



WWEN Connection

Wisconsin Women's Education Network

on Addiction, Recovery & Prevention



Summer 2004

“History will have to record that the greatest tragedy of this period of social transition was not the strident clamor of the bad people, but the appalling silence of the good people.”

--Martin Luther King, Jr.

WWEN Home Page:

[www.dcs.wisc.edu/
pda/wwen](http://www.dcs.wisc.edu/pda/wwen)



**WWEN
Project**

Mindfulness Towards Happiness by Mary Unmuth



We might be able to mind ourselves into more happiness, less anxiety and additional energy with a technique called Mindfulness Training. Although there was anecdotal evidence suggesting that meditation could relieve stress and calm emotions, there was no scientific evidence to support that notion.

Recently, Dr. Richard Davidson, director of the Laboratory for Affective Neuroscience at the UW-Madison, believes he has discovered that evidence. Using MRI images and EEG analysis to read baseline levels of activity in the right and left prefrontal sections of the brain, Davidson discovered an index for the brain's set point for moods. By means of these

analyses, Davidson found that if the ratio was greater in the left brain, the person was happy, had more energy and was optimistic. If the ratio slanted toward the right, the person was depressed and anxious.

Using a Bell Curve distribution, Davidson reported that most people resided in the middle, with a few tilting to the right and a few lucky ones tilting to the left. Shifts to the right generally occur during periods of stress, returning to the “set point” or middle after a certain amount of time.

An opportunity arose for Dr. Davidson to test his left and right mood brain theory on the Dalai Lama himself. As might be expected, the Dalai's ratio was at the extreme left compared to the hundreds of people tested. But the study begged the question as to whether the Dalai, as a spiritual teacher, was peculiar in his left leanings, or had he trained himself through meditation or mindfulness to enter and remain in the left prefrontal cortex of the brain?

In a collaborative effort, Dr. Davidson and Dr. Jon Kabat-Zinn, founder of the Mindfulness-Based Stress Reduction Clinic at the University of Massachusetts Medical School in Worcester, tested whether meditation could move the emotions' ratio to the left. The results were positive and pointed toward mindfulness training as a possibility to train people to wheedle their “set point” towards the left. The trainees also found that their immune systems gained confidence when antibodies were checked after a flu shot.

More evidence for the effectiveness of meditation can be found in Jim Powell's article on *Toning* (pg. 7) which also supports Dr. Davidson's work. Powell elegantly describes his experience of meditation and its ability to take him into a very deep but alert peace.

Given the mounting evidence around the benefits of meditation, being able to shift from right brain to left brain into that realm of positive emotions and well-being is exciting. Emotional balance and better management of emotions and relationships could benefit all. Persons in recovery can use mindfulness training as a tool to help them in their recovery journeys and through tough times. If the evidence bears out, we all have the potential to be our own lama.



Women In Transition



WWEN:

As Program Director, do you have a favorite story that highlights the uniqueness of Women in Transition (WIT)?

Jan Lippitt:

Yes. My favorite story would be about a woman who was helped through the WIT program. This woman wanted to give back to the WIT program, appreciating how the program assisted her through difficult times. The woman, who we will call Mary, opened her home to another woman named Jenni in the WIT program. She provided transportation and supportive home care and housing for Jenni. During the initial stages of setting up this living arrangement, it was discovered that Jenni had provided day care for Mary, thirty years ago. It was also discovered that Jenni's daughter, Kathy, had been a foster child many years ago in the home of a woman who now is a Dougals County staff person working with WIT. It was a very special reunion for individuals that had not seen each other in years.

WWEN:

What has been your most fulfilling experience as Program Director of WIT?

Jan Lippitt:

My most fulfilling experience while working with the WIT program is seeing a woman, who after approximately 30 years of drinking, turn her life around and become self sufficient. Here's the story: A woman, after having been gone for many years, was sent a bus ticket by her sister to come back to Superior and start over. The woman went through detoxification while traveling across the United States by bus. She was sober when the bus pulled in but needed treatment and services. She was also clinically depressed and needed mental health services. She was staying temporarily with her sister and her sister's family. A concern was raised that perhaps the newness of the situation would wear off, and the housing situation would put a strain on her sister who had just completed treatment herself in the last couple years. Through the help of the WIT program, this woman completed residential treatment for chemical dependency, stabilized her depression, obtained employment at a motel, and borrowed money from WIT for a car. She is currently employed, paying back the loan, and has her own apartment.

WWEN:

So much about what we hear concerning addiction treatment and politics seems to be despairing or negative. From your perspective as Program Director, can you share with our readers some words of hope about the future of treatment for women with the disease of addiction?

Jan Lippitt:

I believe there is a great deal of hope for women whose futures seem despairing or negative. A hopeful story that comes to mind is of a woman I'll call Angel, who was in her sixties and had had a drinking problem for many years, which resulted in what was thought to be permanent dementia and incompetence. My first knowledge of Angel was through a hospital referral. She was referred and in need of a guardian. An elderly family friend became her guardian. Soon after, Douglas County obtained the WIT grant. Through the WIT program, home health care and companionship services were provided for Angel with the hope that she would come around. With intensive services provided through WIT, Angel went through treatment and became more self sufficient. Her dementia began to disappear and she became more alert. She eventually became a leader and organizer in her housing unit and was no longer in need of a guardian. She has been sober for approximately three years and her life has changed and she is self sufficient. Angel went from incompetence that appeared permanent to becoming a leader and self sufficient.



Jan Lippitt is the Program Manager with Douglas County Department of Health and Human Services. She is a certified Independent Social Worker in the State of WI and has recently celebrated her 30th anniversary with Douglas County. Jan works with an adult population of men and women with substance abuse and mental health issues, in addition to her coordination of the Women in Transition program.

WWEN:

To sustain a new life of wellness, community involvement is a vital component in the WIT philosophy. Please describe how you implement community support?

Jan Lippitt:

Community involvement is offered through a new women's group that began through guidance and financial assistance from WIT. This group assists women in finding healthy relationships with other women who want to maintain sobriety. In addition to fun activities, sustaining sobriety and having healthy relationships, women in the group are able to share information about community resources that might be available to help them in their recovery journeys.

WWEN:

Many temptations from a life before recovery can and do emerge daily. Old habits and cravings can quickly surface. What WIT lessons and resources can a woman in recovery employ to move her beyond these triggers?

Jan Lippitt:

To assist in their relapse prevention, a form is completed by each woman. They are asked to explore what triggers old habits and cravings. They may need to explore new housing options, alternative employment, and friends. New friends, met through treatment and AA, allow for relationships that support sobriety. Their potential for relapse may have been due to poor self image. For example, many of the women we work with require extensive dental work. The WIT program has allowed for these women to obtain the dental work necessary for their health and self image. With improved self concept, they can feel more confident in their selection of friends and relationships and in securing employment.

Women In Transition is a program of Douglas County Department of Health and Human Services. It is funded by a grant through the Wisconsin Bureau of Mental Health and Substance Abuse Services. Douglas County Department of Health and Human Services is committed to the women in Douglas County who strive to obtain and maintain sobriety and to those women who desire to move forward and "transition" from a life of little hope to a future filled with promise and fulfillment.

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A Conversation with Sue Gadacz



Sue Gadacz, Women's AODA Treatment Coordinator for the Bureau of Mental Health and Substance Abuse Services, was interviewed by Mary Unmuth, Outreach Specialist of the WWEN Project.

WWEN:

Sue, when did you start working for the Bureau of Mental Health and Substance Abuse Services?

Sue:

I started with the Bureau in February 2000.

WWEN:

What progress has been made in women's treatment services since your arrival on the Bureau scene?

Sue:

Well, just the overall expansion in the number of women's treatment providers speaks volumes. Also, the inclusion of fetal alcohol spectrum disorder training, screening, and clinics was a vital addition, and the ongoing staff development training. We have developed a lot of partnerships throughout the state to support the women's initiatives. But I believe using wraparound has moved Wisconsin to the forefront of women's treatment in the nation. I'm really not joking either. I am able to attend many national meetings on women's treatment and there are no other states that are using a women-specific treatment and a wraparound approach. There are many definitions of wraparound, but ours is a strength-based system of care that is client-driven. I believe that is what sets us apart. Our clients are our partners throughout the whole process.

WWEN:

What are some of the roadblocks still out there concerning women's treatment?

Sue:

Well, we know that alcohol and drugs affect women differently than men, but probably the general public does not know that. That message must get out. The roadblocks are not exclusive to women's treatment but addiction in general. Probably the major roadblocks that still exist are stigma and lack of comprehensive insurance parity. If these two issues bother you as much as they bother me, say something and keep saying something. I also believe all of us that work in the field have a responsibility to promote the accurate education and awareness about addiction. It is important that we challenge misinformation that is spoken, and written comments that are made. I know we have an uphill battle, but we really have to be relentless.

WWEN:

Does your own deep personal commitment to the issue of drug addiction and women’s treatment services affect your position and the work you do as *Women’s AODA Treatment Coordinator*?

Sue:

Oh, without a doubt. I think being in recovery myself adds a lot of realism to what I’m asking our providers and our clients to do. It helps me see the intangibles of recovery, and what’s beyond the reports, numbers and statistics. When you’ve been a client, a provider, and an administrator, that’s quite the experiential base to work from. I try not to ask our providers to do something that I would not or have not done myself. I try to model the core values that I am asking them to operate from, and I try to provide as much support to them so they can focus on direct service. Being a successful women’s treatment initiative means that we challenge ourselves, and that we stick with ourselves. It is a true partnership, just like recovery.

WWEN:

In what ways can we make our leaders take notice that women’s addiction treatment services are ultimately for the common good and will benefit all of us?

Sue:

Join AFRA! The Alliance for Recovery Advocates (AFRA) could position itself to have a very strong voice in the addiction recovery movement. I am not a Wisconsin native. When I moved here seven years ago, I was literally shocked at how binge drinking and alcohol consumption are so normalized and tragically glamorized. Wisconsin loves its alcohol, and we expose our children to such unhealthy drinking patterns that it sends some frightening messages. It will take generations to change that culture. Yet it would be nice if, as a state, we could promote alternatives to heavy consumption with equal intensity. Individually you can be the voice that says treatment works, families can heal, and you can have fun in your life without drugs and alcohol. (To become an AFRA member, call 608-276-3400 or (800)787-9979, or email afra.waaoda@tds.net).

WWEN:

Where do we need to put our energies in order to realize the goal of more drug and alcohol treatment services for women?

Sue:

Well, I can tell you I’m working as hard as I can here in the Bureau to access all available dollars. The providers as well need to seek alternative funding sources to our substance block grant. More can always be done, but we all have to step up. I believe that we do have a comprehensive model in Wisconsin that should make any provider competitive for outside grant funding. It is the writing of the grant that is the most difficult, but you have to apply. I hear that lots of chocolate is beneficial to the grant writing process and really helps get the application completed on time.

WWEN:

Thanks Sue.

“But I believe using wraparound has moved Wisconsin to the forefront of women’s treatment in the nation. There are many definitions of wraparound, but ours is a strength-based system of care that is client-driven. I believe that is what sets us apart. Our clients are our partners through the whole process.”

--Sue Gadacz
Women’s AODA
Treatment Coordinator,
BMSAS



Bureau of Mental Health and Substance Abuse Services

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“I have to remember that life is a process, not a perfection. And I give all the glory to God.”

--Ellie

Putting A Face To Recovery . . .

Hi, my name is Ellie. I am a recovering alcoholic, addict in progress. I'm not what I want to be, but thank God I'm not what I used to be.

I came from a family of five--two brothers, myself, and mom and dad. Life as a child was chaotic, abusive, scary, lonely and very confused. I started alcohol at 16 while pregnant, and stopped at 31 following five treatment centers. My history went from alcohol, to doctor prescriptions, to street drugs, to doctor prescriptions and back to my first love--alcohol and POT. I attempted suicide 11 times but, by the grace of God, didn't succeed.

At one point in my recovery journey, I did have 13 years of sobriety. I gave my heart to Jesus Christ, became a Christian, joined a church and found AA. I had raised my four children and then started my career as a nurse for 13 years. I thought my life was finally on track until I was injured at work and had to leave the job I dearly loved and had waited so long for. Becoming a nurse had been my life's dream and my first taste of self-worth since I was raped at 14. I was shattered. Once again I fell prey to addiction on prescription meds. I lost all hope and my faith that God loved me. My dream that had come true was lost so I gave up.

Until now, I don't feel I had really found me or who I "really" am. I tried the "wife" role and failed. I tried the "mother" role and failed. Addiction was what kept me trying to survive this life. Being a nurse and not failing was all I thought I had. I had become "something" as the world would say.

As I more or less came back to life at Miller Dawn in 2000, I had the help of many loving people. I realized my Savior's love. He sent nurses, doctors, and patients who loved me more than I loved myself. He sent Mary Ledford and Jan Lippitt from WIT (Women in Transition).

During this time, I was hospitalized for nine months until I could walk, eat, talk, think and reason again. They call me a "true miracle." The team at WIT helped me to dress, style my hair, learn to function and to live again. Two churches were in prayer for me with encouragement, listening ears, and visits. Praise God. I'm not perfect but, with his help, I can go to church and attend AA and Al-Anon meetings. I work difficult programs with all sincerity of heart. My sponsors are tough and keep me on my toes. I have been asked to facilitate an addiction 12-step group at my church and to reach out and help others as I was helped.

Oh, by the way, I do not need to be a wife, a mother, or a nurse anymore. I realize I am a child of God through Christ. What the Lord has in store for the future, I put into his hands. He is the director and I am the follower. My first assignment a year and a half ago was being with each of my parents and bonding with them as they lay dying, three months apart.

I have to remember that life is a process, not a perfection. And I give all the glory to God. Shalom.



Pathways In RECOVERY

Reality Exercise Centering Oneness Vitality Energy Relationships Yes I Can

Toning



With eyes closed, inhale deeply . . . then slowly exhale out the sound AH . . . Imagine AH as the sound of love flowing from your heart. (Any pitch is fine) Repeat this for some time . . . After awhile, bring your toning to a close . . . take some time to just be still in the silence . . . You may still hear the AH in the serene silence of your heart. May loving sounds heal you!



When people first begin the practice of meditation, they often feel impatient with the process because the mind is, as a great mystic once said, like a drunken monkey stung by a scorpion. The mind in a sense is addicted to the past or the future and wavers from the present moment where the meditative state exists. As John Lennon sang, “Life is what happens to you while you’re busy making other plans.” At first, meditation cultivates a stress-free relaxation. This then may progress into a very deep but alert peace. Dedicated practice can connect us with our innermost being. Some describe this sacred presence as a mystical unity.



Harmonic chant, or toning, is a powerful way to enter into the state of meditation. In principle, toning is a simple process of vocalizing a sound, most often a vowel sound. This sound is coordinated with the exhalation of a deep breath. Ideally, this elongated toning of a vowel sound rides the wave of a slow exhalation. The longer one engages in a toning session, the deeper one goes within, and the more altered one’s consciousness becomes. An altered brainwave pattern occurs quite soon and is noticeable by most experimenters after about 10 minutes of this chanting. This non-verbal vocalization both focuses and cleanses the mind. One’s being becomes absorbed in a healing sound. The harmonic tones become foreground, relieving the chanter of dissonant thoughts. Many experience a harmonious flow of energy throughout the body.



There are many mental and physical health benefits to this chanting, some researched and others hypothesized. My suggestion is to experiment in your own inner laboratory. My first recommendation is to have personal instruction in toning. It is also very powerful to tone in a group setting as the effect is quite enhanced. If left to your own, I highly recommend Jonathan Goldman’s book, *Healing Sounds*, along with a number of Jonathan’s excellent CDs that effectively support the toning process. (Books, CDs and singing bowls are available at *Mimosa Books & Gifts*.)

“ . . . after reaching a certain threshold, the reward of meditation becomes so desirable that it feels like an essential part of life.”

-- Jim Powell

Jim Powell, MA, LPC, (pictured at left) is a psychotherapist in private practice at Harmonia: Madison Center for Psychotherapy. He has been an instructor of meditation since the early 1970s. His extensive background in transpersonal psychology has included the use of sound and music. As a part of his music group, JAYA, he has recorded nine albums. Jim, along with his wife Beth Wortzel, has conducted numerous workshops on sound healing and the use of sacred song.

Jim and Beth own *Mimosa Books & Gifts*
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We are now on the Web . . . Check us out at
www.dcs.wisc.edu/pda/wwen

**FACES &
VOICES**
OF RECOVERY

**"The Power of Story and
Persuasion in Fighting
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August 20 & 21, 2004

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