

ROADS TO RECOVERY NEWSLETTER

Created by Dual Recovery at Ascend Mental Wellness
to support individuals in recovery

*A newsletter for you
and about you*



SPOTLIGHT TOPIC

"Could Haves" and "Should Haves"

BY GINGER MILLER

How often have you thought or said, "I could have..." or "I should have..."? Does it ever keep you up at night thinking about those regrets? If so, you are not alone. Does pondering the could haves and should haves, looking back at regrets, really help us though?

Researcher Neal Roesse of the Kellogg School of Management at Northwestern University is a leader in the field of regret research. His studies of younger people have shown that regret was rated more favorably than unfavorably, primarily because of its informational value in motivating corrective action. However, according to *Psychology Today*, regret can have damaging effects on mind and body when it turns into fruitless rumination and self-blame that keeps people from re-engaging with life. This pattern of repetitive, negative, self-focused ruminative thinking is characteristic of depression—and may be a cause of this mental health problem. Other research, reported in the *AARP Newsletter*, shows that regret can result in chronic stress, negatively affecting hormonal and immune system functioning. Regret impedes the ability to recover from stressful life events by extending the individual's emotional reach for months, years, or lifetimes.

So, when I recognized I was focusing too much on the could haves and should haves, I began seeing the negative effects it was having on me, I started trying different things to change how I was thinking. Here are some things I have tried that were helpful to me:

1. *Stop the spiral.* I worked on recognizing when the thoughts were becoming repetitive and not motivational. I learned that ruminating was putting my brain in a fight or flight frame of mind. Once I saw that I was beginning to ruminate I wanted to bring my mind back to being able to reason so I would do little 'mini shocks' to my system by holding an ice cube, running my hands under cold water, popping a cinnamon hot ball in my mouth, or having a rubber band on my wrist and snapping it gently (Cognitive Behavior Therapy Skills I learned in therapy). This was helping retrain my thought patterns by breaking the circles of ruminating my brain was starting.
2. *Giving regrets a voice.* Another thing I tried that was helpful was to talk or write about the regrets that were on my mind. Once I gave them a voice, so to speak, it took away some of the power and shame they held over me. Once I got honest (and vulnerable) about the issue I could begin to use it to motivate me to make changes to hopefully not repeat it again. Not to mention sometimes it lifted that load on my shoulders so I could find joy again.

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"Could Haves" and "Should Haves" (Con't)

Did you know?
July 22nd is "Toss Away the 'Could Haves' and 'Should Haves' Day"

- 3. *Acceptance.* I found that sitting and stewing in those regrets added to my depression and anxiety and damaged my self-esteem. So, I worked on forgiving myself. One thing I did to help with that was to think of what I would tell a close friend if they shared the same situation and feelings as I was experiencing – if I could be compassionate to a friend, I felt it would be wise to be compassionate with myself. Another was to be real with myself, after all, if I didn't find a way to accept (that didn't mean I had to like it, just acknowledge it for what it was) the way things were I would continue to feel lousy. "Let go or be dragged," my counselor used to tell me. I ate a lot of gravel before I learned to let go. It took a lot of effort and practice.
- 4. *Look for the silver lining.* I would also remind myself that EVERYONE makes mistakes. The positive I can get from the mistake is what I learn from it; did I learn more about myself (values, vulnerabilities, or trigger perhaps) or maybe a lesson (what to do or not do in another similar situation). I also look at the path I DID take to see if it led to something positive. Sometimes the things I did do (rather than what I regret not doing) brought about something positive that probably would not have happened if I had taken a different path... that helps me find gratitude.
- 5. *Gratitude.* Even though there are things I wish I did (or didn't do) if I look at today, the here and now, and look for what I am grateful for in the present it helps stop the spiral I mentioned earlier. Having a gratitude journal is a wonderful tool, when I'm feeling down or like the world is falling apart, I can look through it to help reroute my thinking and build my resilience so I can have a healthier and happier day.

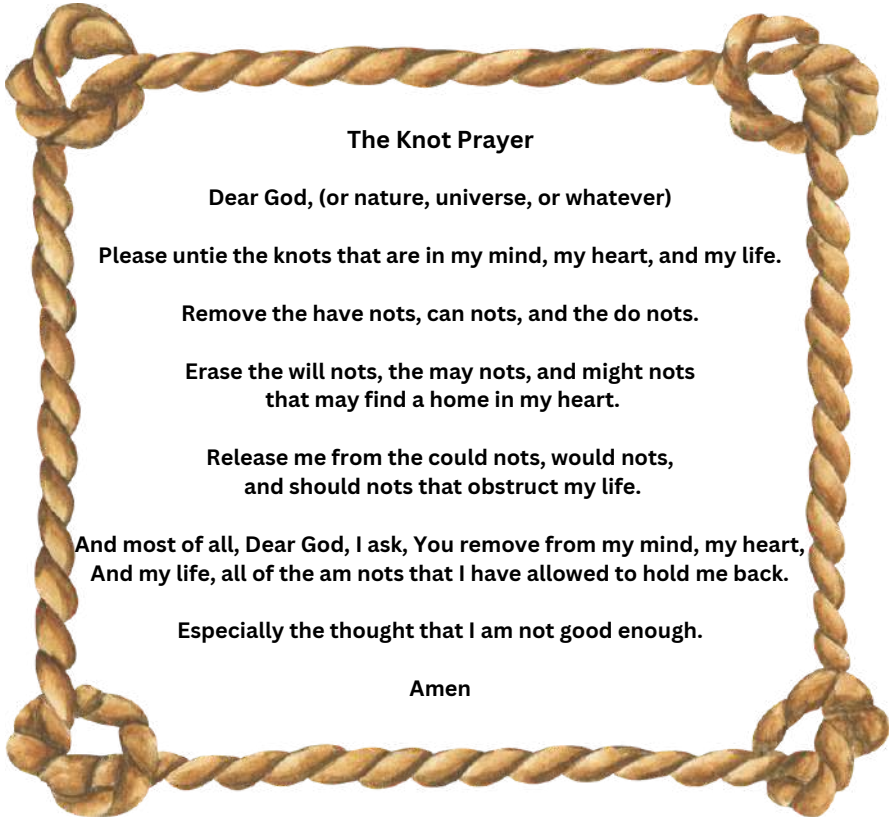
I have found this poem to be very helpful, it's been on my refrigerator for 10 years now and I still look at it as a reminder to keep working on myself.



Peer Perspective BY GINGER MILLER

This section needs **YOU!** Modeled like the 'Dear Abby' advice column in the newspaper, we would like questions about life from you that you would like advice on from a peer. The Peer reply will be printed in the newsletter. Your questions can be submitted anonymously. For example: Dear Peer, I'm struggling with knowing what to do when I get depressed because something I was looking forward to got cancelled last minute. ~ Disappointed (signature that is anonymous).

To submit a question you can leave it in the mail box in the Peer Pod (behind the door) at East Side Center, mail it to Ascend Mental Wellness - Dual Recovery, 230 Maple St., Glens Falls, NY 12801, email it to gmler@ascendmw.org, or text it to 518-401-5991.



The Knot Prayer

Dear God, (or nature, universe, or whatever)

Please untie the knots that are in my mind, my heart, and my life.

Remove the have nots, can nots, and the do nots.

Erase the will nots, the may nots, and might nots that may find a home in my heart.

Release me from the could nots, would nots, and should nots that obstruct my life.

And most of all, Dear God, I ask, You remove from my mind, my heart, And my life, all of the am nots that I have allowed to hold me back.

Especially the thought that I am not good enough.

Amen



UNDERSTANDING THE DIAGNOSIS

Anti-Social Personality Disorder

BY GINGER MILLER

According to *Psychology Today*, Antisocial Personality Disorder (ASPD) describes an ingrained pattern of behavior in which individuals consistently disregard and violate the rights of others around them. Individuals with antisocial personality disorder may behave violently, recklessly, or impulsively, often with little regard for the wants and needs of others. The disorder is best understood within the context of the broader category of personality disorders. A personality disorder is an enduring pattern of personal experience and behavior that deviates noticeably from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to personal distress or impairment. Research suggests that ASPD affects about 1% to 4% of the U.S. population.

The symptoms of antisocial personality disorder can vary in severity, and consequences can include imprisonment, drug abuse, and alcoholism. The more extreme, harmful, or dangerous behavior patterns are often colloquially referred to as “sociopathic” or “psychopathic.” Although neither sociopathy nor psychopathy are official diagnostic terms in the Diagnostic and Statistical Manual of Mental Disorders (DSM), and neither maps perfectly onto the symptoms of antisocial personality disorder as outlined in the DSM, the constructs are thought to be closely related.

The diagnosis of antisocial personality disorder is not given to individuals under the age of 18. However, ASPD symptoms will first appear in childhood or adolescence and may be given a diagnosis of conduct disorder during that time. Antisocial personality disorder is much more common in males than in females. The highest prevalence of antisocial personality disorder is found among males who abuse alcohol or drugs or who are in prisons or other forensic settings.

Antisocial personality is confirmed by a psychological evaluation. Other disorders should be ruled out first. According to the DSM-5, features of antisocial personality disorder may include:

- Failure to conform to basic social norms, often in ways that violate the law
- Repeated violation of the physical or emotional rights of others
- Lack of stability in job and home life; may go through long periods of unemployment, for example, even in localities or situations where jobs are readily available
- Irritability and aggression; may be physically aggressive
- Lack of remorse after harming someone or their property
- Consistent irresponsibility
- Recklessness, impulsivity
- Deceitfulness, or manipulative
- A childhood diagnosis (or symptoms consistent with) conduct disorder should generally be present before the age of 15 years



Antisocial personality disorder is one of the most difficult personality disorders to treat. Individuals rarely seek treatment on their own and may initiate therapy only when mandated to do so by a court. When they do enter therapy, they may be unengaged or even actively hostile toward the therapist. There is no set treatment for ASPD. Therapies such as medication or psychotherapy may help control specific behaviors. Studies suggest that symptoms of ASPD are worst around ages 24 to 44, then tend to improve after age 45.

If you are experiencing some of the above symptoms you should consult your physician. Also, you can call the Suicide and Crisis Lifeline at 988. This hotline connects you to a network of local crisis centers that provide free and confidential emotional support. The centers support people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. In an emergency, call 911.



IS THIS MEETING FOR YOU?

Recovery Coaches & Peer Supports

BY GINGER MILLER

Do you struggle with social anxiety making it difficult to attend support meetings? If so, one to one support might be the answer for you! And, there are options within this support too. Recovery/Sobriety coaches work with clients to reduce or stop their drinking. Certified Recovery Peer Advocates (CRPA) support individuals in finding a recovery path from alcohol and/or substances usually; depending on their personal experiences and resources they may be able to be supportive in finding recovery from any type of addiction (eating, gambling, shopping, etc.) Certified Peer Specialists (CPS) help support individuals that want to work on their mental health recovery and find tools to aid in managing their mental health symptoms (Not to replace treatment by a physician, psychiatrist, or therapist but as additional support). Coaches and Peers often use Motivational Interviewing (MI) and CBT techniques while working with individuals. Peers often share personal experiences, when appropriate, as part of their support. MI and CBT skill often help increase self-esteem and build reasoning skills.

Sober Coaches and Peers can be found by contacting your local Recovery Community and Outreach Center; there are 16 throughout New York State. If you are in Warren or Washington Counties you can find CRPA's and Peer Specialists here at Ascend Mental Wellness (like myself) and at the Hope & Healing Community and Outreach Center in Hudson Falls. In Saratoga County there are CRPA's at the Healing Springs Community and Outreach Center. Many outpatient treatment centers in our local counties are beginning to offer CRPA's as part of their support and treatment as well. Also, you can search Google for other local options or you can explore coaching databases like Bark and Noomii.

HEALTH & WELLNESS

Cannabis Use Disorder and Schizophrenia

BY GINGER MILLER



The *Cambridge University Press* published a study based on nationwide Danish register; this current study aimed to investigate:

1. Do the associations between Cannabis Use Disorder (CUD) and schizophrenia vary by sex?
2. Do the sex differences in the associations between CUD and schizophrenia change over time and by age?
3. Does the proportion of schizophrenia cases attributable to CUD vary by sex?
4. Does the sex-specific proportion of schizophrenia cases attributable to CUD change over time and by age?

This study was done in Denmark over 5 decades involving the health records of 6.9 million people. The study found there to be “strong evidence” of a link between CUD and schizophrenia, in both men and women. The largest magnitude of the relationship being in males, especially between the ages 16 to 25.

The investigators of the Danish national health record data from 2021 “conservatively” estimate at least 15% of cases of schizophrenia in males “may have been prevented” if cannabis use disorder had not been present in those individuals. For females it was 4%.

The specifics of this study can be found at [Association between cannabis use disorder and schizophrenia stronger in young males than in females | Psychological Medicine | Cambridge Core](#)

Riddle of the Month:

What breaks yet never falls and what falls yet never breaks.



Riddle Answer
Day, and night.

CREATIVE WRITING CORNER

Bloom Where You Are Planted

During church one day I asked God, "Where do you want me? I want to do something great, something special!" God answered and said, "Right where you are." I wasn't satisfied with that answer. After church I went to Pastor Dean and asked him the same question. While he prayed with me he said, "God wants you to blossom where you are." So... here I am!

~ Sherri C.

10 Things That Make Me Smile



- Going to Lake George for ice cream
- Going to a picnic at someone's house
- Going to the outlets to shop, like at Old Navy
- Going to see the fireworks, especially the ones in the neighborhood
- Going to restaurants like the Tavern
- My husbands cooking
- When I have a lot of credit at Finders Keepers and can buy some things
- Going to the mall and using the massage chairs for \$24 a month
- Walking on beaches on nice cold days wearing a sweater and flip flops
- Meditating on the beach watching the ocean comin in and out and watching the ocean and sand become one

~ Courtney W.

A Different Pair of Shoes

I went for a walk on Monday because I was feeling blue. As I walked, I noticed a hole near my toe in the top of my shoe. On Tuesday I wore my sandals in the park I watched the birds fly by as I thought of you. Wednesday, I put on my sneakers before I headed out the door. I let the sun kiss my face as I walked, I thought of my parents. When Thursday came, I wore my flip flops to stroll the beach. I listened to the waves and remembered my favorite vacation; I thought I might dance. Friday it rained so I wore my boots to walk. I could taste the rain on my lips and remembered my first kiss. When Saturday came, I left my slippers on. I only walked to the garden to smell the flowers. I stayed home barefoot Sunday, 'It's the weekend, I should relax', I thought. 'It's Monday again', I thought as I slipped on my holey shoes. A sadness hung over me as I walked to the mailbox. Tuesday morning I threw out those holey shoes. I don't like feeling down I'm going to wear a different pair of shoes!

~ G.M.



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.

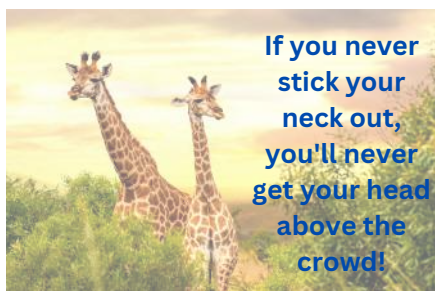
July's prompts - 1. Where is your ideal summer vacation and what makes it ideal?

2. While walking on a nature trail a butterfly lands on your shoulder and whispers in your ear. What did the butterfly say and what happened next?

3. What summer triggers do you have and how do you handle them?

To submit your writing please email it to gmillar@ascendmw.org, mail it to ASCEND, 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.

INSPIRATION & MOTIVATION



RECOVERY

Resources

PHONE NUMBERS

Life Line Mental Health Crisis & Suicide Prevention: 24/7 support for people in emotional distress or suicidal crisis. **Call or Text 988** or visit 988lifeline.org

Mobile Crisis: Meet a clinician in an agreed-upon location. 518-741-6099

Crisis Text Line: 24/7 for any crisis. A live, trained Crisis Counselor receives the text and responds, all from our secure online platform. Text 'HOME' to 741741

United Way: 24/7 Connects you to a community resource specialist who can put you in touch with local organizations that provide critical services. English and **Spanish** Dial 211

Never Use Alone Crisis Prevention Center: A toll-free nationwide overdose prevention, detection, crisis response and reversal lifeline services for people who use drugs while alone. The 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

Rose House Warm Line: 24/7 A safe place to stay or someone to talk to. 518-502-1172

National Domestic Violence Hotline: confidential support 24/7/365 **English, Spanish and 200+ languages through interpretation service** 800-799-7233 or Text 'START' to 88788

National Sexual Assault Hotline RAINN (Rape, Abuse, Incest National Network): 24/7 1-800-656-HOPE (4673) or visit online.rainn.org

The Trevor Project: 24/7 crisis support services for LGBTQ young people. Text, chat, or call anytime to reach a trained counselor: thetrevorproject.org/hotline: 866-488-7386 or Text 'START' to 678678

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. (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

National Eating Disorders Association: 24/7 crisis support Text 'NEDA' to 741741

National Human Trafficking Hotline: Serving victims and survivors. Toll-free hotline is available from anywhere in the country, 24/7, 365 days a year at 1-888-373-7888

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 To speak to someone local call 518-463-0906

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 free online recovery tool that offers 130 weekly online meetings. We embrace multiple pathways including all 12 Step, Non-12 Step, Wellness and Mental Health modalities. Other resources available also such as news, blogs, guides, and more <https://www.intherooms.com/home/>

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

PODCASTS

Mental Illness Happy Hour: Weekly interviews with comedians, artists, friends, and the occasional doctor.; exploring mental illness, trauma, addiction and negative thinking.

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.

APPS

Addiction Apps: Twenty-Four Hours A Day (Free), Quit That! Habit Tracker (Free), NoMo (Free)

Anxiety Apps: MindShift (Free), Self-Help Anxiety Management – SAM (Free)

Bipolar Disorder Apps: IMoodJournal (\$), EMoods (Free)

Counseling Apps: TalkSpace (\$\$) BetterHelp (\$\$) Larkr (\$\$) ReGain (\$\$) TeenCounseling (\$\$)

Depression Apps: Talk Space Online Therapy (\$\$), Happify (Free), MoodTools (CBT; Free)

Eating Disorder Apps: Recovery Record (Free), Rise Up & Recovery (Free), LifeSum (Free)

General Mental Health Apps: What's Up (CBT; Free) Mood Kit (CBT; \$)

Mindfulness & Meditation Apps: Calm (\$), Serenity: Guided Meditation & Mindfulness (Free)

Obsessive Compulsive Disorder Apps: nOCD (Free), Worry Watch (\$), GG OCD (Free)

PTSD Apps: PTSD Coach (Free), Breathe2Relax (Free)

Recovery Support Meetings:

Schizophrenia Apps: UCSF Prime (Free), Schizophrenia Health Story Lines (Free)

Suicide Prevention Apps: MY3 (Free) notOK (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@ASCENDMW.ORG OR CALL 518-401-5991



ASCEND DUAL RECOVERY SUPPORT GROUPS

EVERY TUESDAY
4:00-5:00 PM OPEN DISCUSSION/RECOVERY TOPICS
HOPE & HEALING RECOVERY CENTER:
2 MAPLE STREET, HUDSON FALLS
IN PERSON OR
VIRTUALLY - ZOOM MEETING ID: 844-2214-0148

EVERY THURSDAY
4:30-5:30 PM OPEN DISCUSSION/RECOVERY TOPICS
CONIFER PARK
55 ELM STREET, GLENS FALLS

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