seeking help and affects the quality of and access to healthcare services. We need to stop using stigmatizing slang, stereotyping, and too common expressions that are harmful, hurtful, demeaning.

When talking to people with an addiction, their loved ones, your friends, neighbors, peers, and colleagues, use person-first (acknowledges the person before their health condition) non-stigmatizing language that reflects an accurate, science-based understanding of substance use disorder (SUD). Below is a list of some examples taken from the Shatter Proof Addiction Language Guide.



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September is National Recovery Month

Instead of saying...	Say this...
Addict/ Junkie/ User	Person with a substance use disorder, a person struggling with addiction, person in active use; use the person's name and then say, " _____, is in active use"
Alcoholic or Drunk	Person with an alcohol use disorder, Person who misuses/ Engages in unhealthy/ Hazardous alcohol use
Sober	Healthy, well, in recovery
Clean	Substance free, in remission/ recovery. Not drinking or taking drugs
Dirty	Tested positive for substance use
Detox	Symptom management
Ex-Addict; Former/ Reformed Addict	Person in recovery or person in long-term recovery
Medication as a crutch for recovery	Medication as a tool for treatment
Opioid replacement/ Substitute/ maintenance therapy or medication assisted treatment	Medication for opioid use disorder, medication for alcohol use disorder
Relapse, lapse, slip	Resumed or experienced a recurrence of substance use or substance use disorder symptoms
Relapse prevention	Recovery management
Stayed Clean	Maintained recovery

When talking to people living with mental health conditions, their loved ones, your friends, neighbors, peers, and colleagues, we also want to use person-first non-stigmatizing language to help empower people, stop the shame, be sensitive, be specific and still be you. Below is a list of some examples taken from The Mental Health Coalitions Mental Health Guide.

Instead of saying...	Say this...
Suffering or struggling with mental illness, is a victim of mental illness or suffers from a mental illness	Living with a mental health condition; Thriving with a mental health condition
He's/She's schizophrenic, (name) is schizophrenic	A person has schizophrenia, (name) is a person with schizophrenia
Those people have mental health conditions	Individuals with mental health conditions
Committed suicide	Died by suicide / lost to suicide
Failed or unsuccessful suicide attempt	Suicide attempt survivor / did not die in a suicide attempt
(Name's) brother committed suicide	(Name) is a suicide loss survivor; their brother died by suicide
(Name) is mentally ill	(Name) was diagnosed with _____.

We should all be mindful of using the following terms and phrases some people use in their daily lives. Taking caution with our words is the first step to creating and fostering a stigma-free environment where everyone can feel empowered to take care for their mental health. Here are some example words to be careful to use in context: crazy, nuts, insane, disturbed, mental, lunatic, psycho, and retarded. Also, consider statements like "I'm so depressed" or "I'm so OCD ..." can come across as very flippant to individuals that have these diagnoses and are truly living with and trying to manage the symptoms of them.

A few other related holidays in September are: National Day of Encouragement on the 12th, Positive Thinking Day on the 13th, National Sober Day on the 14th, and the 21st is National Opioid Awareness Day and World Gratitude Day; September is also National Suicide Prevention Month.



UNDERSTANDING THE DIAGNOSIS

Substance Use Disorder

BY GINGER MILLER

According to Mayo Clinic, diagnosing substance use disorder requires a thorough evaluation and often includes an assessment by a psychiatrist, a psychologist, or a licensed alcohol and drug counselor. Blood, urine, or other lab tests are used to assess drug use, but they're not a diagnostic test for addiction. However, these tests may be used for monitoring treatment and recovery.

For diagnosis of a substance use disorder, most mental health professionals use criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association.

Mayo Clinic goes on to explain treatment for substance use disorders, stating that although there's no cure, there are treatment options explained below that can help you overcome an addiction and stay drug and/or alcohol-free. Your treatment depends on the drug used and any related medical or mental health disorders you may have. Long-term follow-up is important to prevent reoccurrence.

The goal of symptom management (formerly referred to as detoxification), is to enable you to stop taking the addicting drug as quickly and safely as possible. For some people, it may be safe to undergo withdrawal therapy on an outpatient basis. Others may need admission to a hospital or a residential treatment center.

Withdrawal from different categories of drugs — such as depressants, stimulants or opioids — produces different side effects and requires different approaches. Symptom management may involve gradually reducing the dose of the drug or temporarily substituting other substances, such as methadone, buprenorphine, or a combination of buprenorphine and naloxone.

Treatment programs usually offer individual, group or family therapy sessions, a focus on understanding the nature of addiction, becoming drug-free and preventing reoccurrence, and levels of care and settings that vary depending on your needs, such as outpatient, residential and inpatient programs.

As part of a substance use disorder treatment program, behavior therapy (a form of psychotherapy) can be done by a psychologist or psychiatrist, or you may receive counseling from a licensed alcohol and drug counselor. Therapy and counseling may be done with an individual, a family, or a group. The therapist or counselor can help in several ways such as: develop ways to cope with your substance cravings, suggest strategies to avoid addictive substances and prevent recurrence, offer suggestions on how to deal with a reoccurrence if it occurs, talk about issues regarding your job, legal problems, and relationships with family and friends,

The DSM-5 lists eleven different criteria that are looked at to determine a substance use disorder diagnosis and severity of the condition.

- 1. Taking the substance in larger amounts or for longer than you're meant to.**
- 2. Wanting to cut down or stop using the substance but not managing to.**
- 3. Spending a lot of time getting, using, or recovering from use of the substance.**
- 4. Cravings and urges to use the substance.**
- 5. Not managing to do what you should at work, home, or school because of substance use.**
- 6. Continuing to use, even when it causes problems in relationships.**
- 7. Giving up important social, occupational, or recreational activities because of substance use.**
- 8. Using substances again and again, even when it puts you in danger.**
- 9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.**
- 10. Needing more of the substance to get the effect you want (tolerance).**
- 11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.**



Substance Use Disorder Con't

include family members to help them develop better communication skills and be supportive, and address other mental health conditions.

Mayo Clinic also explains that many, though not all, self-help support groups use the 12-step model first developed by Alcoholics Anonymous. Self-help support groups, such as Narcotics Anonymous and Heroin Anonymous help people who are addicted to these substances. The self-help support group message is that addiction is a chronic disorder with a danger of reoccurrence. Self-help support groups can decrease the sense of shame and isolation that can lead to reoccurrence.

(The resources used that did not use person-first non-stigmatizing language in their wording have been adjusted; the content and meaning was not changed.)

Although Warren Washington Association for Mental Health is not a treatment clinic, their Dual Recovery department has individuals (CRPA - Certified Recovery Peer Advocates and Peer Specialists) with life experience obtaining recovery for both substance use disorders and/or mental health symptom management. We would be happy to help connect you or a loved one to supports such as counseling, in-patient treatment, out-patient treatment, support groups (a large variety both 12 step and non-12-step) or individual support with a CRPA and/or Peer Specialist. CRPA's and Peer Specialists are not counselors but their support can be very effective, as they use personal experience to support individuals seeking help. Peer Specialists can demonstrate to them that they are not alone in their thinking, feelings, and behaviors. There is hope, recovery, symptom management, and many community resources that are helpful. These goals are not only real but possible for everyone. If you would like to connect with a CRPA/ Peer Specialist please contact the Support Services department at peersupport@wwamh.org

And, of course, your therapist or licensed counselor can help you locate a self-help support group. You may also find support groups in your community or on the internet.

HEALTH & WELLNESS

Building Habits That Last

BY GINGER MILLER

I've observed that people tend to have habits – an impulse to do a behavior with little or no conscious thought. A healthy habit might be stretching for ten minutes a day or meditating when you feel stressed. An unhealthy habit could be biting your nails or texting while driving. Examples of neutral habits include eating the same brand of cereal each morning or taking the same route to work. Have you ever stopped to look at what habits you have?



Sometimes people decide that they would like to have a particular habit that they don't yet have. We see this when we hear of people making New Year's resolutions, such as exercising or losing weight. So, why is it so hard to form new healthy habits? It could be the way we approach it. Benjamin Franklin said, "If you fail to plan, you are planning to fail". We need to take the necessary steps to set ourselves up for success.

Here are some tips, backed by research, for forming new healthy habits.

Stack your habits. The best way to form a new habit is to tie it to an existing habit, experts say. Look for patterns in your day and think about how you can use existing habits to create new, positive ones. For many of us, our morning routine is our strongest



Building Habits That Last (Cont'd)

routine, so that's a great place to stack on a new habit. A morning cup of coffee, for example, can create a great opportunity to start a new one-minute meditation practice. Or, while you are brushing your teeth, you might choose to do squats or stand on one foot to practice balance. Many of us fall into end-of-the-day patterns as well. Do you tend to flop on the couch after work and turn on the TV? That might be a good time to do a single daily yoga pose.

Start small. B.J. Fogg, a Stanford University researcher and author of the book “Tiny Habits,” notes that big behavior changes require a high level of motivation that often can't be sustained. He suggests starting with tiny habits to make the new habit as easy as possible in the beginning. Taking a daily short walk, for example, could be the beginning of an exercise habit. Or, putting an apple in your bag every day could lead to better eating habits.

Do it every day. British researchers studied how people form habits, asking participants to choose a simple habit they wanted to form, like drinking water at lunch or taking a walk before dinner. The study, published in the *European Journal of Social Psychology*, showed that the amount of time it took for the task to become automatic — a habit — ranged from 18 to 254 days. The median time was 66 days! The lesson is that habits take a long time to create, but they form faster when we do them more often, so start with something reasonable that is really easy to do. You are more likely to stick with an exercise habit if you do some small exercise — jumping jacks, a yoga pose, a brisk walk — every day, rather than trying to get to the gym three days a week. Once the daily exercise becomes a habit, you can build onto that habit.

Make it easy. We are more likely to form new habits when we clear away the obstacles that stand in our way. Packing your gym bag and leaving it by the door is one example of this. Wendy Wood, a research psychologist at the University of Southern California, says she began sleeping in her running clothes to make it easier to roll out of bed in the morning, slip on her running shoes and run. Choosing an exercise that doesn't require you to leave the house — like situps or jumping jacks — is another way to form an easy exercise habit.

Reward yourself. Rewards are an important part of habit formation. When we brush our teeth, the reward is immediate — a minty fresh mouth. But some rewards — like weight loss or the physical changes from exercise — take longer to show up. That's why it helps to build in some immediate rewards to help you form the habit. Listening to audiobooks while running, for example, or watching a favorite cooking show on the treadmill can help reinforce an exercise habit. Or plan an exercise date so the reward is time with a friend.

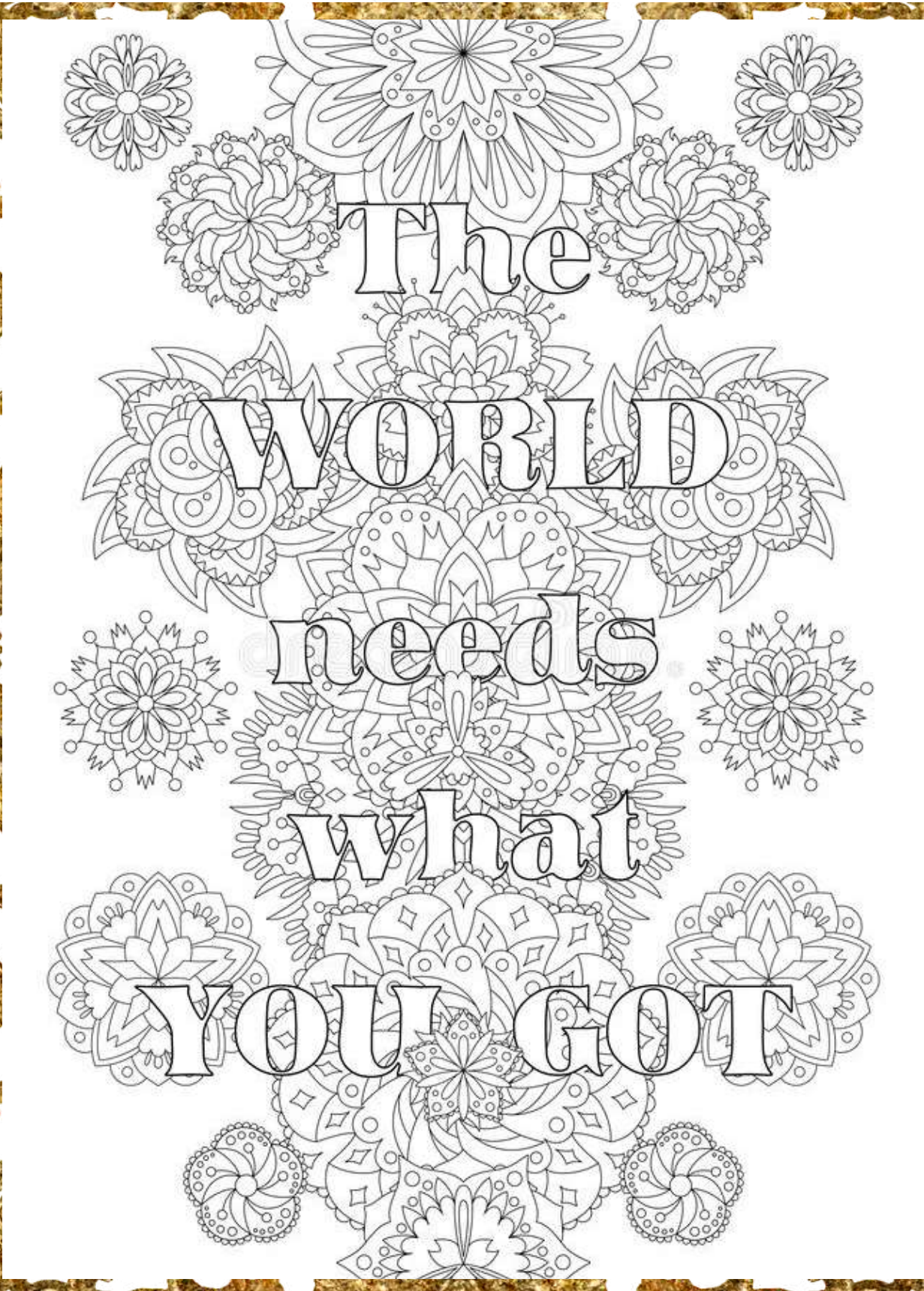
Real change takes time and effort. I didn't used to be a patient person; I actually referred to it as “the P word” as if it were a dirty word. However, over the years I've learned patience, to appreciate calm, and enjoy Zen. For the most part, I am a relatively easy-going person these days. This has taken a long time to cultivate. I heard many times in my recovery community to, “give time time” – frustrating words when I wanted things my way and it should have been done yesterday, but those words helped reinforce the idea of patience. I did not want to be that anxious, racing, and unthoughtful person nor did I like the physical feelings I had when I was like that. I was then taught to be kind to myself regarding the expectations I had in learning to be a patient person. Basically be patient with myself too.

But it would STILL require time and patience. More than that, however, was the effort involved. Patience, time, and effort all played their role in my recovery - my new life. Yes, this can be frustrating. But, the end result — the change I was seeking — has deffinitely been worth it.



THE FUN SPOT

Did you know September 14th is Coloring Day?





THE SEPTEMBER CHALLENGES

CHALLENGE #1 ~ *Your Words of Hope*

September is National Recovery Month and this October marks the second annual National Substance Abuse Prevention Month. October is also National Suicide Prevention Month and National Depression and Mental Health Screening Month. We would love to hear from you about some of the successes you've had in your recovery with substance use disorder and/or your successes with managing your mental health symptoms. Sharing our experience, strength, and hope is a powerful tool. Your brief story, even the smallest experience, could be just what someone else needs to know: that they are not alone and that there is hope and help.

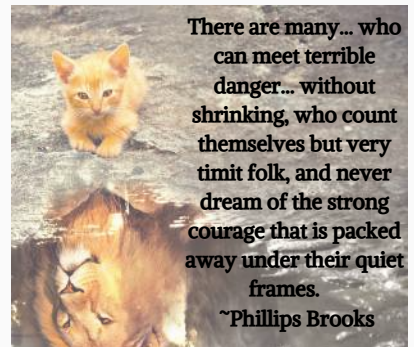
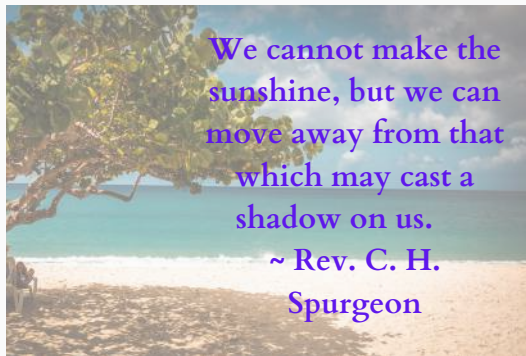
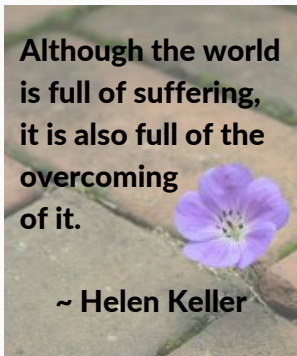
CHALLENGE #2 ~ *Building Habits*

The article under Health & Wellness, *Building Habits That Last*, explained how small changes are what help us work toward the habits we want to develop. Have you made a small change to help you work toward a new habit? Tell us what you are doing and what habit it is that you want to develop.

Everyone who chooses to participate in any of September's challenges and writes to us before September 25th will win a Stewart's Ice Cream gift card! You will also see your response next month in our "Your Voice" section! If you don't want your name on it just let us know and we will put "anonymous" on it.

Email us at: gmler@wwamh.org or mail it in to "WWAMH Dual Recovery" at 230 Maple Street, Glens Falls, NY 12801 to participate.

INSPIRATION & MOTIVATION



WWAMH FARMER'S MARKET IS NOW OPEN

We are currently offering produce as it becomes available. All produce is first come, first served, so be sure to get your orders in as soon as possible! Staff and members are encouraged to have orders in by FRIDAY for pick-up at reception at 230 Maple Street on either MONDAY or TUESDAY between 12:00 and 3:00.

- Rhubarb (5 stalks) - \$1.00
- Bell Peppers - .50
- Pablano Peppers - \$1.00
- Greenbeans (small bundle) - .50
- Egg Plant - \$1.00
- Tomatoes - Slicing or Saucing variety - .50
- Potatoes (Yukon & Red Skin) - .50
- Fresh Basil (2 ft Stalk) - \$1.00
- Dried Herbs (Oregano, Dill or Mint) - \$1.00

Please reach out to Kayleigh Winnie at kwinnie@wwamh.org to place orders and specify a pickup date.

RECOVERY

Resources

WEBSITES

- Al-Anon and Ala-teen Groups** – Hope and help for families and friends of alcoholics: al-anon.org
- Alcoholics Anonymous (AA)** - Local group schedule and information: 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
- 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
- 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
- Gamblers Anonymous (GA)** – Online services for anyone struggling with a gambling addiction: gasteps.org
- Grief Recovery After a Substance Passing (GRASP)** – For those who have lost someone to substance use or addiction: grasphelp.org
- In the rooms** - A global online recovery community who share their strength and experience with one another daily through live meetings, discussion groups, and other tools in the rooms: intherooms.com
- My Recovery** – Online 12-step meetings: myrecovery.com
- Narcotics Anonymous (NA)** - local group schedule and information: narcotics.com
- Overeaters Anonymous (OA)** – Online support groups for anyone who wants to stop eating compulsively: oarecovery.com
- The Phoenix** – Recovery community organization offering daily live stream cross-fit, yoga and meditation every two hours through the COVID Crisis: thephoenix.org

PHONE NUMBERS

- The Trevor Project** - Support for youth in crisis: 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**

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
OR CALL 518-401-5991



WWAMH DUAL RECOVERY SUPPORT GROUPS

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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