

# Journey

making recovery from addiction visible

ISSUE 11



**Families in Recovery**  
**Karen & Eddie Walsh**  
**Portland, Maine**

**The Farm:**  
**The oldest co-ed**  
**treatment center in Maine**



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# Journey

ISSUE 11

PUBLISHER  
Carolyn Delaney

PHOTOGRAPHER  
Brian Delaney

ISSUE 11 CONTRIBUTORS  
Alison Jones Webb  
Amy Paradysz  
David Lee  
Kimble Greene  
Niki Curtis  
Sarah Siegel

JOURNEY TEAM  
Barbara Conner  
Brenda Briggs  
Jean Bryenton, RN, LADC  
Mary Atwood  
Mickie Kucinkas  
Nancy Wolach  
Sarah Lunt  
Sarah Siegel  
Theresa Yarnold

info@recovery-journey.com  
(207) 679-5005  
Portland, ME 04101  
www.journey-magazine.com

cover photo by Brian Delaney

CONNECT  
WITH US   
/recovery.journey.in.maine



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A very special thank you to these people  
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*Thank You!*

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Anonymous x 7	Body & Soul Health Solutions
Amy and Noodles	Leslie Clark
Jennifer Kimball Johnson	Karen Stultz, CHT, CIWC
Sandra Stone	Dennis & Debbie Gallant
M.C. Hothem, DO	Courtney Allen
MaineWorks	Josh Riddle
Susan Britton Pettingill	Dean Raymond
The Family Restored	Lowell & Ella Brown
Bella Vida Hypnosis	Rebecca Laber-Smith
Isaac Shainblum	B. Owens-DeWitt
Bob Dawber	Mandy Schumaker
Stephen Andrew, LCSW LADC	Dave & Karen Packhem
Mommabear7 # ☺♥☐	Mickie Kucinkas
Barbara Lamont	Bill & Linda Lundborg
Karen St. Clair	Barbara Sullivan
Connie & Michael Mercer	Mary Atwood
Elaine D Blanchard	Craig & Lisa
Celia Grand, LCSW, BCD	Doug Dunbar

# From the publisher -

*As we go to print with this Family issue, I'm reflecting on the various families I have around me - my own immediate family, my birth family, my husband's family, my recovery family, my journey family and thinking how very lucky I am.*

*This picture is of my most immediate family - Brian (my husband), Keagan and Shawna.*

*We have family game days every 2 weeks now, share a meal and play board games - usually Catan or Qwirkle.*

*We all enjoy board games and find fun and connection there.*

*I have fond memories of family game nights when they were younger ... memories that, quite often, included a family pet.*



*my immediate family: Brian, Keagan and Shawna at our last family game day*

*When our 21 year old tabby cat, Ricky Lee, would lay across the board you can bet she was sufficiently patted by everyone; so ingrained in our family game nights, that when she passed, we had her picture on the table with us for those nights for a long, long time.*

*Memories, traditions and connections and ... changes.*

*Family encompasses all that for me - the people and groups of people where I give love, compassion and support, as our world shifts and evolves.*

*A space where I can find refuge and experience a safeness to be me. Some recovery programs have helped shape my ability to show up as my best messy self and be able to receive that love, compassion and support in return.*

*David Lee's article on honest, authentic and productive Conversations helps to explore healthier ways of communicating and Amy Paradysz's, Family Support article shares that there's help, hope and support for family and friends who love someone affected by addiction.*

*We're grateful to share personal recovery stories from family members and a variety of recovery paths -- on our mission to make recovery from addiction visible and celebrate freedom from addiction.*

*We get to show up for family today, whatever that "family" looks like to you.*

*Grateful.*

*Carolyn*

# visible recover



## in this issue:

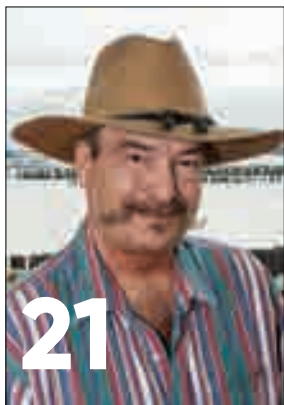
**7** The Farm: Maine's Oldest Co-Ed Residential Treatment

**9** This Recovery Life: Eleanor Trask



**11** Family Support Groups: help, hope and support for loved ones

**13** Family In Recovery: Karen & Eddie Walsh



**14** Conversations: how to have honest, authentic, productive ones

**18** Medication Assistance : Providing a foundation for solid steps into a recovery journey

**21** Personal Recovery Story: Kevin O'Grady



**22** Personal Recovery Story: Amy Alexander

**23** S.E.E.D. - Students Empowered to End Dependency

**24** Aromatherapy

# ery saves lives



*"No matter how dark the night gets, the sun will always rise again." At "The Farm" the sun rises on the Canadian side of the property and sets in Maine. "People actually get up early just to watch the sunrise," Rebecca says. "It's the location of the house and the way the horizon is." | photo by Rebecca Fournier*

# The Farm

## Maine's oldest co-ed residential treatment facility

by Amy Paradysz

**L**icensed alcohol and drug counselor (LADC) Michael Yerema is celebrating his 25th year at Aroostook Mental Health Center's co-ed Residential Treatment Facility (RTF) in Limestone, commonly called "The Farm."

"I've seen hope," Michael says. "There's a need for this kind of care. There aren't a lot of voluntary 28-day programs around anymore. It's something in between IOP [individual outpatient] and long-term care or hospitalization. It reminds me of a mini college, but they're learning life skills, recovery

concepts and relapse prevention. When else do you get an opportunity to take a month to really reflect on your life?"

Whether you go as the bird flies or by car, The Farm is less than five minutes from Canada. Mainers come here from detox, from jails, from emergency rooms and—most importantly—of their own free will. This is how it has been for 45 years. Most residents spend 28 days at this level 3 treatment facility, where the intense program is built around seven hours a day of group therapeutic sessions.

"If we can get them to accept that they have a problem and inspire hope that things can be different for them, that's the biggest battle," says Site Coordinator Rebecca Fournier, who commutes over the international border.

The Farm is Maine's oldest and longest-running co-ed Residential Treatment Facility.

"The group is much more dynamic with both genders and you get to hear a lot of perspectives," says Shawn Morin, adding that being co-ed gives staff an opportunity to coach residents "through the challenges of forming boundaries."

Other taboos here include outside electronics and caffeine. Payphone use is limited, and the only television viewing is of content related to recovery. In addition to group sessions, residents spend time in bibliotherapy—diving into books about recovery and wellness—as well as using the weight set, going for walks, enjoying meals together in the dining room, doing chores with partners and journaling daily.

“At first we really structure the journal with an emphasis on feelings,” Rebecca says. “We’re hoping journaling is a tool that they can use at once to gain insight for themselves, because, when they leave here they won’t have a person who is available 24 hours a day 7 days a week.”

But, while at “The Farm,” they do. Usually a 12-bed facility, The Farm is limited to six due to COVID-19 precautions. There are 8 full-time and two part-time staff members.

“It’s a big farmhouse, not a clinical setting, so it feels like a home away from home,” says Henry Ward, a Clinical Alcohol & Drug Counselor (CADC). “People let their guard down rather quickly, which allows the opportunity to dig into why addiction has stayed in their lives as long as it has. You see the most hardened, traumatized people relax and be able to process and talk openly. That’s what this place affords. It’s a safe harbor, and the people here make it so.”

Henry, a member of the Mi’kmaq tribe, leads Wellbriety groups, a 12-step program reframed in a Native American context. “Most Native people look at life in circles rather than a list,” he says. “We see 12 steps and we see a big ‘to do’ list. But when we break it down in our medicine wheel, we’re continuously moving forward.”

## “It’s a safe harbor, and the people here make it so.” -- Henry Ward

One of The Farm’s longtime program features—family visits on Sundays—has been scaled back to letter writing due to COVID-19. Family members send letters responding to questions like, “How have I enabled my loved one’s use?” and “What are my expectations for my loved one while they are in treatment, and when they return home?”

Meanwhile, residents send letters reflecting on how their addiction has affected the people they love. Some clients have written letters saying goodbye to their addiction.

“Some have divorced their addiction, fired them or broke up with them,” Rebecca says. “When Sunday comes, it’s time to process that experience. It brings the outside world inside here. There tends to be a lot of tears.”

The emotions surrounding addiction are universal enough that the residents learn not only from each other but from each other’s family members.

“Even people who didn’t have a visitor would get to see these interactions and learn from them,” Shawn says. “They see their mother in that individual and they see healing happening and think ‘maybe that can happen for me too.’”

If you’re seeking treatment, call 207-325-4727 or the AMCH access center at 800-244-6481.

*Amy Paradysz is a freelance writer from Scarborough and part of the journey team.*



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# THIS RECOVERY LIFE

## ELEANOR TRASK Biddeford, Maine

**M**y lifestyle during active use was very dark. There were no limits as to what I would do to obtain my next high. I had used every substance in any manner that I could. I was a human garbage disposal. I was incapable of feeling comfortable in my own skin. As the years passed by, I was not chasing the high anymore, I was chasing the escape from myself. My soul was empty and my will to live was long gone. As bad as it all was, I would not change one single thing about my past.

On November 9th, 2015 I chose to surrender. I could no longer live the way that I had been. I found my way to a twelve-step meeting feeling defeated. I raised my hand with tears in my eyes and claimed my seat. I told them that I did not want to live this way anymore, but I did not know what to do or how to do it.

Following the meeting, many women approached me and provided me with a meeting list that had their names and numbers on the back. I finally was willing to do whatever it would take to stay clean, one day at a time. I contacted the women on that list, I attended meetings regularly, I bought the literature and read it, I got a sponsor and

did the twelve steps with that sponsor, and I chose recovery every day 24 hours at a time.

Today, I am grateful to be alive. I participate in that 12-step program and do service for them at many different levels. I volunteer cleaning up downtown Portland with an organization called Young People in Recovery. I have gone into jails and institutions to share my recovery story and to give back what was so freely given to me. I have helped place people into detoxes all over the state while volunteering for Operation Hope. I am a Certified Recovery Coach. I have been asked to speak all over the country to share a message of hope and the promise of freedom.

The daughter who I had abandoned for three-and-a-half-years, the one who at one point called me by my name, is at my house four days a week to do distance learning and today calls me Mom. She presented me with my four-year medallion.

I had to wait two-and-a-half years into my recovery before I was able to have my first overnight visit with her. It was worth the wait.



*photo by Brian Delaney*

The bachelor's degree that I failed to receive after attending two semesters and flunking out, I have now redeemed myself by returning to school only to achieve A's in every single class upon my return.

The credit score that I destroyed in active use I have brought up over 200 points since I have started my new life. These things are only a small fraction of the milestones that I have achieved.

Today, I am a mother, a student, a volunteer, and a daughter. I am employable. I am a goal crusher. I am a dreamer. I am a person in long-term recovery who is a productive member of society.

My name is Eleanor, and I love who I am today.

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w/

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- Kite-surfer, golfer



**Karen Sterling** *PhD, CFA*  
Life Science - Senior Partner

- Columbia University
- Biotechnologist & Strategic Advisor
- 11+ Years Investment Banking
- Antarctic Research Scuba Diver



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Chief Medical Partner

- Massachusetts Institute of Technology
- Mount Sinai, MD
- Uni. of Pittsburgh, MPH
- Uni. Of Rhode Island, MBA
- 27+ Years Recovery-based Psychiatry
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- 5 Startups
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# Family Support Groups

*help, hope and support for loved ones*

by Amy Paradysz

**A** ripple effect is felt far and wide by active addiction and often those closest are the most affected. One out of four of us is affected by someone else's addiction, and there is help, hope and support for us too.

Some programs are anonymous. Some specific to alcoholism. Some specific to narcotics. Some for grieving friends and family.

All of it free.

Journey has compiled this list of options available in Maine, including Nar-Anon, The Family Restored Family Support Group, GRASP (Grief After a Substance Passing) and Al-Anon; each group offers support in different ways. If you're looking for some solace and connection around

another's alcoholism or addiction, you're not alone, and there's hope, help and healing available. (Information reprinted from the organization's website where noted.)

## **Nar-Anon: A 12-step program for family & friends of addicts**

*from their website:*

The Nar-Anon Family Groups are a worldwide fellowship for those affected by someone else's addiction. As a Twelve Step program, we offer our help by sharing our experience, strength, and hope.

### ***Nar-Anon's Vision***

We will carry the message of hope throughout the world to those

affected by the addiction of someone near to them.

We do this by:

- letting them know they are no longer alone;
- practicing the Twelve Steps of Nar-Anon;
- encouraging growth through service;
- making information available through outreach encompassing public information, hospitals, institutions, and websites; and
- changing our own attitudes.

### ***Susan's Nar-Anon story***

Susan, a Portland member, found the support group nine years ago when her son was in active addiction.

“I was worried sick,” she says. “I didn’t know what to do, who to talk to or who I could trust. But I realized the first minute that I was in that room that I was in the right place. A lot of us come to a support group because we want to save someone. But we discover that we, too, need support. Nar-Anon is the most powerful group that I’ve ever been in. I got my life back, and I am able, even now, to find joy in the midst of grief. Being there is now a way of life for me. We watch each other grow and change and come back to our true selves. We’re learning to undo the behaviors that aren’t serving us anymore.”

To find a group anywhere—including virtual groups:

[www.nar-anon.org](http://www.nar-anon.org)

### The Family Restored

The Family Restored support group takes a unique approach. People in recovery facilitate the meetings and use their personal experience to help educate and support families. The meetings

are solution-based and provide insight into the mind and behaviors of people struggling with addiction and what eventually worked in helping them recover.

### Eric’s Family Restored story:

“As people in recovery, we recognize that the people who are affected by our addiction the most are the people closest to us—our families,” says Eric Girard, co-founder and Executive Director.

Eric, who is in long-term recovery, says that his own family attended a support group in Massachusetts, where “they learned to set healthy boundaries with me.”

The Family Restored support groups have expanded beyond Maine to Massachusetts, New Hampshire and Vermont—with some groups meeting virtually.

For more information:

[www.thefamilyrestored.org](http://www.thefamilyrestored.org)

## Grieving Recovery After A Substance Passing (G.R.A.S.P.)

*from their website*

Grief Recovery After Substance Passing (GRASP) was created to offer understanding, compassion, and support for those who have lost someone they love through addiction and overdose.

Too many times we suffer not only the death of the person we love, but we become isolated in our grief. We feel, and too many times it is true, that no one understands our pain.

But at GRASP, we do. We have suffered this same kind of loss and we have found the love and connection that only those who have lived this loss can give another. And while the pain of this loss will always be with us, we have found through GRASP that we don’t have to walk the road that is our pain alone.

We walk it together; hand in hand and heart to heart.

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## Mary's GRASP Story

"On June 11, 2018, our son passed from a heroin overdose," says Mary Rodimon, who co-founded the Portland chapter of Grief Recovery After a Substance Passing (GRASP) with her husband Jim.

The Rodimons felt a need to talk with people who had been through it, and they visited a GRASP chapter in Augusta.

"To have somebody else who had gone through it was helpful," Mary says, "Not that it alleviates the pain. But helping people is the best way to get through it. Well, you never really get through it, but you learn to live with it. The benefits of the meetings, for me and my husband, is that you can talk about anything that you can't necessarily talk about with other people. You can let it all out and cry. Or you can share things that helped you to carry the grief better."

Maine has three GRASP chapters: Biddeford/Saco, Portland and Augusta. For more information: [www.grasphelp.org](http://www.grasphelp.org).

## Al-Anon Family Groups: 12-step program for family & friends of alcoholics

*from their website:*

The Al-Anon Family Groups are a fellowship of relatives and friends of alcoholics who share their experience, strength, and hope in order to solve their common problems. We believe alcoholism is a family illness and that changed attitudes can aid recovery.

Al-Anon is not allied with any sect, denomination, political entity, organization, or institution; does not engage in any controversy; neither endorses nor opposes any cause.

There are no dues for membership. Al-Anon is self-supporting through its own voluntary contributions.

Al-Anon has but one purpose: to help families of alcoholics. We do this by practicing the Twelve Steps, by welcoming and giving comfort to families of alcoholics, and by giving understanding and encouragement to the alcoholic.

### *From John L., a member doing public outreach*

"Al-Anon provides me the support to work through the issues I have related to the alcoholism in my family," he says. "I went to my first meeting and felt immediately comfortable. Members share their experience, strength, and hope about how they deal or dealt with common problems related to the effects of alcoholism on them. I felt like I'd been waiting my whole life for this support. It was like acquiring a new family that could fill the gaps that my family of birth could not fill due to the effects of alcoholism on them, thus the name Al-Anon Family Groups. We believe that alcoholism is a family disease and that no one in the family escapes its effects. We keep the focus on ourselves, and not on the alcoholic."

The overarching principle of Al-Anon is anonymity. There are no leaders. No one is in charge. And it's been working since 1951. Al-Anon is a fellowship of family and friends affected by another's alcoholism, which hosts 24,000 meetings—in-person, Zoom and tele-conferences—in 133 countries worldwide.

Maine has more than 100 Al-Anon meetings each week; visit them online at [www.maineafg.org](http://www.maineafg.org) or call 1.800.498.1844.

*Amy Paradysz is a freelance writer from Scarborough and part of the journey team.*

## Agape "ah-gah-pay"

*Ancient greek word meaning "the highest form of love"*

**by Sarah Siegel**

Frustrated by the lack of accessible counseling services in 1998, Portland therapist Stephen Andrew founded Agape, a parent organization for three separate nonprofits: *Inner Edge*, *The Men's Resource Center of Southern Maine*, and *Dignity*.

People can call for services such as: emergency housing, first month's medication, bus passes, clinical care, peer support and more and receive help from one of the 3.

*Inner Edge* uses interns and purchases therapist's time to give people in need access to free counseling.

*The Men's Resource Center of Southern Maine (MRC)*, whose mission is to support boys, men, and fathers and to oppose violence. MRC is based on volunteer peer-to-peer mentoring, especially when a man is struggling with violence.

*Dignity* focuses specifically on creating community awareness around overdose awareness and harm reduction, as well as offering emergency funds to those healing from addiction who are in need.

It is easy to see that Agape strives to live up to its name by continuously working to offer unbiased, compassionate and non judgemental care for those it serves.

For more information, contact Stephen Andrew at [heti@gwi.net](mailto:heti@gwi.net).



*Sarah Siegel has been in recovery since 2007. Today she is a mother, interfaith minister, meditation coach and writer.*

# Parents Dealing with their Kid's Addiction and Alcoholism

## *Karen and Eddie's story*



*photo by Brian Delaney*

### **“Who do we turn to? Who do we go to?”**

These are some of the questions Karen and Eddie asked themselves when their oldest daughter showed signs of addiction.

They went through shock, anger and loneliness, constantly wondering where they had gone wrong as parents.

“We have two children who are in recovery, our eldest daughter and our son. We started the journey with our daughter 12 years ago. None of our family members or friends had any experience with addiction. We didn't have a lot of people to turn to, and there weren't a lot of resources out there,” says Karen.

They started attending The Family Restored meetings. The meetings for family members facilitated by people in recovery, who shared their stories and provided education. It showed them what recovery looks like and what other people in recovery were able to accomplish.

“We felt like we were no longer alone. We started to listen to what other parents had to say, and to open up more. We could relate to those stories, and it gave us hope. We learned to provide our daughter help when she was ready for it, to tell her we're willing to be there

for her but not to give her money or to provide things that she would misuse.”

Parents often feel like they have to fix things. However, from the family meetings, Karen and Eddie learned that in trying to do everything to help their daughter, they were enabling her. They had to stop, and that was one of the hardest things as parents.

“We finally realized that change is not going to come from us; it's going to come from her. You can't fix it; they have to fix it.

“The first time we met with a particular counselor, she said, ‘You have to take care of yourself!’ I said, ‘I don't have a problem; it's my daughter’... not recognizing that we, too, have a problem. We learned that we were also obsessed with her behavior.”

### **Handling the Experience as a Family**

The experience wasn't easy for Karen and Eddie. They had many ups and downs. However, they were focused on being present when their daughter would be ready to get help.

“We couldn't just focus on that one child. We also had to continue to focus on our other children as well. You had to have hope. We fell down more than a couple times, but then

we got back up. We learned how to set boundaries and to take care of ourselves. We learned that we were helping them by taking care of ourselves.”

### **Taking Care of Yourself as Parents**

Karen and Eddie found healing in helping other people, exercising and doing things that made them better mentally and made them feel good.

“We had to understand that we could not control the situation,” Eddie explained. “We had to find a place to get support; that's where the meetings came in. That's where we found hope.”

### **How Things Have Changed**

“Our youngest daughter had her first child, and the godparents are her older sister and younger brother; something we never thought was going to happen,” Karen said. “Our son and our eldest daughter grew closer. It's wonderful seeing the family come back. We always did things together. Now to have everyone there once again, and to have happiness back in the family, we're extremely grateful. It made us stronger as a family.”

**>> from the journey team, check out Karen & Eddie's story on our youtube channel**



# The Nature of Family

*Choose the perspective that supports you*

by **Kimble Greene, PhD**

**F**amily is an interesting concept. For some, our childhood experience of family is remembered in large part with fondness and love. For others, many of the memories are traumatic.

Then there are the cultural expectations that you love and honor your parents/caretakers along with other family members regardless. This is what makes you a good person.

Add to this the expectation that, as an adult, you build a family of your own. With all that going on, seems to me the notion of family is loaded with the potential for one's life and self-image to grow well or go horribly sideways.

It took me years of struggling with my own experience of family, followed by decades of studying the nature of family as a counselor, to come to the realization that how you choose to interpret your personal experience of 'family' either supports or undermines your journey.

Ultimately, you're born into the family or childhood circumstances intended to be the catalyst for manifesting your authentic self, unique gifts and divine purpose.

Whether or not you view your familial circumstances as beneficial or detrimental depends entirely upon your perspective.

From a cosmic or higher purpose perspective, circumstances are neither good nor bad, neither positive nor negative.

They're simply a classroom for learning, the catalyst for the emergence of your soul, the gift of your unique YOU. How you re-experience them (during or thereafter) depends upon how you choose to make use of them.

For example, the emotional upheaval in my own childhood created within me a fierce determination to find self-value and purpose in my life.

As a teen, I struggled a great deal in the wake of this family turbulence.

As a young adult, I became angry and resentful which resulted in my sabotaging my own relationships, personal and professional.

As I grew older, those memories provided me with the platform to persevere in the face of struggle and focus on what I love about people, things, and circumstances and mostly myself. I made the choice to embrace my experiences and choices around family as opportunities for learning and growth.

As an adult, I empowered myself to define and create 'family' in ways that suited me, even though they were not necessarily pathways that matched society's expectations.

Now, I'm able to look back at my turbulent childhood and choices in adulthood with acceptance and appreciation for their influence on who I am today.

The circumstances of your childhood are the very platform from which your unique and special gifts spring forth, the place where the development of 'you' is incubated.

Accepting those early life circumstances as important lessons for your personal evolution and using them as the platform for your soul's manifestation is beneficial.

This includes honoring the initial core beliefs you created as a child to survive, emotionally and physically. Though it's likely those initial beliefs are now outdated and in need of transformation, at the time they were crucial.

Your experiences can be viewed as either the luxury vehicle for the ride to the top of the mountain or the junk heap in which you repeatedly break down.

You choose the perspective that supports you.

The choice is always yours.

### Here are some ways you can embrace the notion of family:

- Beneficial family connections are heart centered – decide who feels safe and supportive in your life and designate them your 'family'.
- Define family on your terms – how to act and interact in ways that nurture your spirit.
- When it comes to other people's expectations regarding family – it's time to make your own rules!



**Kimble Greene PhD**, Founder and Chief Catalyst at Catalyst Enterprises Worldwide, LLC is an author, master coach, and developer

of The Monarch Method™ for personal transformation. [www.drkimblegreene.com](http://www.drkimblegreene.com).

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# Medication Assistance

*Providing a foundation for solid steps into a recovery journey*

by **Alison Jones-Webb**

**S**arah Siegel grew up on Cliff Island, and today she has a great life. She has a family, and she is a recovery coach and a spiritual leader. She loves to meditate, read about different religious paths, play with her dogs, and grow her own food. But her life hasn't always been like this.

About 15 years ago, when Sarah was addicted to heroin, a doctor told her that if she kept using it, she would die. "I always felt like death was just there, every second, looking over my shoulder," Sarah says about that time. She decided to go on methadone. "I feel like choosing methadone really was that decision to pick life, from a place that I really didn't have much to hold on to. And so, for me, deciding to go to the methadone

clinic was really about picking life, deciding that I really wanted to live."

Sarah's recovery journey shares some similarities with Danielle Rideout's, who is the Recovery Liaison for Westbrook, Windham, Gorham and Buxton Police Departments. She serves as a case manager for people with substance use disorder and helps them get connected to services. She listens to their stories, cheers them on, and shares their joys and sorrows. Getting to this point in her life wasn't easy.

Danielle has been in recovery for almost 14 years. Her recovery path included taking buprenorphine (commonly referred to by its trade name Suboxone), participating

in a support group for mothers, volunteering in her community, and attending 12-step meetings. She also had lots of support from her family and community.

Danielle and Sarah's stories aren't unusual. Their recovery journeys included medication assisted treatment (MAT) that formed the foundation for them to rebuild their lives.. "I worked hard, really hard," Sarah says. "And I couldn't have done that without methadone.... but ultimately it was through all of that hard work that I found lasting recovery." Danielle credits Suboxone as the foundation for her recovery. "That's why I'm here, where I am in my recovery and my life. I wouldn't be where I am today without it"

## What is MAT?

MAT stands for “medication assisted treatment” and refers to FDA-approved medications for the medical management of addictions.

Below are some common medications used today:

**For Opioid Use Disorder:** methadone, buprenorphine (suboxone), or naltrexone

**For Alcohol Use Disorder:** disulfiram, acamprosate, and naltrexone, and varenicline, bupropion

**For Nicotine Dependence:** patches, lozenges, or gum

MAT for opioid use disorder is a little different than for other substance use disorders. Methadone and buprenorphine are controlled substances and not without risks; they can be diverted and used to get high. But risks are minimized when they are properly prescribed by a healthcare provider and taken as directed.

“Because of the way opioids work in the brain, stopping the use of opioids without medications is dangerous and can lead to relapse, overdose, and possibly death, explains Dr. Merideth Norris of CAP Quality Care, an addiction treatment center in Westbrook “For people with opioid use disorder who are not on MAT, the relapse rate is over 90 percent, and every relapse can kill you.”

## Why do people with opioid use disorder need MAT?

Jeremy Spiegel, MD, a psychiatrist and buprenorphine prescriber at Casco Bay Medical, says that “when you have used substances over time, you are changing your brain, its neurochemistry. By continuing to use you create more changes in your brain, and

**“... I had this drive to really care for myself in a different way”  
-Sarah Siegel**



your brain is clamoring for that substance.” People who use opioids experience withdrawal when they stop.

As Spiegel explains, “withdrawal is so difficult and compelling, and they want it to stop.” The only way to stop withdrawal is by taking more opioids. “They can’t stop being sick in withdrawal,” Spiegel says, “so they keep using. MAT is an evidence-based treatment that soothes those withdrawal symptoms and allows them to not crave substances so they can function in their lives.”

Norris likens opioid use disorder to having a traumatic brain injury or a stroke and says that the idea that it can be fixed with willpower and structure just isn’t realistic. “MAT is medication that helps the brain function. It helps people go to work, be good parents, be good citizens. It’s not replacing one drug for another, it’s treating a medical condition.”

## How does MAT help people?

**MAT helps people stay alive.**

The most common times for opioid overdose are after a person hasn’t been using for a while, maybe for a day, a week, or a month. During that time, their tolerance for the

drug goes down, and their body needs less. If they start using again, they might use too much and overdose.

Buprenorphine is used by some detox facilities to help patients manage the symptoms of opioid withdrawal, and when patients are stable, they are transferred to appropriate treatment.

ERs also use buprenorphine to manage withdrawal and then connect patients with treatment. Research shows that if treatment after the emergency room visit or detox includes buprenorphine, the risks of relapse and overdose are reduced.

Beyond detox, buprenorphine can form the foundation for a solid recovery in the community. Spiegel explains that MAT is intended to be used along with other recovery supports like individual and group counseling, recovery residences, and peer support. “When the medication works well, patients will have no withdrawal and no cravings. They feel well enough to engage in their recovery ... buprenorphine helps you get better.”

## Who is on MAT?

The simple answer is, “people from all walks of life are on MAT.”

Spiegel says that in his practice, most of his patients are employed, have families and are involved in their community. They are able to come to Casco Bay Medical, just like they would go to any other doctor's appointment. Norris says that opioid addiction is widespread and can happen to anybody, says Norris. The people who come to CAP Quality Care for methadone and counseling are business owners, teachers, nurses, and lawyers.

Dr. Alane O'Connor, DNP, is a primary care provider and buprenorphine prescriber who provides "total patient care." Her philosophy is, "you have to solve the problems that are in front of you," including pregnant women with opioid use disorder.

These women are first in line for MAT because opioid addiction creates a significant risk to the health of the baby.

O'Connor is the medical lead of the Maine Maternal Opioid Misuse Initiative (MaineMOM), a 5-year, \$5 million grant awarded to Maine to expand access to treatment for pregnant women with substance use disorders.

She explains that in these situations, "the safety of the baby is paramount, and MAT protects the pregnancy. If a pregnant woman is physically dependent on opioids, she needs to be on a medication that prevents withdrawal, which is the most dangerous thing for Moms during pregnancy."

Withdrawal in a pregnant woman can bring on a miscarriage or early delivery of the baby, and MAT can prevent that. O'Connor's treatment of pregnant women goes further than the pregnant mom. "The goal is to stabilize the family, so if there are other people in the family who are using, everyone gets offered treatment, usually MAT."

**"Recovery is a process. We have to go through everything we do to get where we are today"**  
**-- Danielle Rideout**



"When MAT goes well, women can be motivated and it becomes a transformative experience," O'Connor says.

In one research study she conducted, more than 90 percent of Moms on MAT went home from the hospital with their babies in their custody. O'Connor's research has also shown that women who are able to access MAT early in pregnancy are more likely to remain in treatment a year after giving birth.

### **How long do people stay on MAT?**

The only answer to this question is, "as long as they need it to be healthy." Spiegel, Norris, and O'Connor agree—a person should be on MAT for as long as it takes for them to feel secure in their recovery and ready to stop. That could be six months, or six years, or more.

Danielle was on MAT for six and a half years, and she credits buprenorphine for the things she's been able to do in her recovery. "I have my LADC (Licensed Alcohol & Drug Counselor), I'm going to grad school, I own a house, I have two children, I'm married to the man I've been with for 15 years," she says "We have all of these things, and they're all a direct result of my recovery. I truly believe Suboxone did that for me,"

### **What about stigma?**

It comes as no surprise that people on MAT face judgment just about everywhere in the community. Spiegel says many of his patients have experienced prejudice and discrimination at other treatment providers and pharmacies, and among providers and staff at medical practices.

"Stigma makes it hard to take that first step to getting help," he says. Norris agrees. "This is a population that encounters tremendous stigma, even in the recovery community. It is impressive and heroic that people come here for treatment despite stigma, in order to stay healthy."

Pregnant women on MAT face especially strong stigma and may feel shame. Both Danielle and Sarah were on MAT during their pregnancies. Deciding to go on methadone was hard for Sarah. "For me, it was a forced acceptance that I was actually sick enough in my addiction that I couldn't just pull myself out of it." It didn't help that she felt judgment all around her. "When I walked into the doctor's office, there was just this assumption that I didn't care about my child, and that wasn't true."

But, as O'Connor says, pregnancy can be highly motivating, and that's how Sarah experienced it.

"I think for the first time in my

life, I felt a sense of purpose that I had never experienced before. I felt just in awe that there was a being growing inside of me, and I had this drive to really care for myself in a different way. Everything that I did was so centered on the fact that I was pregnant, and I couldn't wait to meet my child."

For Danielle, buprenorphine was only part of her recovery. "It wasn't like I was just using Suboxone for my recovery. There were other things, too," she says. Being part of the Mom's support group, going to meetings, volunteering, reconnecting with her community, and going back to school were important, too. "That's what worked for me."

## MAT and recovery

MAT keeps people with opioid use disorder alive, so they can engage in their own recovery.

Sarah thinks of medication as a tool to help discover your recovery pathway.

It's one step on the journey.

"Recovery is a process," says Danielle. "We have to go through everything we've gone through to get to where we are today."



*Alison Jones Webb is a public health professional who has worked in the field of substance use prevention, treatment and recovery in Maine for over 15 years.*

# State of Maine Supports MAT

In the face of rising opioid overdose deaths, states around the country are taking measures to prevent overdoses, including increasing access to MAT. In Maine, this has included removing prior authorization for MAT for MaineCare patients; financing MAT in jails, prisons, and emergency rooms; and creating low barrier access at some rural health centers.

The State also supports the integration of MAT with recovery support services like recovery residences, by providing housing subsidies through Maine State Housing to recovery residences that allow residents on MAT, and supported the development of recovery community centers and trained recovery coaches, who may be located in emergency rooms and other places where MAT is provided.

Recently, the Maine Department of Labor received a \$6 million federal grant to support people impacted by the opioid epidemic to help them get training, education, counseling, and jobs.

"We support, and support equally, all forms of treatment as long as it's evidence-based," Gordon Smith, Maine's Director of Opioid Response, said.

Embedding MAT in primary care and in the treatment of pregnant women is a high priority. The State has supported the creation of opioid health homes, and recently received a \$5.3 million federal grant over 5 years to increase access to services to pregnant women.

The Maine Mom Initiative will support the delivery of prenatal care and substance use treatment in same setting. As the State gains speed in building a coordinated system of care for people with opioid use disorder, other populations will become a focus, like adolescents. The State is also supporting education about treatment and recovery in medical schools.

"We want to give people the best chance for long-term recovery," Smith said, "and MAT is a huge part of our program."

## Where do people get MAT services?

Methadone is available through Opioid Treatment Programs that are certified by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

Buprenorphine is available from trained practitioners, including physicians in all specialties, Nurse Practitioners, Physician Assistants, Clinical Nurse Specialists, Certified Nurse Anesthetists, and Certified Nurse-Midwives.

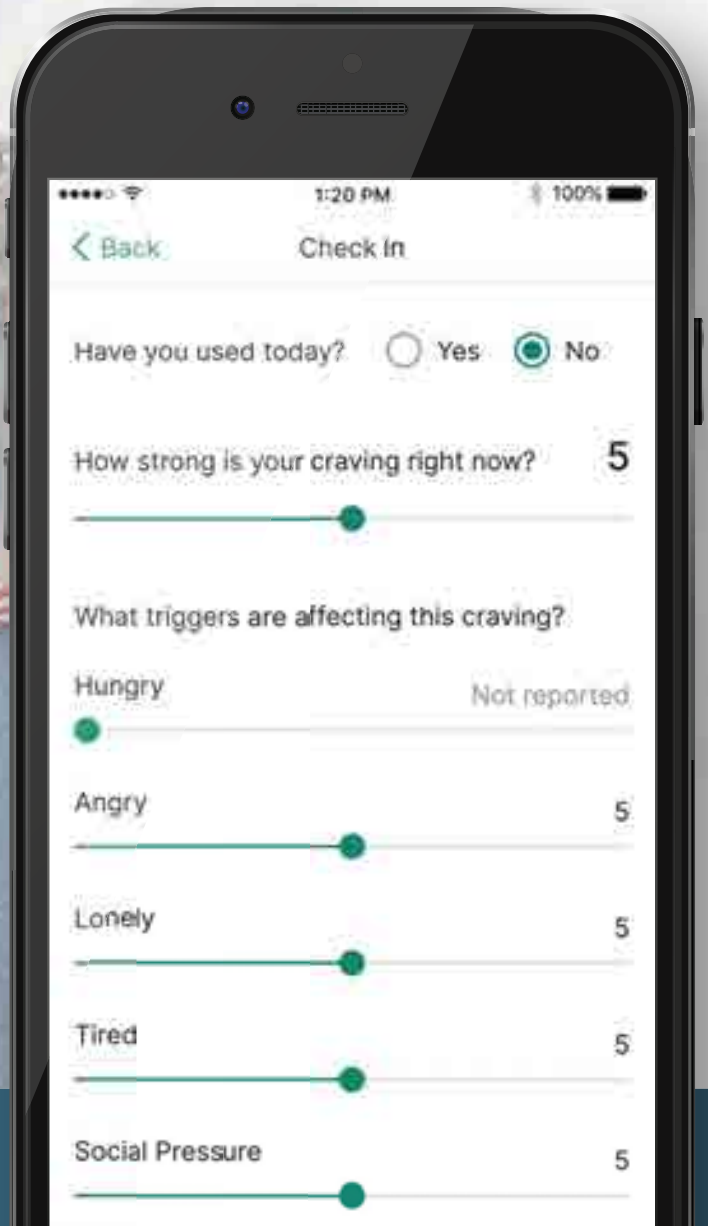
SAMHSA provides online information on Opioid Treatment Programs by state at <https://dpt2.samhsa.gov/treatment/directory.aspx>

and buprenorphine prescribers at <https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator>.

For more information about MAT for pregnant women, contact Alane O'Connor at [aconnor@mainehealth.org](mailto:aconnor@mainehealth.org)

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# Kevin O'Grady

*Kept trying until he found something that worked*

by Niki Curtis

Spending much of his life as a functioning alcoholic, Kevin O'Grady knew that he was predisposed to alcoholism as it was present on both sides of his family. Although he partied when he was younger, he didn't start drinking heavily until after college.

He took the pain of a breakup with him on the road as a truck driver and the isolation of driving alone, combined with a broken heart was a perfect catalyst for heavy night time drinking.

Kevin was living his life: working, traveling the country driving trucks, going to concerts and ball games and says "drinking was part of my lifestyle."

He admits he was already in detoxes before he was 30.

Anytime a company appointed physical was scheduled, he would go to detox to dry out.

In 1990, Kevin came to Portland, Maine and spent the next 20 years working for the City of Portland as an arborist. He recalls "being on call 24/7 kept him drinking as a functional alcoholic."

Hangovers and going to work still drunk were commonplace for such a dangerous job and he knows the blessing of never having been seriously hurt as a direct consequence of his drinking.

Through the many years of drinking, multiple attempts were made to quit drinking.

Kevin tried the 12 steps, 90 day programs and other various treat-

ments over a span of 15 years but nothing seemed to stick.

Part Native American, his inner struggle with knowing the importance of self-healing kept him and his sister looking for other ways for him to get sober.

Just over a year ago, they found the Weiss Method, a form of energetic healing that can be utilized to treat various addictions and unwanted habits.

Kevin described the session as sitting in a chair holding crystals in both hands, while his practitioner moved his energy to help him let go of cravings.

"It was like a release. I no longer have that inner craving that overcomes your rational thinking. It turned that switch off. I now have control over that inner drive."

His practitioner did weekly follow ups to check in for a few weeks after his initial, hour-long session.

Kevin celebrated one year alcohol free in September!

It worked so well that Kevin used the Weiss Method again for quitting smoking which he had been trying to do ever since he was first diagnosed with throat cancer.

His enthusiasm and positivity were palpable when he explained that after drinking almost daily for almost 50 years, he is feeling better, sleeping better, and celebrates his mood being in a more stable place.



photo by Brian Delaney

"It truly is freedom," and his family is happier and even his doctor noted the benefits of his Weiss Method sessions.

Since being sober, Kevin has been getting in contact with a lot of his old friends and chuckles when he tells me their responses of surprise that he's still alive.

Kevin's drive to continue living life sober is shown in his dreams to travel from Maine to California and then to Alaska on a fishing trip.

At 66 years old, Kevin is a living reminder that anyone can get sober at any age.

Kevin says **"If you really want to get sober, you will keep looking for ways until you find one that works for you. It just clicked."**



Niki Curtis of Portland is a woman in long-term recovery whose passion is to help others and spread positivity.

She loves to find creative ways to do that, including writing for Journey.



# Conversations

*how to have honest, authentic, productive ones*

by David Lee

**F**amily members can be the most challenging people in our lives to have constructive conversations with. Whether it's having conversations that heal the past, bringing up issues rather than giving the silent treatment, or simply trying to connect in new and healthy ways, most of us have plenty of opportunity with family members to practice developing healthier ways of communicating.

In this article, we'll explore guiding principles and practices that help foster honest, authentic, productive conversations, whether with our family or other important people in our lives.

## **Get curious, not furious**

I remember hearing someone say years ago: "People who are emotionally intelligent, when they deal with difficult people, they get curious, not furious."

When we're in a state of curiosity, it's impossible to be stuck in anger and outrage. They're incompatible emotional and mental states. I think part of it is because by definition curiosity is an open-minded, exploratory state while anger and outrage are close-minded, defend-our-position state.

Just recently, I was listening to the podcast *Translating ADHD* (which is awesome by the way) and Cam Gott, one of the co-

founders, made a comment I thought was brilliant: "curiosity lives outside the limbic system."

The limbic system is what neuroscientist consider the "emotional brain"—where emotions are processed and created—while curiosity is primarily an intellectual function.

So...when someone gets under your skin and you start to get upset and tell yourself stories about why they did what they did and how horrible they are, practice being curious.

Here's my version of a really great question from the team that wrote *Crucial Conversations* I recommend you experiment with:

*“What would cause any normal, decent person—you know...people like me and those people I like—to act the way they did?”*

Try it and notice the different type of explanation, or story, you come up with compared to how you feel and your thought process if you simply continue your internal rant about how horrible they are and the evil motivations behind their actions.

### **Don't assume your explanation for why you did that thing is true**

If you google “Interpreter Michael Gazzaniga,” you’ll discover this amazing function in the prefrontal cortex of the brain that acts sort of like a personal “spin machine” PR firm and “explanation generator.”

You’ve witnessed your Interpreter in action if you’ve ever noticed yourself “explaining” to someone why you did something and thought “Where is this coming from? This is BS!”

I’m not talking about willfully lying. I’m talking about this weird commentary that seems like it’s coming from someone else. In some ways, it is.

The Interpreter’s job is to help us make sense out of our behavior, so we feel a sense of control and not like we’re merely a simmering cauldron of conflicting motivations and desires. Since so much of our behavior is unconsciously driven (i.e. we don’t know what made us do or say something), many of our “explanations” for our behavior are fiction.

When you read the origin of Dr. Gazzaniga’s finding, you can never listen to your or other people’s “explanations” for their behaviors the same way.

## **It's OK to say "I'm really hurt and I don't know why"**

### **Why is this important to know?**

Because we often “explain” to ourselves and others why we did something or why we are feeling a certain way about the other person’s behavior, and then go on to create a whole story to support our explanation.

As we build upon our story, we strengthen our reaction and position around it, often to our detriment and the others.

So when someone asks “Why are you so upset?” and you’re not sure, don’t jump at the first thought that comes to mind and then double down on the truth of it.

It’s OK to say “I’m really hurt and I don’t know why” or “I’m not sure why I said that” and then ask for some time to reflect, or if

you’re ready to talk, engage in an exploratory dialogue around it

### **Ask “Would I be OK with [the name of someone you hold in high regard] observing how I am treating this person?”**

If you wouldn’t act that way around that person you respect, that’s a pretty good clue that you aren’t bringing your Best Self to the interaction.

You can choose to shift gears and NOT act that way, and instead, call forth a more mature, honorable way of talking to the other person.

This is especially helpful for single parents at the end of their rope with their children, who find themselves speaking harshly or taking out their bad mood on their children.



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**Always count your blessings!**

## You don't have to act out your defensiveness; you can simply name it

I learned this one from my most "evolved" friend. The few times she got defensive in our conversations, she would simply say "I'm feeling defensive" in a neutral tone of voice.

When she would do this, I would notice how open I was to hearing why she was feeling defensive. I couldn't help but notice how different my response was compared to when someone gets defensive and starts responding in a harsh, antagonistic tone of voice.

There's interesting brain scan research showing how simply naming our feelings literally cools down the amygdala, a tiny almond-shaped part of the brain that plays a major role in our fear response and reactivity.

By simply stating "I'm feeling defensive" you're engaging in emotional self-regulation; you're literally helping yourself keep a cool head.

Furthermore, by stating this in a neutral tone of voice, you avoid the emotional triggering that a harsh, attacking tone of voice can cause. This is because the part of the brain that processes voice tone (the limbic system) is, as mentioned earlier, the same part that processes and helps create emotions.

That's why the old saying "It's not what you say, it's how you say it" has lived on. (BTW...it's BOTH what we say and how we say it, but that old maxim is still a good reminder to not indulge in a harsh voice tone to express our displeasure).

### Go First

I heard this in an interview with Gabrielle Reece, former Olympic volleyball player and wife of surf legend Laird Hamilton. When

asked what advice she would give her 20 year old self, she said "Go first." Lead by example. Be the first to apologize. Be the first to acknowledge the other person's valid points. Be the first to break the silence and invite the other person into a dialogue about the conversation that went wrong or the elephant in the living room.

By choosing to go first and by modeling bringing your Best Self to challenging conversations you become a role model for others, showing—through your actions—that it's possible to talk through difficult issues in a courageous, compassionate, and considerate way.



*David Lee is a career coach with Heart at Work Associates and a workplace relationship consultant. He is the author of the "Dealing with a Difficult*

*Co-Worker: The Courageous Conversations at Work Series."*



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3. Throw the bag away in the trash.
4. Scratch out your personal information on the empty medicine bottle to protect privacy, then throw away.

Resources: SAMHSA, FDA

If you have any questions, contact [prevention@portlandmaine.gov](mailto:prevention@portlandmaine.gov).

## Amy Alexander from Brunswick Maine



**H**aving left her foster family at age 14, Amy went through more than 8 rehabs while dealing with addiction and substance abuse. She shares her struggle through addiction, rehabilitation, losing her son and her life and finally achieving full recovery with methadone treatment.

“I was adopted from Little Wanderers Orphanage in Belfast. I was under a year old when my mother and father adopted me. I always felt I didn’t fit, and it wasn’t lack of love. I never felt like I fit anywhere. I left home around my 15th birthday.

At the time, psychedelics were the drug of choice. I went and lived in Silver Palace, a drug house in the town that I live in.

I used off and on different things. It started with psychedelics, then cocaine, and that took me down real quick. When I found out I was pregnant with my son, I quit everything. It was important to me to be a good mom.

My addiction came back after a year. I ended up in my first rehab when my son was two. The final straw was when I got arrested with morphine sulfate. The year was 1991, I lost my son and I felt like I lost the best part of me.

After ending up on the beach outside the hotel I was staying in with my boyfriend, I asked some ‘god’ to please me show a sign. The very next moment I found a sand dollar and knew it was time to leave.

I called the police and said I needed a safe place to stay until I can get a ride out of town, they came and picked me up and that was the beginning of turning everything around.

I ended up in Acadia Hospital. I graduated a little over six months later. Two years later, I got my son back, and I was working as a nurse’s aid.

Methadone maintenance had never been offered to me before, and I wish it had a long time ago. It gave me my life back.

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# Aromatherapy

## *Recovery toolbox addition for emotional peace*

by **Niki Curtis**

**O**ur sense of smell is deeply connected to both memory and emotions. Scents can spark both good and bad emotions; for example, coconut suntan lotion can invoke a fond memory of a hot summer day at the beach or be a reminder of the time you got sun poisoning from falling asleep after an intense game of beach volleyball.

Oftentimes, a smell will bring back detailed memories like what day of the week it was, who was there, what you were wearing and how hot it was that day. It will also bring back the emotion you were feeling at that moment like the fluttering of your stomach when that cute person you like walks into the room and smells like citrus sunshine.

It was discovered a couple thousand years ago that aromatic plant components, mixed with oils and balms could have medicinal qualities, such as lavender in the use of healing burns. Many psychological and physical ailments were found to be treatable with these aromatic oils and were documented by a French perfumer and chemist René-Maurice Gattefossé. He named the practice aromatherapy and today, there it takes many forms: diffusers, creams and lotions, clay masks, cold and hot compresses, and more.

Aromatherapy has benefits that are synergistic with a recovery lifestyle, including options for non-narcotic pain management and stress relief. Susan Giarolo

started using essential oils as a way to relieve pain from the many surgeries that were at the root of her addiction. “My back hurt and I would have tried anything to help with the pain,” she says.

“It happened at a yoga training where I saw Doterra’s “Deep Blue” essential oil blend in the bathroom.” She became involved with Doterra, a company specializing in essential oil education and blends, and discovered the many other helpful benefits of the oils. “I started incorporating these oils into healing work that I was doing with others, addicts and non-addicts alike,” she says. Coupled with her yoga practice, aromatherapy became a bigger tool in her own recovery from

addiction. She brings this tool to a group she facilitates called Y12SR, Yoga 12 Step Recovery. Trusting her own intuition, she picks an oil and brings it to class as an offering to other participants. "Essential oils change the body's chemistry and help support the limbic system while a person gains insight," Susan says.

## smell is one of the senses that is connected to both memory and emotions

Some single oils that are useful in recovery are grapefruit, which helps with cravings and detoxification and promotes renewed energy.

Basil essential oil will clear the negative thought patterns born of addiction and help restore mental energy.

Bergamot gives a sense of empowerment and improves self worth.

Essential oils can be blended and personalized for purposes such as boosting the immune system.

However, not everyone reacts well to essential oils. A small percentage of people are allergic to essential oils so working with an aromatherapist to start is always beneficial.

Our senses were created for a reason and essential oils could truly be an essential part of your recovery.



*Niki Curtis of Portland is a woman in long-term recovery whose passion is to help others and spread positivity. She loves to find creative ways to do that, including writing for Journey.*

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**Glenn Simpson**

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# Love is Love

A core value for us at journey is inclusivity.  
We respect and value humans...  
...period.

# Students Empowered to End Dependency



*A local teen-based initiative is on a mission to elevate community messaging about the dangers of chemical dependency*

In one way or another, chemical dependency can and does affect us all. Visible recovery stories help us understand that this disease does not discriminate.

Students Empowered to End Dependency is an effort by students and adults in five Maine school systems (Bath, Gorham, Scarborough, Windham, & Yarmouth) to develop methods, through a variety of projects, to raise awareness of the impact of dependency on the ability to achieve one's highest potential.

Their current project, according to Scarborough Senior, Ashton Record, is the production of a fact-based, professional documentary from the perspective of youth on the effect of substance use.

Local videographer Reggie Groff will direct and will introduce stories from the recovery community, focusing on how those stories illuminate the "disease model" of dependency.

The film will highlight how the normalization of drugs and alcohol creates a false impression that substance use is an expected right-of-passage that expands our freedoms,

when the reality is clearly the opposite.

The goal is to reduce the stigma associated with dependency and encourage anyone who may be struggling to seek help because recovery from drugs and alcohol is achievable.

They'll include some of the methods and organizations that provide support and highlight

the ongoing efforts in the communities that promote healthy lifestyles and help us find positive and natural ways to elevate ourselves.

Bottom Line Message: We don't need drugs and alcohol to achieve great things!

For more information, or if you'd like to support their efforts, contact Dave Packhem

## Recovery Organization Resources

Unlocking the tools, resources and connections to help your organization serve the best for the most

we help you build  
supportive environments  
where no one seeking help is left behind

# R.O.R.

## (908) 239-6417

or email: [sazha@recoveryorganization.com](mailto:sazha@recoveryorganization.com)

[recoveryorganization.com](http://recoveryorganization.com)

# Reader's Share

Visit our website to share your poetry, artwork or story with us!

## My Beautiful Transformation

Who am I really, sometimes I don't even know.  
There is time for my own metamorphosis, to flourish,  
prosper and surely grow.  
I may one day be beautiful like a butterfly, it will take some help  
to get out of this cocoon.  
I can't wait to spread my wings and fly, and I am hoping and dreaming,  
it shall be real soon.  
Will everyone see my vibrant colors, will I finally feel worthy and free.  
I am in recovery and this time shall do it, because no one wants it more  
than me.  
I am beautiful just like a butterfly, one day the world shall finally see.  
My wings shall stretch far and wide, and you shall see the new, beautiful me.

By Don Osborne

## MILESTONE RECOVERY

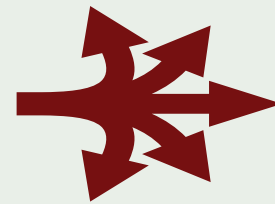
*A nonprofit helping Mainers find recovery for more than 50 years.*



Detox | Residential Treatment | Housing | Outreach | Emergency Shelter  
Portland & Old Orchard Beach  
milestone-recovery.org  
(207) 775-4790



# MANY PATHS



*We are fortunate to live during a time when there are many options for finding and sustaining lasting recovery from addiction. We are all individuals and while there are many aspects of our personal journeys that may be similar to those of others, we are each called to discover for ourselves what works and what doesn't work for us. Journey's Many Paths column provides options and shines a light on different approaches that people use to maintain lasting recovery without endorsing specific approaches or recovery programs. We ultimately leave it up to you, the reader, to decide what works best for you, while presenting you with multiple pathways to recovery.*

## **Alcoholics Anonymous (AA)**

207-774-4335/800-737-6237  
[www.cso.aamaine.org](http://www.cso.aamaine.org)

## **Al-Anon /Alateen**

[www.al-anon.org](http://www.al-anon.org)  
207-284-1844 / 800-498-1844

## **Adult Children of Alcoholics**

(ACOA or ACA)

A 12-step, 12-tradition program for men and women who grew up in dysfunctional homes  
207-322-6284  
[www.adultchildren.org](http://www.adultchildren.org)

## **Cocaine Anonymous (CA)**

617-539-6090 / 800-347-8998  
(meeting info only)  
[www.ca.org](http://www.ca.org)

## **Codependents Anonymous - CoDA**

602-277-7991 / 888-444-2359  
[www.coda.org](http://www.coda.org)

## **Debtors Anonymous (DA)**

Debtors Anonymous offers hope for people whose use of unsecured debt causes problems and suffering. 800-421-2383 / 800-974-0062  
<https://debtorsanonymous.org/>

## **Drug Addicts Anonymous (DAA)**

A fellowship of men and women who have recovered from addiction and are committed to helping those who still suffer, based on the 12 steps  
970-761-5189  
[www.daausa.org](http://www.daausa.org)

## **The Family Restored**

The Family Restored is an interactive and educational support group for families coping with a loved one's addiction. Family members have the opportunity to ask questions, discuss their concerns, and build community with other families in a supportive and non-judgmental environment.

## **Gambler's Anonymous (GA)**

718-352-1671 / 888-830-2271  
<http://newenglandga.com>

## **Heroin Anonymous (HA)**

A fellowship of heroin addicts who help each other practice complete abstinence from drugs and alcohol  
347-858-3601  
[www.heroinanonymous.org](http://www.heroinanonymous.org)

## **H.O.P.E. Group**

A safe place where people come together to find wellness by sharing their stories and listening with an open heart and mind to others  
727-420-2964 (Liz)  
[www.hopehealing.org](http://www.hopehealing.org)

## **Marijuana Anonymous (MA)**

A fellowship of people who share their experience, strength and hope to recover from marijuana addiction  
609-529-6332 / 800-766-6779  
[www.marijuana-anonymous.org](http://www.marijuana-anonymous.org)

## **Narcotics Anonymous (NA)**

A support program for people in recovery from drug addiction based on the 12 steps of AA  
[www.namaine.org](http://www.namaine.org)  
818-773-9999/  
800-974-0062

## **Overeaters Anonymous (OA)**

A fellowship of individuals who, through shared experience, strength and hope, are recovering from compulsive overeating  
Dial 211 for meeting info.  
<http://oamaine.org>

## **Sex and Love Addicts Anonymous (SLAA)**

A program of recovery for people addicted to sex and love, based on the 12 steps of AA  
207-323-5143 / 800-204-2803  
[www.slaafws.org](http://www.slaafws.org)

## **SMART Recovery**

Mutual-support meetings that are free and open to anyone seeking science-based, self-empowered addiction recovery  
440-951-5337  
[www.smartrecovery.org](http://www.smartrecovery.org)

## **Wellbriety Movement**

(White Bison)  
A sustainable grassroots movement that provides culturally based healing for indigenous people  
207-992-0411 / 877-871-1495  
<https://wellbriety.com>



# SHARING RESOURCES TO SUPPORT LOVED ONES



The Rx Abuse Leadership Initiative (RALI) of Maine is proud to work with organizations across the state that are sharing information and ideas to address the opioid crisis. Together, we're finding solutions to ensure individuals and families have the support they need.

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Learn more about RALI and our partners at [rali-me.org](https://rali-me.org).

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