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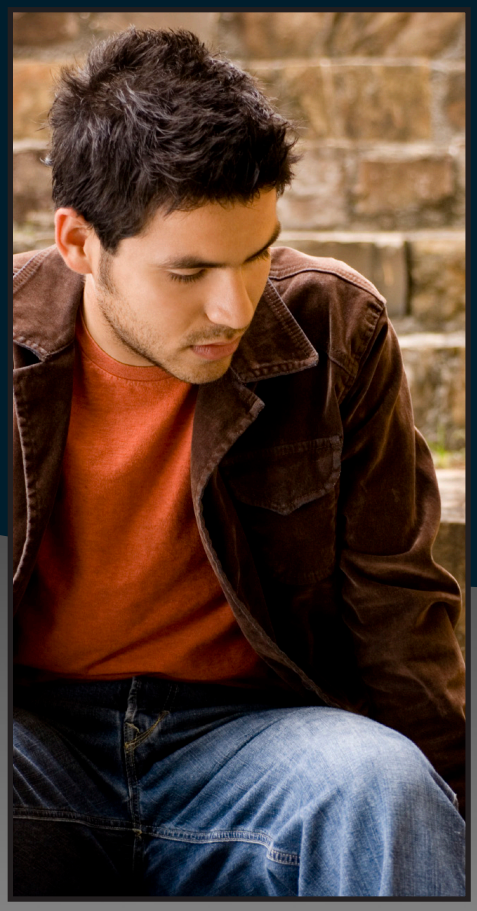

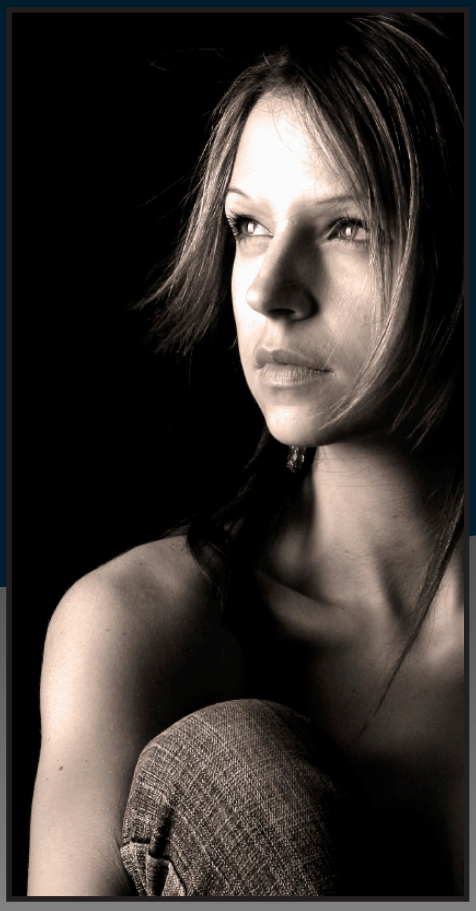

CLERGY BRIDGE

STRENGTHENING THE GAP BETWEEN MENTAL HEALTH PROFESSIONALS AND CLERGY

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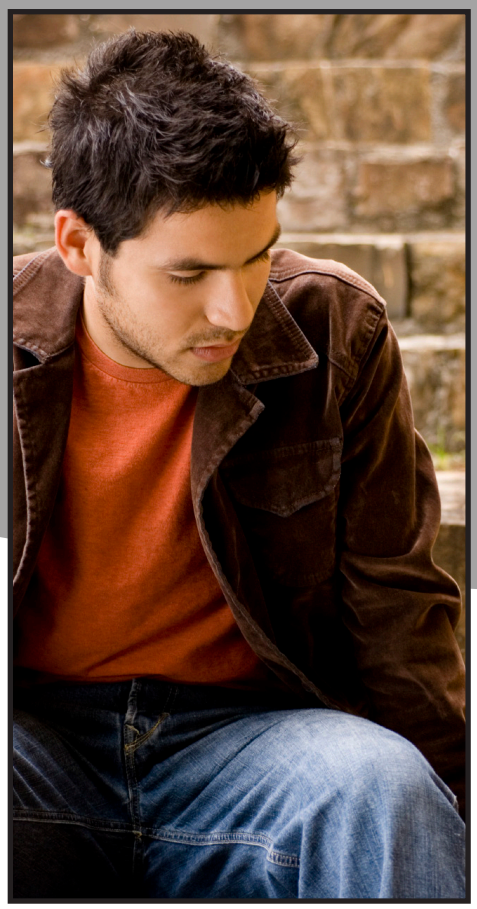

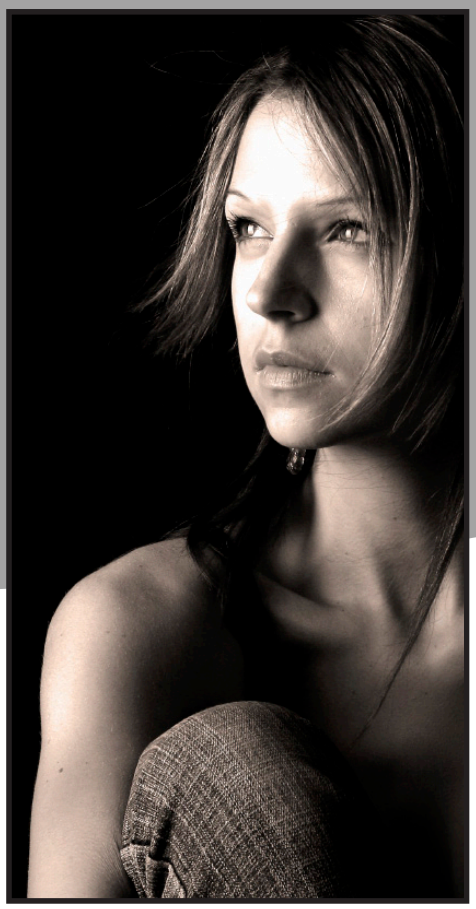

CLERGY BRIDGE

STRENGTHENING THE GAP BETWEEN MENTAL HEALTH PROFESSIONALS AND CLERGY

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Clergy Bridge was created by Masters of Social Work students at Brigham Young University, and monitored by Dr. Michael Seipel.

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This group of students believe that with current stressors placed on families through the economic recession as well as common stressors of living, many individuals will be seeking mental health care assistance through spiritual advisors.

Clergy Bridge equips these spiritual advisors with needed training and materials to better manage the necessities of these individuals.

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CLERGYBRIDGE

CONTENTS

WHAT IS THE PROBLEM?

WHAT IS THE PROBLEM?

> *"I have a hard time knowing what to say to people. I am not sure what to do about people with recurring problems. They have been to counselors, but they are still having these problems, but I just don't know what else to do… It seems they are at a dead end, and I want to give them hope and light, but I feel like there isn't much helping them and there is limited success with it."*
>
> *A Clergy in Utah County*

This is the voice of one clergy leader in our community. As we interviewed clergy around Utah County we heard similar messages—messages of inadequacy concerning the complex issues members in their congregations are facing. Speaking with clergy across Utah County inspired this project to take life. As we suspected, you face a vast array of responsibilities. Clergy members we spoke with expressed being under significant stress and feeling ill-prepared or unable to fulfill the responsibilities they face outside the spiritual realm. Based on the interviews we determined a few main areas in which clergy felt they lacked substantial resources or experience. These are counseling and mental health issues, sexual addictions, sexual abuse, financial and employment difficulties, and domestic abuse. We feel that Clergy are unable to meet all of the needs of the people they serve because they are not adequately trained to do so. Simply stated, clergy lack the resources they need for the helping process they are asked to fulfill. While clergy are extremely successful in their particular expertise, we found that most have a desire to rise to the challenge of their congregations' diverse burdens. We applaud your desire to become greater resources to your congregations. Clergy Bridge was established to give a new perspective and preparation to the challenges clergy are addressing.

This problem is not a new issue, nor is it confined to Utah County. According to Lewis, Turton, & Francis (2007), "Clergy work-related poor psychological health, stress, and burnout pose an increasingly serious problem for the leaders of denominations throughout the world." The stress that clergy face is enormous. As clergy it should not be surprising to you that in the United States, about 40% of individuals who experience problems in their personal lives go first to clergy for assistance. As an organization of social workers, we recognize the diverse challenges

you face may be overwhelming at times. In many ways, you become a preferred first resource. This is a great credit to your profession. It is possible that many may never go beyond your counsel for help. Both studies mentioned point out that because of the significant number of people bringing their problems to their church leaders, clergy serve as "gatekeepers" to the mental health community. In fact, research shows that of those 40% who seek your assistance first, less than 10% are referred to social services (Meylink & Gorsuch, 1988; Webster, 1997). While we recognize that not all people need community resources, we hope to help bring awareness to the resources that are available through the community.

We seek to bridge this much-needed communication between clergy and social services. The lack of communication can be detrimental for individuals who need more comprehensive care. Additionally, struggling individuals put added stress on clergy as they try to fulfill their demanding responsibilities. We want to build community by building congregations in need. We want to encourage care that is both comprehensive in its resources and quality.

THE MAGNITUDE OF THE PROBLEM

As we began our interviews, we were surprised at the open and honest feelings of inadequacy expressed. In many cases in Utah County, particularly with the LDS clergy, training has been extremely limited. While most clergy members had some sort of formal training for their position, over half reported either no official training or training only in the form of counsel from fellow clergy leaders. Of those interviewed, 42% stated that they had received some training on both pornography and same-gender attraction, which they found to be beneficial in assisting those they served. However, those were the only two topics that clergy had been given any detailed training in, and clergy felt that similar training in other areas would also be helpful.

Several clergy leaders in Utah County were interviewed about their clergy position, the stress they experience, and the various other difficulties they experience. Following are some of the experiences various clergy members shared with us. Names and identifications are being withheld.

> *"Pornography issues are by far the biggest issue. Most marriage problems stem from this issue. Those who have a weekly problem with this issue cannot overcome it on their own. Once that chemical hits their brain the addiction kicks in and is in control. They usually have to get more help then I can give them.*
>
> *This addiction is real and is very serious for individuals who get caught up in it. They usually have to go to support groups and get professional help. They usually choose support groups far away so no one will know who they are. I tell them that once they are addicted they have to continue to work on it like an alcoholic. Once an alcoholic, always an alcoholic.*
>
> *The same thing applies to those who are addicted to pornography. They have to work on the addiction all the time in order to stay away from it or they will slide back into it. I usually have them check with me a couple times a week to find out how they are doing. I have noticed that individuals who are not addicted that have slipped into viewing pornography once a month or every other month can usually pull themselves out of it.*

For those who are addicted to pornography; if I can get them to stick around long enough, let's say at least 2 years, a lot of progression can be made to help them gain the tools to overcome this tough addiction."

"One issue [I dealt with] was a woman who was in pain every day. She could not afford the surgery she needed so she was waiting until something could be worked out for her to gain access to the medical help, suffering every day. I don't have any resources outside of what the church has provided."

"It would have been nice to know five years ago what I know now."

All ecclesiastical leaders interviewed identified stress associated with their position. The most common stressors included lack of experience, time limitations, and their calling being emotionally difficult and draining. Furthermore, the vast majority of ecclesiastical leaders interviewed (70%) said that their lack of information made it more difficult to help the members of their congregation. The most common issues reported by clergy included pornography, marital problems, mental health and depression, sexual sins including chastity and same-sex attraction, domestic violence against both partners and children, financial problems, and substance abuse.

WHAT HAS ALREADY BEEN DONE?

As was previous stated, most clergy members had some sort of formal training. Other clergy have taken extensive courses at school in pastoral counseling. While bishops in the LDS church rotate, other professional clergy have the benefit of learning and growing over time in a community.

Lists have been collected in manuals, via the Internet, or on condensed lists throughout the community by organizations like United Way and Community Action. Organizations like LDS Family Services have started a clergy support line for the overburdened clergy. The Interfaith Committee in Utah County has a website and meets regularly to discuss the community and their needs. Similarly, the formal training of some clergy includes opportunities for education.

Additionally, clergy members stated that they have some knowledge of community resources, to which they regularly refer their members. The most commonly referred resources in Utah County include mental health resources, addiction counseling, marriage counseling, food bank, Deseret Industries, and referral to state social services.

STRENGTHS AND LIMITATIONS OF CURRENTLY-OFFERED SERVICES

While many of the clergy interviewed reported receiving training on both pornography and same-gender attraction, only 8% of individuals reported receiving training in other areas such as mental health, marital issues, welfare, addictions, domestic violence and child abuse, and eating disorders. In addition, some clergy did report feeling that there are adequate trainings offered, however, it has not always been feasible for them to attend many of the trainings as they try to juggle the demands of their clergy position, careers (in some cases), homes, and families. They felt it would be of greater utility to have general information and resources on hand to accommodate their busy schedules.

Most clergy were aware of additional community resources, but in nearly all cases, the knowledge was believed to be extremely limited and insufficient. The most commonly known resource by clergy in Utah County is LDS Family Services, along with other assistance offered through the Church of Jesus Christ of Latter-day Saints. All clergy interviewed reported that they would utilize and refer congregation members to more community resources if they were aware of them.

One of the strengths of the services currently being given is that of the clergy themselves. Their desire and ability to find resources for their congregations is truly noteworthy. Another strength lies in our small community, where resources are often more easily found and contacted.

WHAT NEEDS TO BE DONE?

There are four specific areas of focus in which clergy need assistance to both help alleviate the stress of their responsibilities as well as to better assist those they serve. First, the main problem we want to alleviate are the complex feelings of stress and the burden of caring. We hope you realize that you are not alone in feeling overwhelmed in your responsibility. However, we also want you to recognize there are specific things each clergy can do generally and specifically to improve their own mental health and preparation. A few general things to do are to seek preparation from the available channels and budget your time in a way that allows you to invest yourself in training and preparation for your congregation. Clergy members can also seek out balance in their own lives through prioritizing their physical, emotional, mental and spiritual health.

Some of you may wonder if what you are doing is even considered helpful to those you serve. We want you to know that your empathy, your kindness, your guidance, and your non-judgemental attitude does make a significant contribution to the well being of your congregation. Individuals with problems need support and you do not have to have all of the answers. We want to reassure you that something desperately needed is clergy who are willing to take on challenges with the individuals in their congregations and seek for greater understanding. Last, when you refer individuals to others with additional resources, you give them another link of support and another opportunity for success.

Second, clergy need to receive stronger and more extensive training when they begin serving in their position. The training that LDS clergy in particular receive is vastly inadequate. This is because most of them come from other professions. Their preparation is limited, based on some conversations; they are left with an hour or two of preparation and manuals. While the time for that has passed for you, we hope you will advocate for more comprehensive training on the issues that you need.

Third, clergy need to know more about various issues (e.g. mental health, domestic violence, addiction, etc.). While each clergy brings their own experience to their congregations, the diverse problems the community brings them are more vast than their training and experience has prepared them for. By being part of Clergy Bridge, you are on your way towards learning more about the issues in your community.

Fourth, clergy need to have a better knowledge of community resources. For this reason we hope that the listed resources and appendixes attached will be reviewed and used by those in need. In response to the aforementioned needs, this manual is being produced in an effort to help clergy who are currently experiencing limitations in providing sufficient service to congregation members who are undergoing various difficulties. Several topics will be addressed in the following format:

- **Mental Health Issues.** This section will include an overview of dealing with mental health issues and crises as well as information regarding awareness, treatment, and resources for PTSD, depression, suicide, and eating disorders. Common myths, laws, and resources will also be addressed in this section.
- **Domestic Violence & Child Abuse.** This section will include an overview of domestic violence and child abuse, including the prevalence of abuse in Utah County. Forms of abuse and cycles of abuse will be covered as well as child abuse and neglect. Common myths, laws, and resources will also be included.
- **Addictions**. An overview will be given of addiction, with more specific information on both substance and sexual addiction along with associated common myths, laws, and resources.
- **Financial and Economic Resources.** An overview will be given, as well as a more in depth look at employment, housing, and insurance. Information will also be given about government benefits and other common financial resources as well as common myths and laws about finances.
- **Community Resource Appendix**. Includes a listing of many resources available in the community, and where to go for additional information on a given subject.

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MENTAL HEALTH

AN OVERVIEW OF MENTAL HEALTH

Mental illness is a prevalent and complicated problem in the United States. According to the National Alliance on Mental Health (NAMI), one in four adults (approximately 57.7 million) experience a mental health disorder every year (NAMI, n.d.). Though only one in seventeen adults experience serious mental health disorders, the majority of these do not receive any treatment. Considering the size of many in your congregations, you can expect to have several different kinds of mental illnesses in your congregation.

Schizophrenia, major depression and bipolar disorders are serious illnesses in the U.S., with schizophrenia affecting approximately 1.1 percent of the adult population. Bipolar disorder affects around 2.6 of the adult population, and major depressive disorder affecting 6.7 percent of the same. It has also been reported by NAMI that approximately 5.2 million adults have "co-occurring mental health and addiction disorders" (n.d.).

Mental illness also affects children and youth. Major depressive disorder has been known to be the "leading cause of disability in the U.S. and Canada" for those between the ages of 15–44 (NAMI, n.d.). Additionally, suicide numbers rank highest for individuals aged 10–24, and is the third leading cause of death for these individuals. Unfortunately, only approximately half of children with mental disorders are recipients of mental health services each year (n.d.). This is unfortunate, as the sooner issues can be dealt with, the better the long term outcome of the illness.

WHAT IS MENTAL ILLNESS?

Mental illnesses are clinically significant behavioral or psychological syndromes or patterns that occur in an individual and that are associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. Mental illnesses vary throughout different countries and cultures, though mental illness as we understand it is essentially consistent throughout industrialized countries and cultures. Mental illnesses can generally be grouped into five general categories as follows:

- ***Anxiety disorders:*** the most common of all mental illnesses, can be manifested by phobias, obsessive-compulsive disorders and panic disorders. An obsession is an idea that a person makes decisions around, and a compulsion is something done to temporarily alleviate stress about an obsession. Someone having a panic attack may look like they are having a heart attack. A phobia can lead someone to avoid or bear an experience with extreme amount of discomfort. Anxiety disorders also include generalized anxiety disorder (GAD) and post traumatic stress disorder (PTSD).
- ***Mood Disorders: depression and bipolar disorders.*** These can be mild and long lasting, or severe and sudden like certain post-partum depressions.
- ***Schizophrenia:*** manifested in hallucinations, delusions, or disorganized speech and/or thinking. A delusion is an incorrect firmly held belief (i.e. I believe I am Jesus Christ). A hallucination can be tactile, auditory, or visual (i.e. Seeing a UFO). This usually is manifest for the first time during early adolescence or early adulthood.
- ***Dementias:*** manifested in a loss of mental functioning in disorders such as Alzheimer's. This usually is progressive over time. It is also usually due to a disease like Parkinson's.
- ***Eating Disorders: anorexia nervosa and bulimia.*** This generally means that in addition to abnormal eating or compensatory habits (i.e. excessive working out or purging), an individual has a distorted point of view concerning their weight and health.

HOW TO RECOGNIZE MENTAL DISORDERS

It is important to remember that everyone, at some point in their life, experiences some or most of these characteristics. However, it is generally not considered a mental illness unless it is persistent and it some how negatively affects the individual's life. Also, though these tips may be helpful for identifying those in need, it is important to not jump to conclusions. Mental illness is often associated with a negative stigma, so those in a position to help should do what they can to avoid placing or perpetuating this stigma. Referring those in need to qualified mental health professionals allows for proper diagnosis (if one is warranted) and further linking with appropriate services and treatments. Mental illness doesn't have a distinguishable look. It affects all different types of people regardless of race, gender or socioeconomic status. Because of the broad spectrum of mental illnesses you can't look at someone and tell whether or not they are mentally ill. There are different signs for different illnesses.

WHAT CAN CLERGY DO?: COMMUNICATION IN COUNSELING

Some basic concepts are important for counselors to employ as they counsel with individuals can also be employed by clergy as they counsel their parishioners. There are a few important elements to pay attention to when it comes to communication within the counseling setting. Listening and allowing people to talk about their problems is an integral part of the helping process and should be at the forefront of applied techniques.

The next important element of communication is empathy. Empathy is displayed through truly listening and understanding, and can be sensed by those with whom one works. This means being able to accurately sense the inner feelings and meanings of the individual's experience and relate back to them that you understand. The use of empathy involves five techniques: a) attending or listening, b) verbally communicating empathetic understanding, c) reflecting feelings, d) nonverbally communicating empathic understanding, and e) silence as a way of communicating empathic understanding. One important aspect of empathy is empathic listening, which can be displayed through thoughtful paraphrasing and reflecting of ideas. This tool allows the helper to understand and clarify what has been said, and allows others to assure that their message has been received.

Do not "own" the problem: "You can invite him to change, and the rest is up to him." Not taking others' burdens home with you is a difficult skill to learn. Considering how to leave some of these problems with the member is a long and worthwhile process.

Know when to refer to other professionals. While you have capabilities that are wonderful, remember that getting quality care for the individual should be of the greatest priority, and your role as a spiritual advisor does not have to be stretched beyond your comfort zone. Allow them to decide upon solutions to their problems, and then assist them with the steps necessary to put the plan into action. This aids people in gaining confidence in the decisions they make and will make in the future (as well as allowing them to own and take responsibility for their own lives), and helps prevent against possible dependence upon the helper.

TREATMENT

Mental illnesses are treatable. Some evidence based practice to assist in the recovery of those with mental illness include: medications, psychological therapies such as Cognitive Behavioral Therapy (CBT), group therapies, etc. Other important keys to successful recovery programs are good support systems (family and/or friends) and balance in life in the areas of sleep, exercise, and nutritional intake. It is also beneficial for these individuals to exercise the personality and character strengths they have, and to increase these strengths through volunteer or service work opportunities.

There are two main types of treatment for mental disorders; these are somatic therapy and psychotherapy. Somatic therapy includes treatment such as drug therapy, and electro-convulsive therapy (also know as electroshock). Examples of psychotherapy include individual, group, family, marital therapy and behavioral techniques (such as relaxation). Studies have shown that a combination of both types of therapy have proven to be beneficial approaches to the treatment of mental illness (Treatment of Mental Illness, 2009).

MYTHS CONCERNING MENTAL ILLNESS

- ***People with addictions choose to have that lifestyle and they are morally weak.*** Addiction is a disease caused by brain chemistry alterations, which is not associated with moral weakness.
- ***Depression is caused by a weakness of personality or a character flaw, and people are able to "snap out of" their depression if so desired.*** Depression is not caused by a weakness in personality, but is caused by changes in brain chemistry or brain function, and both medication and/or psychotherapy are able to aid in the recovery of depression.
- ***Mental illness is the result of poor parenting.*** Mental illnesses have a physical cause, which when combined with other risk factors can lead to psychiatric disorders.
- ***People with severe mental illness, such as schizophrenia, are dangerous.*** Statistics show that the incidence of violence in people who have a psychiatric illness is not much higher than that of the general population. In fact, those people who suffer from schizophrenia are often frightened and confused, rather than violent. (NARSAD Research Newsletter, 2001).
- ***Troubled youth just need more discipline.*** Approximately 20% of youth residing in juvenile justice facilities have a serious emotional disturbance and most have a diagnosable mental disorder.
- ***Homeless people with mental illnesses have a small chance of recovery.*** Homelessness can be significantly decreased when people are connected to case management, supported housing, and related services.
- ***It is not possible for children to have depression.*** Over two million children suffer from depression in the United States, and half of them do not receive treatment. (Mental Health Myths, 2009)

POSTTRAUMATIC STRESS DISORDER (PTSD)

WHAT IS PTSD?

Symptoms of Posttraumatic Stress Disorder (PTSD) are most commonly presented in individuals who witnessed or were exposed to an event that caused them emotional or physical distress, causing them to respond with intense fear, helplessness or horror. Individuals who qualify for a PTSD diagnosis have been known to previously experience events such as personal violence (ex. sexual assault), military combat, kidnapping, terrorist attacks, torture, incarceration as a POW, natural or manmade disasters, severe auto accidents, or diagnosis with a life-threatening illness (DSM IV-TR, p. 463–464). Additionally, onset time varies; some people suffer from acute onset in which the symptoms last for only approximately three months. PTSD is defined as chronic when the symptoms are present for more than three months, and Delayed Onset is when the symptoms of PTSD are manifested only after six or more months have passed since the traumatic event occurred (DSM IV-TR, p. 465).

HOW PTSD IS MANIFESTED?

According to the Diagnostic and Statistical Manual of Mental Disorders IV-TR or DSM (2000), symptoms of this disorder are manifested in three forms.

All three symptom categories must be present for at least one month in order to warrant this diagnosis, and may present themselves instantly, or six months or more after the traumatic event has occurred:

- ***The traumatic event is persistently re-experienced*** in the form of thoughts, dreams, the re-living of the experience, psychological distress, or physiological reactivity upon exposure to things that symbolize or resemble an aspect of the event itself.
- ***Avoidance of stimuli associated with the traumatic event,*** as seen in efforts to avoid thoughts, feelings, or conversation associated with the event, avoid activities, people or places that remind them of the event, the inability to recall pertinent portions of the event, a decreased interest in previously enjoyed activities, detachment or estrangement from other people, restricted affect, and the expectation of restricted future (cannot view themselves as marrying, having a career, etc).

- ***Persistent increased arousal*** manifested by difficulty in sleeping, irritability or outbursts of anger, difficulty in concentration, hypervigilance, or an increased startle response.

Symptoms of PTSD can also be manifested in what are known as Maladaptive Patterns of behavior. As mentioned in Crisis Intervention Strategies, there are five common patterns seen in the behaviors of those with PTSD (James, 2008, p. 138–139). They are:

- ***Death Imprint:*** where "the normal boundary between living and dying is suspended… the only way they have of testing the boundary between life and death is to seek sensation, even if it means danger and physical pain."
- ***Survivor's guilt:*** thoughts such as "I should have been the one to die, instead of _____", or "If I had just done this or that, it (the trauma) wouldn't have happened."
- ***Desensitization:*** they can become desensitized to traumatic events and can feel badly or have fear regarding the feeling of "pleasurable responses to physical violence" they may have against others.
- ***Estrangement:*** most frequently this can be seen to affect relationships in negative ways such that they can have little or no meaning, they can have feelings that other people just do not understand what they have gone through, feelings of victimization, and negative intimacy experiences.
- ***Emotional enmeshment:*** those suffering with PTSD have a difficult time moving past their traumatic experiences and struggle "to find any significance in life." Many struggle with depression, anger and substance abuse, which can negatively affect their relationships.

WHAT CAN CLERGY DO?

Those struggling with PTSD need clinical help, but there are some things clergy can do until help is available. Consider these, from the National Institute of Mental Health (2009), when assisting those with PTSD

- **Educate yourself about the symptoms of PTSD** (listed above in How PTSD is Manifested), so you can be aware when someone is struggling.
- **Recognize that it is a real problem which can be very difficult to deal with.**
- **Offer emotional support, understanding, patience and encouragement.**
- **Talk to them about what they are experiencing and listen carefully.**
- **Invite the person to engage in positive distractions** such as outings, getting fresh air and other activities.
- **Remind them with time that they can receive treatment and get better.**

As stated in the previous section, realize when you need to refer out. PTSD is a difficult issue

for individuals to deal with, and by showing empathy and active listening, you can greatly help the individual to better cope and recover from PTSD.

TREATMENT

There are various forms of treatment for those suffering with PTSD. Some of these are mentioned below, however the most effective types are that of Cognitive therapy and Drug Therapy (Treatment of PTSD, n.d).

- ***Cognitive Behavioral Therapy:*** this focuses on the idea that if a behavior is learned, it can be unlearned. A therapist will work with a client to help them learn new responses to old situations.
- ***Exposure Therapy:*** this therapy puts the client in direct contact with the situation they are trying to avert. This exposure comes on slowing and progressively, or can be done with immediate intensity. The idea is to disprove beliefs about the situation.
- ***Drug Therapy:*** this is used to deal with certain receptors in the brain that can cause anxiety. This is usually not a cure, but a helpful method of beginning to stabilize a person.
- ***Group Therapy or Family Therapy:*** Therapy in a group can help to normalize their feelings. It can offer the person support, help them deal with their issues openly in a safe environment.
- ***Brief Psychodynamic Psychotherapy:*** Short-term therapy used to deal with specific issues. It acts as a kind of one issue therapy, where the focus is on small gains made in one area of functioning.

RESOURCES

The Utah State VA Blog and Suicide Hotline
http://utahstatevablog.blogspot.com/2007/11/va-suicide-hotline.html

Neurofeedback Training for PTSD
http://utahcountyneurofeedback.blogspot.com/2008/05/neurofeedback-training-for-ptsd.html

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DEPRESSION

WHAT IS DEPRESSION?

Most people experience depression from time to time. This is normal. However, major depression involves greater emotional distress and for longer periods of time. Major depression is a disorder characterized by persistent depressed mood which may last for months and possibly years and can interfere significantly with an individual's ability to function. It is the most common psychological disorder and can happen at any age and at any point in time. A combination of genetic, environmental, and personality characteristics increases the chance a person will become depressed (Women's Center, Counseling & Career Center, National Institute of Mental Health).

HOW IS DEPRESSION MANIFESTED?

Normal depression is not considered a mood disorder, and almost always results from current stress. There are two common reasons for normal depression:

- **Grief/Loss.** There are four phases of normal response:
    1. ***Numbing and disbelief.*** May last from a few hours to a week and may be broken up by the sudden occurrence of intense anger, distress, or panic.
    2. ***Yearning and searching for the dead person.*** May last for several weeks and includes such reactions as restlessness, insomnia, and preoccupation with the deceased.
    3. ***Disorganization and despair.*** Person finally accepts the loss as permanent and tries to begin a new identity (widow or widower). Criteria for major depression may be present at this stage.
    4. ***Some level of reorganization.*** Person starts to rebuild their life. Sadness decreases and the individual begins to find joy in life once more (Butcher, Mineka, & Hooley, 2007).
- **Situational Depression.** Temporary depressed mood that everyone experiences from time to time. Does not last long and doesn't impair functioning.

SIGNS AND SYMPTOMS OF DEPRESSION

- ***Noticeable change of appetite*** with either significant weight loss or gain. Similarly, ***changes in sleeping patterns,*** such as restless sleep, inability to sleep, or sleeping too much.
- ***Loss of interest*** in activities or hobbies previously enjoyed. Similarly, there is a loss of energy, feeling fatigue.
- ***Feelings of worthlessness or inappropriate guilt.*** People who are depressed are often very guilty that they are depressed. They feel guilty for dragging others down, for not being their best self, and a myriad of other things.
- ***Recurring thoughts of death or suicide.*** Persistent sad, anxious or "empty" feelings often leave people feeling like there is no hope and the only way out is by death.
- ***Persistent physical symptoms of pains*** that do not respond to treatment, such as headaches, digestive disorders, and chronic pain.

When several of these symptoms of depressive illness occur at the same time, last longer than two weeks, and interfere with ordinary functioning, professional treatment is needed (Women's Center, Counseling & Career Center, National Institute of Mental Health). A few risk factors associated with higher depression include: being female, genetic disposition, environmental factors, stressful events, economic dependency, and rigid patterns of thinking (Counseling & Career Center).

TYPES OF DEPRESSION INCLUDE THE FOLLOWING:

- **Major Depressive Disorder (also known as Clinical Depression)**. A serious medical illness affecting 15 million American adults each year. Among the medical illnesses, it is the leading cause of disability in the U.S. Major depression is persistent, disabling and can drastically interfere with an individual's thoughts, mood, behavior, and health. Often begins between ages 15–30 but can also appear in children. An episode of major depression may occur only once in a person's lifetime, but more often it occurs throughout a person's life. This diagnosis is made if several of the symptoms of depression (see list of symptoms) occur at the same time, last longer than two weeks, and interferes with ordinary functioning.
- **Dysthymic Disorder.** A less severe type of depression that involves long-term, chronic symptoms that do not disable the individual, but keep them from functioning or feeling well. This type of depression is diagnosed when the depressed mood persists for at least two years (one year in children), and is accompanied by at least two other symptoms of depression (see list of symptoms) (Women's Center, National Institute of Mental Health).
- **Postpartum Depression (or Postpartum "Blues").** Occurs in about 50 to 70 percent of women within ten days after giving birth. Hormonal readjustments may play a part in the depression. The symptoms include a mixture of mood changes: irritability, crying

easily, or expressing happy feelings. Often these moods are expressed at the same time. The symptoms usually subside on their own, but withdraw more rapidly if the individual has social support and/or is able to adjust to the new demands. Women with a personal or family history of depression are more sensitive to postpartum depression (Butcher, Mineka, & Hooley, 2007; Women's Center).

TREATMENT FOR DEPRESSION

Most depressive episodes eventually clear up with or without treatment interventions; however, several interventions can be useful in helping a person recover from depression sooner and with less impairment in functioning. Depression, including the most severe cases, is a highly treatable disorder.

The first step in treatment is to see a medical doctor in order to rule out any other medical conditions that may be producing similar depressive symptoms. If the medical examination rules out any possibility of a medical condition, the doctor should conduct a psychological evaluation or refer the patient to a mental health clinic. Once diagnosed, the person with depression can be treated with a number of methods including psychotherapy (individual and/or group) and/or medications. Medications can be especially helpful for those with moderate to severe depression (Women's Center, Counseling & Career Center, National Institute of Mental Health).

MOOD MANAGEMENT STRATEGIES

There are many events in life that are not in our control. There are steps one can take in order to be more resistant to depression when negative events come our way. These include:

- ***Live a balanced lifestyle*** by exercising, eating a healthy balanced diet, and getting adequate sleep. These actions are critical to our emotional health. They will do more for an individual than anything else they could do.
- ***Include time for relaxation and pleasure*** (e.g., movies, ballgames, walks, reading, and conversations with family and friends).
- ***Socialize.*** Studies have shown that people who socialize and have good social support systems are less vulnerable to stress and depression.
- ***Find appropriate ways to express intense emotions such as sadness and anger.*** Examples include: Identifying persons in your life with whom you can talk about your feelings. Learning how to assert yourself appropriately when you are angry; this involves respecting both your rights and the rights of others. Learning how to be honest without being hostile. Writing feelings down in a journal. Write letters to people whom you have angry or sad feelings over. Once you have written the letters thoughtfully decide whether or not to send them. Last, serve others and pray (Counseling & Career Center, Women's Center).

WHAT CAN CLERGY DO?

The first and most important step is to recognize the symptoms of depression, and help the person get an appropriate diagnosis and treatment. Other suggestions include offering emotional support, understanding, patience and encouragement. While being supportive and understanding, be careful not to do things that fulfill any unreasonable or unrealistic needs of the depressed person. There is a very thin line between being supportive and being overly concerned. Too much concern can feed an unrealistic demand for attention. It can also cause dependency and sooner or later feelings of guilt over being indebted to someone else.

Second, engage the individual in conversation, and listen carefully. It is frequently difficult for a depressed person to carry on a conversation. Attempts to help may be met with defensiveness and verbal attacks. Constant reassurance that they are really cared about is important.

Last, never belittle their feelings, rather point out realities and offer hope. Encourage the individual to engage in social activities. Be careful not to push them, too many demands can frustrate them and cause feelings of failure. Remind them that with time and treatment, the depression will go away (Counseling & Career Center, National Institute of Mental Health).

MYTHS AND REALITIES OF DEPRESSION

- ***Depression is hurtful but not a major medical condition.*** This is a myth. Depression is a serious, common medical condition that can significantly disrupt a person's ability to function with daily tasks and routines. If depression becomes extreme, the individual may become a threat to themselves and/or others. Areas in the brain that regulate mood, behavior, thinking, sleep and appetite function abnormally when a person is depressed. Chemicals in the brain called neurotransmitters become unbalanced.
- ***Children do not get depressed.*** This is a myth. About 2.5% of children in the U.S. suffer from depression. Depression is significantly more common in boys under the age of 10. But by age 16, girls have a greater incidence of depression. As in adults, depression in children can be caused by any combination of factors that relate to physical health, life events, family history, environment, genetic vulnerability and biochemical disturbance. Depression is not a passing mood, nor is it a condition that will go away without proper treatment.
- ***If your parent or grandparent had depression, you're sure to get it eventually.*** This is a myth. Depression does run in families, and one is three times more likely to become depressed if their parent suffered from depression. Genes do play a role. But it is not inevitable that a child or grandchild will end up with depression.
- ***Only emotionally troubled people become depressed.*** This is a myth. Depression can affect any individual suffering from stressful or traumatic events.

- ***Talking about depression only makes it worse.*** This is a myth. Different types of talk therapy and psychotherapy have proven to be very effective in treating depression.
- ***Depression is most common in elderly people.*** This is a myth. Many people believe that the elderly experience the greatest depression when in reality depression is highest in middle-aged people between 40–59. However, the elderly do suffer from depression as a result of ill health, medication side effects, social isolation, and financial concerns. It is important that the elderly receive help for their depression, especially since white men 85 and older have the highest suicide rate.
- ***Depression does not cause physical pain.*** This is a myth. Depression can cause chest pain, queasy or nauseated sensations, dizziness or light-headedness, sleep problems, exhaustion, and changes in weight and appetite. It can also intensify joint and back pain (webmd.com).

COMMUNITY RESOURCES

Wasatch Mental Health
801-373-4766
750 N 200 W
Provo, UT 84601

Family Support and Treatment Center
801-229-1181
1255 N 1200 W
Orem, UT

National Alliance for Mental Illness (NAMI)
801-255-3855
Utah County
http://www.nami.org

BYU Comprehensive Clinic
801-422-7759
John Taylor Building (TLRB)
1190 N 900 E
Provo, UT 84602
http://cc.byu.edu

SUICIDE

WHY PEOPLE COMMIT SUICIDE

In 2004 over 30,000 people in the United States committed suicide; and these rates seem to be increasing (National Institute of Mental Health, 2008). If we know why people are committing suicide then prevention becomes easier. Risk factors for suicide include:

- low socioeconomic status
- experiencing physical or sexual abuse or other types of trauma
- lack of healthy social relationships
- lack of coping skills
- experiencing some sort of loss
- mental illness

According to the World Health Organization (WHO) over 90% of people who committed suicide were experiencing some type of mental illness, depression being the most common (WHO, 2006).

WHAT ARE THE WARNING SIGNS?

- ***Suicidal Ideation.*** This is often manifested by thinking, talking, or wishing about suicide or death. The individual may or may not have a plan for carrying out one's own death, or may be looking for ways to die: internet searches for how to commit suicide, looking for guns, pills, etc.
- ***Sudden and abnormal feelings of anger or anxiety or other dramatic mood-changes.*** This may be manifested by angry outbursts, restlessness, irritability, and/or agitation.
- ***Increased appearance of recklessness or risky behavior.*** This may involve physically risky stunts, apparent disregard for one's own life in the pursuit of excitement, or increased substance use or abuse (including changes in substances used).

- ***Increased focus on death and dying.*** This may include talking about suicide or an abnormal preoccupation with death. This may also be manifested by an individual appearing to set their affairs in order by giving things away, suddenly preparing a will, or saying good bye to or seeking reconciliation with friends and family. Many of these behaviors can be perfectly normal in any stage of life, so one must not jump to conclusions because these things are observed. This is simply a red flag that should be considered if other symptoms are also observed.
- ***General loss of interest or disconnect from things, behaviors, and people one typically cares about.*** This may be manifested by withdrawal from social circles, or a loss of purpose or belonging. It may also be suggested by feelings or expressions of hopelessness, worthlessness, or helplessness. In general, this may appear as a sudden removal or derailment of oneself from the track or course of life one is on. Important things are no longer important and fun things are no longer fun.

WHAT CAN CLERGY DO?

There is no one particular method to preventing suicide. Furthermore, nothing can remove an individual's own freedom to choose the path of his/her own life or death, regardless of treatment or intervention. The main key to suicide prevention is awareness on the part of the individual and those who surround them. In order to save the lives of their friends, loved ones, or patrons, one must not be afraid of asking the difficult questions and engaging in the hard and often-uncomfortable conversations associated with suicide.

Suicide attempts are a cry for help. Clergy members can offer support. In addition to providing support, the clergy can seek out mental health professionals to provide assistance to these individuals. Clergy members should not try to handle these issues by themselves.

Later on in the manual we will discuss what to do in a crisis (see page 25). Suicide would certainly a good reason to use methods of crisis prevention.

TREATMENT

If someone is talking about suicide, and has a plan do NOT leave them alone. Lack of a plan or perception that the individual is not seriously considering suicide is not sufficient basis to withdraw an intervention. The individual may not be happy with the intervention (or those taking part in it) or may refuse to participate, but this also is not ground for withdrawal. Ensure continued monitoring until help is received from a mental health professional. Call 911, and make sure there are no weapons or pills around them. Be sure to take them seriously and always be empathic and willing to listen (American Foundation for Suicide Prevention). Mental health professionals should be a part of the treatment process. Suicidal thoughts or attempts are often accompanied by a mental illness. Medication and therapy are treatment options for individuals suffering from thoughts of suicide or suicide attempts. Even after therapy it is important to follow-up with them and make sure they have support.

MYTHS OF SUICIDE

- ***Those who talk about suicide won't actually do it.*** Suicide threats need to be taken seriously. Ask the hard questions. Do they have a plan? Have they attempted? Make sure they commit to safety and get them professional help immediately.
- ***Teenagers are the most likely to commit suicide.*** Suicide is most common in the elderly population (NIMH, 2008).
- ***People will only try to commit suicide once.*** Statistics show that people usually attempt 8–25 times before dying by suicide.
- ***Women are more likely to commit suicide.*** Women are more likely to attempt suicide than men, but men are more likely to carry it out successfully (Morrison, 2003).
- ***If someone is suicidal there is nothing you can do and they will always be that way.*** There are many resources and opportunities for helping those who feel suicidal. Do not give up on anyone.

RESOURCES AND AGENCIES

1-800-273-TALK (8255)
An anonymous 24/7 national hotline for those thinking about suicide, or in need of talking about someone who may be struggling with thoughts of suicide.

American Foundation for Suicide Prevention (AFSP)
www.asfp.org
Contains additional information about suicide treatment and intervention.

National Youth Violence Prevention Center
http://www.safeyouth.org/scripts/topics/suicide.asp

National Institute of Mental Health (NIMH)
http://www.nlm.nih.gov/medlineplus/suicide.html

Utah County Crisis Line
Crisis Hotline 226-4433
A center for those who are in need of help during a crisis in their life.
For general information or to volunteer call (801) 226-4468.

Canary Garden
http://www.canarygarden.org
Located in Orem, Canary Garden offers support to families who are grieving the loss of a family member no matter what the cause of death.

The World Health Organization
The World Health Organization provides statistics about suicide and articles about prevention.
http://www.who.int/mental_health/resources/suicide/en/index.html

CRISIS INTERVENTION

WHAT IS CRISIS INTERVENTION?

Crisis intervention involves the techniques used to provide immediate support to individuals who are experiencing or have witnessed events, which are causing mental, emotional, physical, and behavioral distress. A crisis is a situation in which the individual feels they have lost their ability to cope (EMD, 2008). A crisis is rarely expected and therefore, the victim's means of coping are temporarily weakened and their ability to function is jeopardized (Caplin, 1964). Crisis situations include events such as: natural disasters, domestic violence, medical emergencies, mental illness, loss of occupation, sudden change in marital status, assault (sexual or criminal), burglary, death of a loved one, and thoughts of suicide or homicide. **It is important to note that the following information should be utilized only if absolutely necessary. If possible, link (physically if it is feasible) the individual with a trained professional for this assistance. If a professional is not available in person or on the phone (via crisis-line), proceed with care.**

Crisis intervention is appropriate for children, adolescents, and adults of all ages. An individual's reactions to a crisis depend on their ability to cope and on the specific crisis situation. Reactions of individuals who are having a difficult time coping include:

- ***Mental reactions (confusion, nightmares, and difficulty concentrating).*** The individual's thought patterns may not be realistic. They may be rationalizing, exaggerating, or believing part-truths which intensify the crisis.
- ***Emotional reactions (anger, anxiety, depression, fear, grief, and guilt).*** Abnormal or impaired emotions are the first sign that the individual is in a state of instability. The individual may be out of control or withdrawn and isolated.
- ***Physical reactions (dizziness, fatigue, headaches, stomach problems)***
- ***Behavioral reactions (isolation, restlessness, sleep and appetite problems).*** Individuals who successfully cope with crisis report that the most helpful alternative during a crisis was to engage in some actual and immediate activity (doing, taking active steps) in order to help them gain an element of control (James, 2008).

The major cause of distress the victim experiences in a crisis situation involves the "Three I's." The victim believes the situation to be *Inescapable, Intolerable, and Interminable* (never-ending). The purpose of crisis intervention is to provide immediate and temporary emotional aid in order to reduce the intensity of these reactions, and to help the individual regain their pre-crisis level of functioning. This is accomplished by helping the individual change one or more of these I's (Chiles & Strosahl, 1995). As the crisis worker listens empathetically and acts on the individual's emotional pain, a relationship of trust is established, and the individual gains a sense of hope and control over the situation. The individual is helped to realize that their reactions are normal responses to an abnormal situation (James, 2008).

WHAT CAN CLERGY DO? TREATMENT SOLUTIONS

STEPS OF CRISIS COUNSELING:

The following steps can be used when immediate action/attention is required. However, they do not constitute a replacement for professional help. Please refer to the provided resource list for further assistance as soon as the individual is safe.

1. ***Define the Problem.*** Encourage the individual to talk. Let them know it is alright to let it all out in any way they may need (cry, criticize, rant, rave, mourn, etc.) in order to vent their thoughts and feelings. Actively listen to the individual and ask them questions that require more than just a yes or no answer. The message the individual in crisis receives is that someone cares about them and is truly listening and understanding to what they have to say. This is possibly the most effective service you can provide. There are three attributes a helper must have in order to facilitate a positive relationship with the individual they are helping: These attributes are empathy, genuineness, and acceptance.
    - ***Empathy.*** Being able to accurately sense the inner feelings and meanings of the individual's experience and relate back to them that you understand. You want to be able to "step into the shoes" of that person. Some skills to use would be
    - ***Understand*** from the client's frame of reference—"step into their shoes"
    - ***Non-judgemental and non critical*** listening/comments
    - ***Use "I" Statements to try to reflect what they are saying to you,*** "because I understand you are feeling…" An example would be: "I see that you are feeling anxious and concerned about your spouse wanting to commit suicide. I sense that you are unsure about what to do and feel helpless."
    - ***Genuineness.*** Be real and completely open in the relationship. Allow yourself to be open with the individual, as this will help encourage them to be open in the relationship also.

- ***Acceptance.*** Feel unconditional positive regard for the individual. Care for and accept the individual as a human being in need. If the helper demonstrates the attributes of empathy, genuineness, and acceptance the likelihood that the individual will experience positive growth will be increased (James, 2008).

2. ***Ensure the individual's safety.*** Assess if the situation is life threatening, and if the individual is able to function and adapt to the demands of everyday living. Assess the individual's emotional stability (their thoughts and feelings), and the situation surrounding them. If the individual expresses feelings of hopelessness or helplessness, and is unable to see a positive future, this is an indication that the individual's emotional strength has been weakened. Inform the individual of alternatives to self-destructive actions. Be direct in your questioning and in the suggestions you give. The more dysfunctional the individual's mental and emotional state, the more direct the crisis worker must be. Protect the individual from engaging in harmful, destructive, and injurious thoughts, feelings, and behaviors toward themselves and others.
3. ***Provide support.*** Often you may be the only support available to the individual in crisis. Express a caring, positive, non-domineering, non-judgmental, accepting, personal involvement with the individual. Normalize the situation by letting them know that what they are feeling is a reaction to the situation. However, never support injurious or life threatening thoughts, feelings, or actions they may have toward themselves or others. Reassure them that they have the resources and the ability to overcome the situation.
4. ***Examine alternatives.*** Many times the individual is so caught up in the crisis and is constantly engaged in self-defeating thoughts and behaviors. They are often unable to step back and explore different perspectives, or to formulate new alternative solutions to their problems. Help the individual locate immediate situational supports (family, friends, and religious leaders who can meet their urgent needs), explore coping methods (Ex: problem solving skills, relaxation techniques to reduce body tension and stress, writing thoughts and feelings down rather than keeping them inside, obtaining social support), and use positive thinking (exploring other ways to look at the situation).
5. ***Make plans.*** Once alternatives are discussed, help the individual develop a realistic short-term plan that identifies additional resources and provides them with functional coping methods. In order to prevent them from feeling overwhelmed and discouraged, break the plan down into steps that are manageable.
6. ***Obtain a commitment.*** Have the individual commit to positive action and let them know that you are depending on them to follow through with their commitment to you. This would include contacting you if things get worse (James, 2008).

COMMUNITY RESOURCES

Crisis Lines

Crisis Line of Utah County*
801-226-4433

Wasatch CMHC Emergency
801-373-7393

Hope Line (UVRMC)
801-375-4673

Utah Poison Control Center
800-222-1222
585 Komas Drive Ste 200
Salt Lake City, UT 84108

***Center for Women and Children in Crisis**
801-377-5500
Safe house from domestic violence, rape hotline

Family Support and Treatment Center
801-229-1181
Crisis respite care for children

The Gathering Place
801-226-2255
Alcohol and Drug Crisis Intervention

Hospitals

Utah Valley Regional Medical Center
801-357-7376

Psych Unit
801-357-7388

Emergency Room
801-435-7001

Mountain View Hospital (Payson)
Psych Unit (the Pavilion)
801-465-7041

Emergency Room
801-465-7190

Orem Community Hospital
Emergency Room
801-714-3326

Timpanogos Hospital
Emergency Room
801-714-6570

American Fork Hospital
Emergency Room
801-855-3555

*ABOUT THE CRISIS LINE OF UTAH COUNTY

The Crisis Line of Utah County offers 24-hour help to any individual facing any crisis. By listening carefully, the Crisis Line empathizes and appropriately directs callers to those who can provide long-term solutions.

- Does NOT provide professional therapy.
- The services are provided free of charge. Individuals may call as many times as needed.
- The Crisis Line is an independent organization without any affiliation to a particular hospital or group. Therefore, the Crisis Line is able to listen and help with any type of crisis problem. But the Crisis Line does NOT provide professional therapy.
- The calls are not recorded in any way or for any purpose. The calls are kept strictly confidential.
- The Crisis Line is located in Orem. The specific location is kept confidential to protect callers and volunteers.
- The Crisis Line encourages friends and relatives of those facing a crisis to call. The Crisis Line has referral numbers to freely give.
- The Crisis Line will help the caller generate options to help and provide referral numbers for long-term solutions. But, the Crisis Line does NOT offer therapy or professional counseling.
- Visit their website at http://www.unitedwayucv.org/org/1416173.html

EATING DISORDERS

WHAT IS AN EATING DISORDER?

The Diagnostic and Statistical Manual of Mental Disorders (DSMIV) outlines the different types of eating disorders (American Psychiatric Association, 2000) Anorexia Nervosa is a life-threatening eating disorder characterized by self-starvation and excessive weight loss. Bulimia Nervosa is a life-threatening eating disorder characterized by a cycle of bingeing on food and then doing a compensatory behavior such as vomiting or excessive exercising. Binge-eating Disorder is an eating disorder characterized by recurrent bingeing without compensatory behavior.

Because of the secretiveness and shame of eating disorders, many cases are not reported. We do have some statistics from the National Eating Disorders Association (2009). In the United States, as many as 10 million females and 1 million males are struggling with an eating disorder such as Anorexia and Bulimia. Many more are struggling with Binge-eating Disorder. We know that only 33% of those with anorexia and only 6% of those with bulimia receive mental health care. Anorexia Nervosa has the highest mortality rate of any mental illness. Studies show that 80% of American women do not like their bodies or appearance, which may contribute to the high rate of eating disorders in America.

WHAT CAN CLERGY DO?

Help is available for those struggling with an eating disorder. If the person struggling is an adult, he or she must choose to get help. In rare circumstances, however, loved ones can take legal guardianship of an adult's treatment if the adult's health is in critical danger. In this case, loved ones would need to consult with a lawyer. If the person struggling is an adolescent that does not want treatment, parents can find treatment for the child against his or her will. While these choices are not ideal, they may be necessary for the health of the person.

The causes of an eating disorder are many, and are not thoroughly researched. Researchers have found that eating disorders may have biological, genetic, and environmental causes. We do know that eating disorders are about more than just food and appearance. When you are talking with someone with an eating disorder, it is usually not helpful to focus on their weight or food. It is more helpful to talk about their health and happiness level, and how to help them with these things (Center for Change, 2006).

TREATMENT

The ideal treatment for an eating disorder varies with each individual. In most cases, psychological counseling and dietary counseling are helpful and possibly necessary. There are local resources that specialize in the treatment of eating disorders. Because someone with an eating disorder may be very secretive about their behaviors, and may be resistant to getting help, you can offer support and encouragement.

When working with someone suffering from an eating disorder, the priority should be his or her physical health. Also, it is important to remember spiritual or emotional help can occur only once out of physical danger. Therefore, the first step is to ensure the receipt of medical treatment from a doctor. Inpatient care or a hospital stay may be necessary for stabilization if physical health is in danger or if eating disorder behaviors are not decreased.

MYTHS AND REALITIES

- ***All people with eating disorders are underweight.*** In fact, many are a normal weight or overweight. Since bulimia affects electrolyte levels in the heart, a person who is bingeing and purging often is in serious danger of a heart attack and other health problems, even when they are a normal weight (Center for Change, 2006).
- ***Only teenage girls get eating disorders, and it is just a phase.*** An Eating disorder is a serious, life-threatening illness. Women and men of all ages struggle with eating disorders, and often need a lot of support to begin recovery. Full recovery from an eating disorder can take years (Center for Change, 2006).
- ***Someone with an eating disorder could just stop if they wanted.*** Eating disorders are similar to an addiction. The behavior no longer is a choice for the individual. Starvation, bingeing, and purging actually produce brain chemicals that bring a "high" similar to what can come from drug use. Depending on the specific case, many people with an eating disorder need a lot of help to stop their addictive behaviors (Center for Change, 2006).

RESOURCES

Center for Change
Orem, UT, 224-8255
Specialized treatment for Adolescent and Adult Women with Eating Disorders.
Offers inpatient care, long-term residential care, transitional care, outpatient individual and group services.

Eating Disorders Anonymous
Community United Church of Christ
175 N University Ave., Provo, UT
Offers EDA group Wednesdays at 7 P.M.

Avalon Hills: Residential Eating Disorders Program
Petersboro, UT
1-800-330-0490
Offers: Inpatient Care

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DOMESTIC VIOLENCE

WHAT IS DOMESTIC VIOLENCE?

Domestic violence is any form of violence within a relationship or family and is often referred to as intimate partner violence, family violence, or spousal abuse. Domestic violence is not limited to physical violence only; it can also be manifested through spiritual, emotional, psychological, or sexual means. Though women are most commonly discussed in regards to abuse (which is reflected in this section by most often referring to the victims as "she" or "her"), men and boys are often among abuse victims (Center for the Prevention of Sexual and Domestic Violence).

- In the United States, 33% of all women murdered (limited, of course, to those that have been solved) are murdered by an intimate partner. Women make up about 85% of the victims of non-lethal domestic violence (Rennison & Welchans, 2000).
- One in three American women are victims of sexual or physical abuse from their husband or boyfriend at some point in their lives (Oakland County Coordinating Council Against Domestic Violence, 2008).
- Men are victims of domestic violence only slightly less than women. These numbers may include women physically defending themselves from abuse (Feldman & Ridley, 2003).
- One in five American female high school students report being physically and/or sexually abused by a dating partner (Oakland County Coordinating Council Against Domestic Violence, 2008).
- In the year 2001, Utah had 17 deaths due to domestic violence. In the year 2002, Utah had 10 deaths. In the year 2004, Utah had 14 deaths, and 2 of these were children. In the year 2006, there were 17 deaths due to domestic violence, and 16 children total were present during the 2006 deaths (City of Orem, 2007).
- In 2004, a Provo, Utah shelter housed 432 victims and received 4,620 crisis (Governor's Violence Against Women and Families Cabinet Council, 2005).

HOW CAN IT BE RECOGNIZED?

The following are kinds of abuse and the forms they take:

- ***Physical abuse*** can include pushing, punching, hitting, shoving, shaking, pulling hair, beating, cutting, burning, choking, hitting specific body parts, throwing against walls, hitting with objects, pushing to the ground, damaging teeth, causing internal injuries, and using weapons among others.
- ***Psychological abuse*** can include demeaning jokes, yelling, insults, strict expectations, ignoring, destroying property, isolating the partner and not letting her be alone, name-calling, threats to her or her family, blaming, hurting pets, scaring kids, threatening suicide, threatening murder, and others.
- ***Sexual abuse*** can include sexual put-downs, degrading sexual jokes, embarrassing sexual comments, expecting sex as a duty, withholding sex to punish, flirting or acting out sexually with others to hurt partner, forcing unwanted sexual acts, incest, causing extreme pain during sex, raping, beating after intimacy, and others.(Provo Police Department, 2009, Chart of Dangerous Behaviors)

The following are 3 phases in the cycle of abuse. These 3 phases can occur repeatedly throughout an abusive relationship.

- **Phase 1: Tension-building**
  During this phase there are minor conflicts that can build. Threats of violence may increase. This phase may last from a few hours to many months.
- **Phase 2: Violence**
  During this phase, the abuser uses violence through a number of possible methods such as throwing objects, hitting, choking, kicking, sexual abuse, or using weapons. Once the attack starts, the victim can do little to stop it. There are generally no witnesses.
- **Phase 3: Reconciliation**
  During this phase, a period of remorse follows the violent behavior. The abuser may apologize excessively, may express guilt, and may even promise to go into treatment voluntarily. The abuser also might buy gifts and flowers for the person they abused. (Provo Police Department, 2009, The Cycle of Abuse)

WHAT CAN CLERGY DO?

Helping those caught in domestic violence is possible! Though difficult, the first step to helping the problem is to recognize that not only does the problem exist, but that it exists within your stewardship. Secondly, regardless of past history, when an abuse victim comes looking for help, the helper should take him or her for their word, and worry about evidence later. Only after these artificial walls have been removed can you begin the helping process. The first and most basic step of the helping process is to remove those abused, the victims, from the abusive environment and to find them a safe place to stay (family, safe house, shelter, etc). Once the victims are safe, be

sure to assure the victims that the abuse is not their fault, that they are not alone, and that help is available (Center for the Prevention of Sexual and Domestic Violence).

It is important to hold the abuser accountable and to not minimize the abuser's behavior. Continue to support and protect the victim while the abuser begins some sort of counseling. Couples counseling is not appropriate in the early stages of abuse treatment and could open the victim to further emotional or psychological abuse. If couple's counseling is to be pursued at some point, it should only be so once the victim is safe and the crisis has de-escalated (Center for the Prevention of Sexual and Domestic Violence).

WHAT IS THE LAW?

Domestic violence is against the law. Womenslaw.org contains a complete listing of Utah domestic violence laws. Titles 76–78 of Utah Code 1953 include the domestic violence statutes. Title 76 contains most of the information you will find helpful.

- ***Harassment:*** tthreatening another person with the intent to frighten or harass
- ***Stalking:*** repeatedly engaging in a course of conduct directed at a specific person that would cause the victim emotional distress and fear of bodily injury.
- ***Domestic violence in the presence of a child:*** abuse occurs when a child is physically present or when the abuser knows that a child is in the house and can see or hear the abuse. This is a form of child abuse. (Knowlton & Secrist, 2003)

You are not required by Utah law to report domestic violence. It is recommended that you support the victim and encourage them to report domestic violence to police, but you must take into consideration the victim's current situation. There are things, however, that are mandatory to report. Failure to report child abuse, which includes domestic violence in the presence of a child, is a crime. Violence against a vulnerable adult, which may include the elderly or the disabled, must also be reported. Furthermore, any abuse that results in injury discovered by medical personnel must also be reported (Knowlton & Secrist, 2003).

MYTHS AND REALITIES

- ***Domestic Violence happens only to poor women or women of a certain race.*** Domestic violence actually happens to people of every community, race, religion, class, age, gender, and culture.
- ***Some women deserve to be hit or abused.*** No one ever deserves to be abused, no matter what. The sole person responsible for the abuse is the abuser.
- ***Alcohol, drug use, and mental illness cause domestic violence.*** While these things may be involved in some domestic violence and may be used as excuses by the abuser, they do not cause the violence or abuse. In most cases, domestic violence happens when the abuser has

learned to abuse and chooses to abuse.

- ***If it were that bad, women would just leave.*** There are many reasons why women may not leave. Often, leaving can be dangerous, and in fact, is the most dangerous time for a woman in a domestic violence situation. There are also psychological reasons women may not leave. If caught in the cycle of abuse, she may feel things really will get better, and the abuser will stop abusing. If she and the abuser have children, she may want to stay for the children. Many women do successfully leave and lead violence-free lives.
- ***Domestic violence is a personal problem between a husband and wife.*** Domestic violence affects everyone. 40% to 60% of men who abuse women also abuse children. Domestic violence also negatively impacts the community in which it takes place (Oakland County Coordinating Council Against Domestic Violence, 2008).

RESOURCES

1-800-897-LINK (5465)
Free 24 hour help resource for information on free shelters, counseling, and other services. If it is an emergency, call 911. (Utah department of human services)

GROUPS FOR VICTIMS (NO CHARGE):

Center for Women and Children
1433 E 840 N Orem, UT 84097
Adult victims (no child care is provided)
Wednesdays 6:00–7:30 p.m.
356-2511

Family Abuse Center for Treatment
787-7843
Wednesdays 6:30-8:00 p.m.

Provo Police Spanish Speaking Support Group
Centro Hispano
819 S Freedom Blvd., Provo, UT
Thursdays 6:30-8:00 p.m.

Child therapy simultaneous with adult group (Spanish only)
852-6244

Wasatch Mental Health (Medicaid Clients only)
Call for domestic violence victim group times
373-4766
750 N 200 W, Provo, UT

THERAPY PROVIDERS

AFTC
313 E 1200 S, Suite 104, Orem, UT

Types of groups: Powerful-self program for female victims, PTSD, Childhood trauma, Addiction therapy, general treatment
377-1595

Wasatch Mental Health (Medicaid Clients only)
750 N 200 W
Provo, UT
Types of groups: Schizophrenic, skills, depression and anxiety, borderline, bi-polar, male and female domestic violence, anger management, assertiveness, adults molested as children
373-4766

LDS Social Services
1190 N 900 E
Provo, UT
Types of Groups: Peer group ($20 single, $30 couple), Marriage and personal counseling ($65)
422-7620

Addiction Psychological Services
224 N Orem Blvd.
Orem, UT
Types of groups: Group and individual counseling for domestic violence and addiction ($65 individual, $30 group)
222-0603

ICT
560 S State Street, Suite A1
Orem, UT
Types of groups: Perpetrator group ($30 group, $60 evaluation, $100 workshop)
802-8608

ISAT
1868 N 1120 W
Provo, UT
Types of groups: Domestic violence children's group, victim group, perpetrator group (cost depends on income- sliding scale)
373-0210

ADDITIONAL WEB RESOURCES

www.domesticviolence.org
www.womenslaw.org

CHILD MALTREATMENT

WHAT IS CHILD MALTREATMENT?

The Child Abuse Prevention and Treatment Act (CAPTA) defines child abuse as, "Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm." Abuse falls into four categories:

- ***Physical:*** Children frequently have accidents and hurt themselves. However, concerned parties should look for patterns or behaviors that may suggest that abuse may be occurring: the child being afraid of adults, acting out in school, or being very shy and withdrawn.
- ***Neglect:*** Depriving the child of basic physical needs such as food, shelter, clothing, medical needs and adequate supervision are typical features of child-neglect.
- ***Sexual Abuse or Exploitation:*** Defined by CAPTA as, "the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children."
- ***Emotional:*** May include intentional belittling, humiliation, or shaming of a child or anything which damages the psychological condition of the child. A child acting out, withdrawing, or being depressed could exhibit this. (Child Welfare Information Gateway, 2007; Children's Justice Center, 2009; Jaffe-Gill, Saisan, & Segal, 2008; Prevent Child Abuse Utah, 2009)

HOW TO RECOGNIZE MALTREATMENT

- Unexplained injuries or bruise, bite or burn marks
- Child's story about where injury came from sounds made up
- Overly touchy or extremely withdrawn from adults

- Nervous or paranoid
- Doesn't show any signs of disappointment when separated from parents
- If it is sexual abuse there may be other behaviors exhibited such as:

    Acting out sexually

    Being overly touchy with themselves or others

    Doesn't want to go certain places or be where a specific person may be

    Being afraid of the dark or regressing to other childish behaviors

Sexual maltreatment may be particularly difficult to detect because there may not be any indicators of abuse and it is very hard to prove this abuse has occurred.

- Risk factors

    Substance Abuse

    There is a much higher rate of child abuse among children who use substance abuse.

    Family history

    There is a greater risk of children being abused if their parents were abused as children.

WHAT CLERGY CAN DO

- ***Be aware!*** Don't think this could not or would not ever happen to members in your congregation. Be informed about how the clergy is to report abuse.
- ***Be educated*** about abuse and the resources available to victims of abuse.
- ***Protect the child.*** If you know who the perpetrator make sure the child is being protected from that individual.
- ***Carefully read the law section below about what the law says about abuse.*** Also note the resources at the end of this section where you can find Utah's mandatory reporting laws.

TREATMENT

Treatment for child abuse will vary for each individual. Factors such as length of abuse and severity of abuse make a difference in treatment. The most important factor is to ensure the child's safety.

WHAT THE LAW SAYS

The responsibility of protecting children falls on all members of the community. States have varying laws regarding child abuse and the reporting of child abuse. This document covers the laws in Utah. Utah requires mandatory reporting, which requires anyone who suspects child abuse, in any form, to report it to a police officer or law enforcement agency. Similarly, there are specific rules for the clergy in reporting abuse. Because members of the clergy have strict

rules of confidentiality, they are not required to report if the perpetrator confesses directly to them. However, reporting is mandated when a child or anyone else reports suspected abuse. In these situations, clergy members are required to do all they can to protect children and prevent future abuse. The Adoption and Safe Families Act (ASFA) guarantees children three basic rights (safety, permanency, child and family well-being), and it is the responsibility of members of the community (parents, teachers, clergy, etc.) to assure that these rights are not violated. (Child Welfare Information Gateway, 2007; Children's Justice Center, 2009)

MYTHS

- ***Strangers are most often the perpetrators of abuse.*** 85–90% of children knew their perpetrators.
- ***The majority of child abuse cases are reported.*** Only 33% of cases are actually reported.
- ***There are always obvious signs of abuse.*** There are many different ways a child can express the fact they have been abused; some may be common, and some may not.
- ***You can't report child abuse anonymously.*** You can call the Child Help National Abuse line at 1-800-422-4453.
- ***Child abuse is very rare in Utah.*** Over 20,000 child abuse cases were investigated by Child Protective Services in 2007. (Child Help, 2006)

RESOURCES

Department of Child and Family Services
150 E Center St. Suite 5100
1 (801)374-7257

Child Abuse/Neglect Hotline
1 (800) 678-9399
To anonymously report abuse/neglect

1-888-PREVENT
For questions regarding sexual abuse.

LDS Hotline (LDS Clergymembers should call this hotline)

ADDITIONAL WEB RESOURCES

http://www.hccac.org/abuse/recognize.html. This website lists the signs of abuse—both physical and sexual. This also discusses how the perpetrator may act after abuse.

The World Health Organization has online manuals of ideas on how to prevent child abuse and how to report. http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf

Prevent Child Abuse Utah
http://www.preventchildabuseutah.org
This website offers great knowledge of how to prevent child abuse and resources available to parents,

teachers and community members to gain further knowledge.

http://utahvalleyfamilysupport.org/services/crn.shtml

Child Abuse Prevention
http://www.childabuseprevention.org/. This is a wonderful resource that discusses ideas to prevent child abuse.

Family Support and Treatment Center
offers a Crisis Respite Nursery (a free resource for parents where they can bring their children under times of extreme stress), parenting classes, and prevention classes for children.

www.calib.com/nccanch/statutes Contains information regarding child abuse reporting laws.

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ADDICTIONS

AN OVERVIEW OF ADDICTION

Substance and sexual addictions are serious problems in Utah. For example, data from a federal study of substance abuse gathered in 2004 and 2005 indicated that Utah led the nation in nonmedical use of pain relievers, with 6.5 percent of the population age 12 and over abusing pain medications (U.S. Department of Health and Human Services, 2007). In regards to sexual addiction, data from a study done in 2006 through 2008 showed that Utah's online pornography subscription rate of 5.47 per 1,000 home broadband users was the highest in the nation (Edelman, 2009). These studies provide clear evidence that drug and pornography issues are in need of attention.

This Addictions section has four primary objectives:

- To foster a focus on solutions rather than problems
- To inform readers of the most effective ways to help those with addictions
- To challenge commonly held beliefs about alcohol, drugs, and addictions
- To provide a directory of resources that can be helpful in understanding addiction and in getting individuals the help they need

The first of these objectives will be addressed directly. The other three will be addressed in the subsections on Substance Addictions and Sexual Addictions.

FOCUS ON SOLUTIONS

Family, friends, counselors, and clergy members can inadvertently feed into a focus on the problem of addiction rather than the solution. For example, when an individual approaches someone with an addiction problem, sometimes the entire discussion centers on the problem. Clearly, it is important for people to be able to say what they need to say about a problem, and in certain faith communities, it may be necessary for individuals to confess certain things they have done. However, once the necessary elements have been covered, there is no need to delve further into the problem. "Problem talk maintains a problem focus…change will involve a shift to solution talk" (Prochaska & Norcross, 2007). It is essential to help those with addictions to

begin looking for solutions, which can include entering a medically supervised detoxification (if necessary) or treatment program, finding 12-Step support groups, and reading literature that can help interest them in abstaining from the substance or behavior.

Furthermore, those seeking help or counsel generally do not want to hear how bad, wicked, or evil the addiction is. They likely already know or believe that and use it as their motivation for seeking help. Focusing on the evils of the addiction fuels the shame, which in turn feeds the addiction. This same principle applies to lessons, sermons, or talks that are given to congregations—emphasizing the evils of addictions is usually not helpful. Instead, it may be more helpful to focus on solutions to the problems (e.g. how individuals can access help for themselves or loved ones) and on the benefits of sobriety and recovery.

SUBSTANCE ADDICTIONS

WHAT IS SUBSTANCE ADDICTION/ABUSE?

Addiction has both psychological and physical components. In order to help a person who is suffering from an addiction it is important to understand and be aware of both aspects of addiction. When an individual is psychologically addicted they experience strong emotional and psychological desires or cravings for a drug. These cravings can be so powerful that they can lead a person to do things that they would not normally do—such as steal, lie or harm others—in order to get the drug.

Physical addiction is said to take place when a person becomes physically dependent on the substance. This dependence means that a person needs to use the drug in order to feel "normal." Physical addiction generally involves a person building up a tolerance to a substance, which means they need to take the drug in increasing dosages in order to experience the same feeling, or high. Withdrawal is another symptom of physical addiction and takes place goes through a period of abstinence. Withdrawal is often associated with physical illness, severe headaches, inability to sleep, shaking, sweating, and a general sense of feeling awful.

Because the psychological and physical forces behind addiction are so powerful, a person who is addicted to a substance may feel as if they do not have a choice to quit. Though a person may want to quit, their cravings can be so powerful that they overwhelm the individual's desire for change. Additionally, the physical pains felt when attempting to quit may compel the individual to use the substance as the quickest method of relief.

MANIFESTATIONS OF DRUG USE

Drug use can be manifested in several ways. Each type of drug generally has its own symptoms associated with it. Below are physical manifestations of common drugs:

- ***Marijuana:*** glassy, red eyes; loud talking and inappropriate laughter followed by sleepiness; a sweet burnt scent; loss of interest, motivation; weight gain or loss
- ***Alcohol/Depressants:*** clumsiness; difficulty walking; slurred speech; sleepiness; poor judgment; dilated pupils
- ***Cocaine/Methamphetamines:*** hyperactivity, excessive talking followed by depression,

excessive sleeping at odd times, dilated pupils, loss of appetite, weight loss, dry mouth and nose, euphoria, anxiety

- ***Inhalants (Gasoline/Aerosol Sprays/Nitrous Oxide):*** watery eyes, impaired vision, secretions from the nose, rashes around the nose and mouth, headache, nausea, drowsiness, appearance of intoxication, poor muscle control, impaired memory or thought, excessive number of spray/aerosol cans around
- ***Heroin:*** contracted pupils, no response of pupils to light, loss of appetite, twitching, coughing and sniffing, sleeping at unusual times, sweating, vomiting, needle marks

WARNING SIGNS

Because drugs can affect almost every aspect of a person's life, there are several signals that one can look for as warning signs of drug use.

- ***Eating Habits***—Loss of appetite or increase in appetite; noticeable weight loss or gain
- ***Sleep Patterns***—being awake or asleep at unusual times, Constantly tired, Lethargic
- ***School/Work Performance***—Drop in grades at school or performance at work; skipping school or work, or arriving late on a regular basis
- ***Mood Swings***—Over-sensitivity, temper tantrums, moodiness, irritability, or nervousness.
- ***Motivation***—General lack of motivation, energy, self-esteem or apathy
- ***Difficulty paying attention and forgetfulness***
- ***Secretiveness***—excessively secretive, seems to have something to hide
- ***Dishonesty***—Chronic dishonesty can be a sign of substance abuse
- ***Cash Flow***—Unexplained need for money or unable to account for money; alcohol, cigarettes, money or valuables go missing around the home
- ***Drug Paraphernalia***—Common items include pipes, bongs, cigars, rolling papers, butane lighters, roach clips, syringes, tourniquets, burned tinfoil or spoons; as well as products to cover drug odors such as dryer sheets, air freshener, incense, cologne or towels under the door.

However one must keep in mind that because each person is unique, and drug effects vary, the most important thing to be aware of is change in the individual and his/her patterns of behavior.

WHAT CAN CLERGY DO?

For many years, there has been a growing recognition among addiction treatment professionals that religion and spirituality can be very powerful healing agents. Waters and Shafer (2005) state that spirituality "is seen as the central curative factor in [addiction] recovery." Because of the potential power that religion and spirituality have to foster positive change in the lives of

individuals, it is important that clergy members understand how best to utilize that power to help individuals with addictions.

The first key to helping those with addictions is, as previously mentioned, to focus on solutions. Also, in an effort to enhance the abilities of clergy members to help substance dependent individuals, a panel of experts in both religion and substance abuse treatment was assembled in Washington, D. C., on February 26–27, 2003. This panel of experts developed a set of 12 core recommended competencies to be used by clergy.

12 Core Competencies (U.S. Department of Health and Human Services, 2004)

Be aware of the:

- Generally accepted definition of alcohol and drug dependence
- Societal stigma attached to alcohol and drug dependence

Be knowledgeable about the:

- Signs of alcohol and drug dependence
- Characteristics of withdrawal
- Effects on the individual and the family
- Characteristics of the stages of recovery

Be aware that possible indicators of the disease may include, among others: marital conflict, family violence (physical, emotional, and verbal), suicide, hospitalization, or encounters with the criminal justice system.

Understand that addiction erodes and blocks religious and spiritual development; and be able to effectively communicate the importance of spirituality and the practice of religion in recovery, using the scripture, traditions, and rituals of the faith community.

Be aware of the potential benefits of early intervention to the:

- Addicted person
- Family system
- Affected children

Be aware of appropriate pastoral interactions with the:

- Addicted person
- Family system
- Affected children

Be able to communicate and sustain:

- An appropriate level of concern
- Messages of hope and caring

Be familiar with and utilize available community resources to ensure a continuum of care for the:

- Addicted person
- Family system
- Affected children

Have a general knowledge of and, where possible, exposure to:

- The 12-step programs – AA (Alcoholics Anonymous), NA (Narcotics Anonymous), Al-Anon, Nar-Anon, Alateen, A.C.O.A., etc.
- Other groups

Be able to acknowledge and address values, issues, and attitudes regarding alcohol and drug use and dependence in:

- Oneself
- One's own family

Be able to shape, form, and educate a caring congregation that welcomes and supports persons and families affected by alcohol and drug dependence.

Be aware of how prevention strategies can benefit the larger community.

After careful consideration of these core competencies, it has been concluded that being able to shape, form, and educate a caring congregation that welcomes and supports persons and families affected by alcohol and drug dependence—has particular significance. In far too many cases, individuals who struggle with substance abuse and dependence feel ostracized by the very congregations of which they are members and at a time in their lives when they most need the support and strength that can be provided by the group or congregation. Members of clergy have far more influence than others to change this unfortunate situation. Leaders who are successful in promoting acceptance and support of those who struggle with substance abuse and dependence can potentially save lives and provide a service that can help immensely in the recovery of these individuals.

TREATMENT

There are many effective treatment approaches for substance dependence. Some of the most common theoretical approaches to treatment are Cognitive Therapy, Behavioral Therapy, Solution Focused Therapy and Strength-Based Therapy. Cognitive therapy is used to help those who have addictions by helping clients to identify and correct commonly held thinking errors, such as assuming that they will never be able to live without using drugs or rationalizing it is okay to use a drug every once in a while without becoming addicted. Behavioral therapy is used to help clients change their patterns of behavior that surround their drug use. This generally includes increasing awareness of triggers, which are events or situations in their life that trigger an impulse for them to want to use, and learning and practicing new ways to cope with these stressful events without resorting to drug use. Cognitive and behavioral therapies are often used together and have clinically proven to help individuals recover from addiction and prevent from relapsing.

Another widely used approach is Solution Focused Therapy. This approach recognizes that the client has within them the solution to many of their own problems. Solution focused therapy allows the client to identify what they can do differently in their own live, rather than resorting to drug use. The therapist or addictions counselor will help guide the client in the process, but ultimately they are the ones that come up with the solution to their problem. This is because the

client is more likely to follow through with a plan since they created it, rather than just being told what they need to do. Additionally, this gives clients an important tool to use in the future after they have completed treatment, which is to problem solve on their own.

Strength Based Therapy is also a valuable form of treatment, which focuses on the client's strengths and supports. Taking a strength based approach in treating addiction is extremely important because people who suffer from addiction oftentimes live their lives with overwhelming feelings of shame, guilt and worthlessness. These feelings can drive them further into their addiction and it is only by overcoming these negative feelings that they can begin to have hope in their own recovery and future.

Each type of therapy has its own strengths and weaknesses. As a result, most treatment programs do not use just one theoretical approach; instead most treatment agencies will include a combination of approaches in treating their clients. However, the theoretical underpinnings of the treatment program usually are not as important as other program components. The Center for Substance Abuse Treatment (CSAT) recommends consideration of the following 12 questions when choosing a treatment program:

- **Does the program accept your insurance? If not, will they work with you on a payment plan or find other means of support for you?**
- **Is the program run by state-accredited, licensed and/or trained professionals?**
- **Is the facility clean, organized and well-run?**
- **Does the program encompass the full range of needs of the individual (medical: including infectious diseases; psychological: including co-occurring mental illness; social; vocational; legal; etc.)?**
- **Does the treatment program also address physical disabilities as well as provide age, gender and culturally appropriate treatment services?**
- **Is long-term aftercare support and/or guidance encouraged, provided and maintained?**
- **Is there ongoing assessment of an individual's treatment plan to ensure it meets changing needs?**
- **Does the program employ strategies to engage and keep individuals in longer-term treatment, increasing the likelihood of success?**
- **Does the program offer counseling (individual or group) and other behavioral therapies to enhance the individual's ability to function in the family/community?**
- **Does the program offer medication as part of the treatment regimen, if appropriate?**
- **Is there ongoing monitoring of possible relapse to help guide patients back to abstinence?**
- **Are services or referrals offered to family members to ensure they understand addiction and the recovery process to help them support the recovering individual?**

(The U.S. Department of Health and Human Services)

MYTHS AND REALITIES OF SUBSTANCE ADDICTIONS

- ***If an addict has enough willpower, he or she can stop abusing alcohol and using drugs.*** Few people addicted to alcohol and other drugs can simply stop using them, no matter how strong their inner resolve. Most need at least one course of structured substance abuse treatment to end their dependence on alcohol and other drugs. Some achieve sobriety through participation in community–based support organizations (e.g., Alcoholics Anonymous), but relapse rates under this condition are very high. The most effective approach is one that combines structured treatment and community–based support.
- ***Many people relapse, so treatment obviously does not work.*** Like every other medical treatment, addiction treatment cannot guarantee lifelong recovery. Relapse is often a part of the recovery process; it is always possible–and treatable. Even if a person never achieves perfect abstinence, addiction treatment can reduce the number and duration of relapses, lower the incidence of related problems such as crime and poor overall health, improve the individual's ability to function in daily life, and strengthen the individual to better cope with the next temptation or craving. These improvements reduce the social and economic costs of addiction.
- ***Addiction is a bad habit, the result of moral weakness and over-indulgence.*** Addiction is a chronic, life–threatening condition, like hypertension, arteriosclerosis, and adult diabetes. Addiction has roots in genetic susceptibility, social circumstance, and personal behavior. Certain drugs are highly addictive, rapidly causing biochemical and structural changes in the brain. Others can be used for longer periods of time before they begin to cause inescapable cravings and compulsive use.(We in Recovery, 2009)

METH

- ***A meth user is the only one hurt by meth use.*** Meth abuse affects the whole community. Meth labs are environmental hazards. These labs use unstable chemicals and other toxic ingredients that pollute the air, water, and soil surrounding their locations. In addition, users' families and friends are often victims of neglect, domestic violence, theft and other violent behaviors.
- ***Using meth is a safe way to lose weight.*** Meth is dangerous, addictive, and can cause malnutrition leading to anorexia. Meth use can lead to bone density loss, rotten teeth, sleeplessness, seizures, aggressiveness, heart damage and failure, coma, and even death.
- ***Meth increases a person's strength and endurance.*** **W**hile meth gives the user a sense or feeling of energy, it does not increase their physical strength or endurance. The feeling of energy is usually followed by a "crash" where the user feels tired and sluggish and may sleep

for extended periods of time.(*Teen Think*, 2008)

ALCOHOL

- ***Drugs are a bigger problem than alcohol.*** Although alcohol use is legal and more socially acceptable, it is still classified as a drug. Alcohol has claimed the lives of more young people than cocaine, heroin, and every other illegal drug combined. About 18 million Americans are addicted to alcohol or have alcohol abuse issues. Furthermore, alcohol is the No. 1 drug problem of today's youth.
- ***Hard liquor is more dangerous than beer, wine or wine coolers.*** A 12-ounce can of beer, a five-ounce glass of wine and a 12-ounce wine cooler contain the same amount of alcohol and the same intoxication potential as 1.5 ounces of liquor. All of these will affect an unborn baby.
- ***One or two drinks will not affect driving ability.*** Alcohol is a depressant drug and therefore slows down reaction time and affects judgment with just one drink. The effects of alcohol not only depend on the amount consumed, but also on the user's past drinking experience, the way in which the alcohol is consumed, and a person's feelings or mood. The only safe way to drive is sober.
- ***If a person can abstain for weeks or even months between drinking bouts, he or she does not have a drinking problem.*** A person does not have to drink every day or every week to have a problem with alcohol. The effect of alcohol on a person's home, friends, social life, school life, job, leisure time, medical needs, and financial responsibilities need to be considered. If someone's drinking affects even one of these areas, the person should consider receiving help to keep it from causing more problems. (Garcia, 2005)

TREATMENT PROGRAMS

Addiction & Psychological Services Inc.
224 N Orem Blvd.
Orem, UT
(801) 222-0603

Cirque Lodge (Inpatient)
1240 E 800 N
Orem, UT
(801) 222-9200

Clear Living
532 E 800 N
Orem, UT
(801) 223-4357

The Gathering Place
251 E 1200, Orem, UT

(801) 226-2255

House of Hope
1726 S Buckley Lane, Provo, UT
(801) 373-6562

Renu Treatment Center
774 N 1200 W, Orem, UT
(801) 765-7528

Utah County Substance Abuse Assessment Center
151 S University Ave. Suite 1500, Provo, UT
(801) 851-7128

12-Step Support Groups (Web Resources)

Alcoholics Anonymous
National: www.aa.org
Local: www.utahvalleyaa.org

Narcotics Anonymous
National: www.na.org
Local: www.cuana.org

Al-Anon/Alateen (family support)
National: www.al-anon.alateen.org
Utah: www.utah-alanon.org

LDS Addiction Recovery Program
http://www.providentliving.org/content/display/0,11666,6629-1-3414-1,00.html

BOOKS

The Addiction Workbook: A Step-By-Step Guide to Quitting Alcohol and Drugs, by Patrick Fanning
Alcoholics Anonymous (The Big Book)
Healing the Shame That Binds You, by John E. Bradshaw
Narcotics Anonymous
Overcoming Addictions: The Spiritual Solution, by Deepak Chopra
The Thirst for Wholeness, by Christina Grof
You Can Stop Smoking, by Jacquelyn Rogers

ADDITIONAL WEB RESOURCES

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
http://www.niaaa.nih.gov/

National Institute of Drug Abuse (NIDA)
http://www.nida.nih.gov/

Substance Abuse and Mental Health Services Administration (SAMHSA) http://www.samhsa.gov/

SEXUAL ADDICTIONS

DYNAMICS AND THEORIES OF SEXUAL ADDICTIONS

According to Michael Herkov, PhD. (2006), "Sexual addiction is best described as a progressive intimacy disorder characterized by compulsive sexual thoughts and acts. Like all addictions, its negative impact on the addict and on family members increases as the disorder progresses. Over time, the addict usually has to intensify the addictive behavior to achieve the same results."

One theory of sexual addictions involves trauma. According to this theory, individuals who develop sexual addictions have experienced either developmental trauma or a traumatic event (sometimes called shock trauma). Developmental trauma occurs when children grow up in dysfunctional environments and, as a result, their developmental needs are not met. Both developmental trauma and shock trauma (especially sexual abuse) can lead to unhealthy sexual development and a host of other problems. Individuals who have experienced trauma often have unhealthy beliefs about sex and are also ill-equipped psychologically to manage crises or unpleasant emotional states. These individuals frequently discover that sexual behaviors can temporarily relieve the pain of the trauma. This coupled with unhealthy sexual beliefs and lack of appropriate coping skills can lead to sexual addiction (Robinett, 2003).

Another theory of sexual addiction centers on the principle of attachment. In this theory, the individual who later develops a sexual addiction fails to attach with a nurturing care-giver during infancy, then denies the need for a nurturing person, which denial leads to deprivation of love and belonging needs. Other contributing factors in this theory include family relationship estrangement, a family dynamic of rigidity, perfectionism, early exposure to sexual situations or materials that cause arousal, and problems developing emotional intimacy in relationships. According to this theory, individuals who develop sexual addictions will experience most if not all of these factors during their childhood. The addiction develops in an attempt to fulfill their need for emotional intimacy and human connectedness. Engaging in sexual behaviors also serves as a temporary escape from the loneliness they feel as a result of their inability to connect with others in meaningful ways. Sadly, the addictive behaviors typically lead to increased emotional isolation and disconnectedness (Wong, 2000).

HOW ARE SEXUAL ADDICTIONS MANIFESTED?

Sexual addictions involve a variety of behaviors that have taken control of the addict's life and have made it unmanageable. These behaviors can include pornography, sexual promiscuity, masturbation, exhibitionism, voyeurism, rape, incest, child molestation, making obscene phone calls, etc (Carnes, 2009). One or more of these behaviors increase in frequency and intensity until they begin to interfere with the ability of the individual to have healthy relationships and to carry out regular daily activities and responsibilities.

WHAT ARE THE WARNING SIGNS?

Dr. Patrick Carnes has identified ten warning signs of sexual addictions. If individuals are experiencing one or more of these warning signs, they may have a sexual addiction. The warning signs are as follows:

- Feeling that your [sexual] behavior is out of control
- Being aware that there may be severe consequences if you continue
- Feeling unable to stop your behavior, despite knowing the consequences
- Persistently pursuing destructive and/or high-risk activities
- Wanting to stop or control what you're doing and taking active steps to limit your activities
- Using sexual fantasies as a way of coping with difficult feelings or situations
- Needing more and more sexual activity in order to experience the same high
- Experiencing intense mood swings around sexual activity
- Spending an increasing amount of time planning, engaging in or regretting and recovering from sexual activities
- Neglecting important social, occupational or recreational activities in favor of sexual behavior (Hall)

WHAT CAN CLERGY DO?

Reid, Gray, and Manning (2005) make the following recommendations for clergy or ecclesiastical leaders in helping individuals with sexual addictions, particularly those with pornography problems:

- Understand that sexual addiction and pornography problems are rarely about sex. The behaviors involved in the addiction serve as a temporary escape for the individual much in the same way that mood-altering drugs serve as an escape. It can be helpful to identify what the individual is trying to escape by engaging in the behaviors of the addiction. Usually, the person with the addiction is trying to avoid unpleasant or uncomfortable feelings, such as stress or anxiety. It is important for the individual to develop more

appropriate and effective ways of coping with the unpleasant feelings.

- Avoid labeling people with pornography problems or sexual addictions as "addicts." Because of the common misperception that addicts have no control over their behavior and cannot help what they do, these kinds of labels sometimes have the effect of taking away personal responsibility for one's actions. However, it is also important to recognize that an individual may choose to label him or herself as an "addict" as part of a 12-Step program. In that context, individuals are merely recognizing their inability to change themselves and the need for help from a Higher Power.
- It is vital to assess the severity of the problem. With pornography, it may be important to find out the individual's definition of pornography, when he or she first saw pornography, how often and what types of pornography (heterosexual, homosexual, child) he or she views, if masturbation or other behaviors are involved, if the pornography has become more "hard core" over time, if he or she has made prior attempts to quit, if he or she hides the behaviors, and if he or she has noticed things that reduce or increase the problem. It is essential to maintain a high level of compassion in assessing the issue so that it does not start feeling like an interrogation.
- It may be helpful to explore the person's readiness for change. Sometimes people are unsure if they really want to change or if they are ready. It can be especially difficult for individuals who perceive great advantages to continuing their current behaviors. Sometimes it is helpful to do a cost/benefit analysis with individuals as to the benefits and the costs of both continuing the behaviors and changing the behaviors. It is important to allow them to identify their own costs and benefits.
- It is important to let the individual own the problem. Ultimately, the individual must make his or her own choices, so it is essential from the start that the individual is actively involved in determining his or her own "recovery plan."
- If individuals feel that they need therapy as part of their recovery, it is appropriate to ask them to sign a release of information form from the therapist, making it possible to work with the therapist in the recovery process.

TREATMENT

According to Dr. Michael Herkov (2006), the two primary issues that must be addressed in a treatment program are one, separating the person with a sexual addiction from harmful sexual behaviors, and two, helping the person cope with the shame, guilt, and depression that nearly always accompany the addiction. Dr. Herkov also identified several questions that can be asked in choosing a good sexual addiction treatment program. The questions are as follows:

- What percentage of the therapy program will be focused on sexual addiction and

compulsiveness?

- What are the groups that address these issues?
- What is the staff's experience facilitating the groups or program for sexual addiction and compulsiveness?
- Is the program based on a 12-step philosophy, and are there appropriate 12-step meetings to attend while in treatment?
- Is there a separate group that allows couples to work on the more intimate issues of their relationship?
- Does education about sexual addiction and compulsiveness clarify misconceptions about this highly misunderstood set of behaviors?
- Is the disclosure process facilitated by trained staff who understand the vulnerability of each family member and make appropriate decisions about which family members need to hear information about specific symptoms and behaviors?
- Is time allotted for family members or spouses to receive support in processing and debriefing information that the individual discloses during treatment?
- Is there a focus on the health risks involved for both partners and how to address these in a continuing care plan?

MYTHS AND REALITIES

- ***Sex addiction therapy is only for married people or those individuals in a committed relationship.*** Individuals who develop a compulsion regarding sex are putting themselves at risk whether they are single, dating or married. Engaging in unsafe sex can lead to serious health consequences such as contracting HIV/AIDS, herpes or other venereal disease. Also, there is unlawful behavior to consider as well, such as soliciting a prostitute or exchanging illegal drugs for sex.
- ***Sex addicts can stop whenever they want.*** Sexual addiction is a strong psychological condition, and just like drug addiction or an addiction to gambling, the individual alone cannot stop engaging in the behavior, even if they want to and know that it is causing harm to themselves and their families. Sexual addiction treatment is the most effective course of action for these individuals.
- ***Only men are sex addicts***. Current research suggests that sex addiction strikes both genders almost equally. Men and women may experience different root causes for their condition, but this condition certainly does not "play favorites."
- ***Sex addiction is the same condition it was 20 years ago.*** The Internet has greatly changed sexual addiction, giving compulsive individuals much greater access to the elements of their addiction than they would have had two decades ago. The overwhelming amounts of

online pornography, as well as chat rooms and web sites that can help facilitate anonymous sexual encounters have accelerated the problem for many individuals. The anonymous nature of the web has removed many previous barriers to seeking out these kinds of materials and relationships (Moonview LLC, 2008).

- ***I will stop using porn after I am married.*** Pornography use rarely stops after marriage and in many cases escalates. Stopping its use and healing from its effects long before marriage is the healthiest choice.
- ***Pornography provides me a sexual 'outlet' until I have a sexual relationship with a spouse.*** Pornography is not a substitute or replacement for marital intimacy. Pornography use handicaps one's ability to be intimate and sexual with one's spouse. It conditions one to disconnect. Pornography use also increases the risk of divorce and sexual dissatisfaction. Practicing self-discipline and learning to manage sexual feelings in mature, value-based ways is critical preparation for satisfying marital intimacy.
- ***I can stop my pornography use anytime, and I can overcome it on my own.*** Most people have faulty beliefs around their abilities to stop destructive habits. Habitual pornography use, especially if it started in adolescence, often requires specialized, professional intervention for solid sobriety to occur. A combination of approaches works best: medical (physicians, psychiatrists), therapeutic (addiction counselors, specialized therapists), spiritual supports, & support groups (e.g., 12 step programs).
- ***I use pornography because I am very sexual and simply like sex.*** Pornography is anti-sex and lust-based. People who truly love sex and want to celebrate their sexuality, will seek after and make sacrifices to experience high quality, high functioning sexual relationships that nurture the highest in them and others. Don't sell yourself short (Manning).

TREATMENT AGENCIES

Davis Counseling
14 N Main St., Springville, UT
(801) 489-0124

The Gathering Place
251 E 1200, Orem, UT
(801) 226-2255

Growth Climate Therapy
2545 N Canyon Rd. #210, Provo, UT
(801) 224-2525

Karen Wignall
754 S 400 E, Orem, UT
(801) 376-8466

12-Step Support Groups (Websites/Phone Numbers for Information and Current Meeting Schedules)

Sexaholics Anonymous (SA)
www.sa.org
(801) 802-8380

Sex Addicts Anonymous (SAA)
www.sexaa.org

S-Anon (family support)
(800) 210-8141

LDS Addiction Recovery Program
http://www.providentliving.org/content/display/0,11666,6629-1-3414-1,00.html

BOOKS

D*iscussing Pornography Problems with a Spouse: Confronting and Disclosing Secret Behaviors*, by Rory Reid & Dan Gray
Don't Call It Love: Recovery from Sexual Addiction, by Patrick Carnes, PhD
Out of the Shadows: Understanding Sexual Addiction, by Patrick Carnes, PhD
Purity & Passion: Spiritual Truths about Intimacy that will Strengthen Your Marriage, by Wendy Watson, PhD
The Secret Sin: Healing the Wounds of Sexual Addiction, by Mark Laaser, PhD
The Sex Addiction Workbook: Proven Strategies to Help You Regain Control of Your Life, by Tamara Penix Sbraga, PhD & William T. O'Donohue, PhD

WEB RESOURCES (SEXUAL ADDICTION INFORMATION)

Faithful and True Ministries, Inc.
www.faithfulandtrueministries.com

Internet Filter Review
http://internet-filter-review.toptenreviews.com

The LifeSTAR Network
www.lifestarnetwork.org

Society for the Advancement of Sexual Health
www.sash.net

Utah Coalition Against Pornography (UCAP)
www.utahcoalition.org

ONLINE SCREENING TESTS

The Sexual Addiction Screening Test (SAST)
http://www.sexhelp.com/sast.cfm

The Internet Sex Screening Test (ISST)
http://www.sexhelp.com/isst.cfm

The "Betrayal Bond" Test
http://www.sexhelp.com/betrayal_bond.cfm

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FINANCES AND ECONOMIC RESOURCES

THEORIES BEHIND FINANCIAL DEPENDENCE:

When people have financial problems, they often wait until they cannot afford to make their monthly payments, their house is foreclosed on, or a vehicle is repossessed. People often live in financial denial, living far above their means and spending more than they make. As represented by research financially troubled individuals usually do not look for alternative solutions to their financial conflicts until they hit rock bottom (Paulson, 2007).

Hitting bottom often comes in the form of losing one's job. The Continuum Center of Oakland University has identified the typical stages of grief following job loss. Those who feel stuck in one of these stages should seek professional assistance.

- **Happiness or Shock and Denial.** Some may feel wonderful or free because they no longer have the stress of the job. Others may feel numb. These feeling usually only last until reality hits and they accept the loss.
- **Emotional Release.** Some may need to vent feelings of sadness, anger or frustration.
- **Depression and Physical Distress.** Some become depressed, which affects physical things such as sleep or appetite.
- **Panic and Guilt.** Some feel responsible for their job loss, whether they had any control over it or not.
- **Anger and Hostility.** Some may feel anger. This can be a good thing if it motivates to improve one's situation, but not if it causes one to respond negatively to others.
- **Renewed Hope and Rebuilding.** This includes moving on with life by taking constructive steps toward finding a new job. (Dislocated worker, 2009)

Losing a job usually brings with it a great deal of stress. Here are some tips for dealing with stressful situations:

- Communication with others
- Exercise is an effective way to work off tension
- Helping others is a way to raise your self esteem.
- Talk to your family members. Remember that the whole family has been laid off.

- Eat healthy and nourishing foods.
- Obtain an adequate night's sleep

How some get into a financial mess when people get money, it is common for them to spend it on something that will provide happiness immediately, such as fast food, or a new video game. Having this mindset leads to overspending and not saving nearly enough money (Paulson, 2007). Therefore, when unexpected needs arise, sufficient funds are not available to cover the cost of such needs, thus thrusting the individual into financial crisis. Saving, even in small amounts, can relieve a tremendous amount of an individual's financial stress.

Credit cards, when used improperly, financial trouble. Individuals often rationalize buying something now, rather than waiting to save. Rationales may include:

- ***It doesn't cost that much.*** The problem is that small expenditures add up.
- ***The monthly payment isn't that much.*** Again, the monthly payments may not be that much, but with interest, over time it adds up to some big bucks.
- ***I can't pass it up because it's such a bargain.*** That may be true, but after you pay the interest, that item is not such a bargain.
- ***I deserve it.*** Some people feel like they have worked hard and really deserve a reward even if it means putting it on credit and eventually paying more.
- ***It's an emergency.*** This may be true in some life or death medical situations, but often there are other ways around the "emergency." This may require some creativity or doing without for a period of time.

Even those who have enough money at the time of purchase may find that they are unable to pay them off because of an unexpected decrease in wages, loss of health, becoming disabled, or loss of a job.

Unemployment is becoming a real issue for many individuals and families at this time. In December, all 50 states and the District of Columbia recorded over-the-month and over-the-year unemployment rate increases (Bureau of Labor Statistics). Utah was not exempt from this trouble, losing 11,500 (or 0.9 % of the jobs in the state) jobs through November 2008 (Utah economic news and data). Unfortunately, it appears that this is only the beginning; the outlook for this year is not good. About 20,400 more Utahans were out of work in January 2009 compared to January 200. Job losses are expected to accelerate to 30,000 through the first half of the year (Leong, 2009, January 21).

WHAT ARE THE WARNING SIGNS?

Early warning signs of financial difficulties are often hard to notice. Those exhibiting any of the following early warning signs of financial trouble should make financial changes to become financially solvent (Paulson, 2007):

- Not having a monthly budget for expenses.
- Having a budget but often not sticking to it.
- Living paycheck to paycheck to make bills.
- No or little emergency funds.
- Inadequate medical or health insurance.
- Not knowing one's level of credit card debt.
- Credit cards are charged up to the maximum.
- Making only the minimum credit card payment because that's all that is affordable.
- Frequent late-payment penalties.
- Constantly increasing credit card balances.
- Frequent use of credit cards for cash advances.
- Taking out loans to pay off other debts.
- Getting turned down or denied for a loan or credit application.
- Writing checks before money is present to cover them.
- Bouncing checks.
- Receiving frequent calls from debt collectors.
- Paying utility bills only after receiving a disconnection notice.
- Spending a lot after payday then trying to stretch what's left until the next salary period.
- Frequently telling other people that you need to start saving money but you don't.
- Belief that money is the root of all evil.
- Lack of concrete long-term financial goals.
- Gambling or betting on the lottery not for entertainment but because of financial desperation.
- Buying impulsively and often purchasing unneeded items.
- Frequent shopping while depressed.
- Losing sleep due to worrying about money.
- Sleeping too much to avoid thinking about finances.
- Hiding the true cost of your expensive purchases from friends and loved ones.
- Thinking of doing something illegal just to earn money.
- Frequently depending on parents or relatives to pay bills and expenses.
- Frequent financial arguments with spouse or love ones.

(Ready to be Rich, 2008; SallieMae, 2009)

COMMON MYTHS AND FACTS ABOUT FINANCES

- ***Age, I'm too young for life insurance/too young to worry about retirement***

You are not immortal, even though you may be young. As soon as someone depends on you financially you should get life insurance, and because you are young and closer to immortal than an older person, for the time being, you get the added benefit of low cost short term life insurance if you can't afford more. For example, a non-smoking adult male 30 years old or younger can get $250,000 worth of coverage ranging from $12 to $18/month (Farmers Insurance Company 2009).

The sooner you start to save the longer your money has to grow, like a tree. Do save (rule of 72: divide whatever interest you're making on your money into 72 and that is how many years it will take for your money to double. For example if you've invested money that you are making 10% interest on, it will take 7.2 years to double.) The longer your money works for you the more you will have at retirement.

The younger you are when you save the better off financially you'll be when retirement arrives and if unforeseen problems arrive, which they will (Dunleavey, 2009; Amat Corporation 2009).

- **I *don't make enough money to save or get out of debt.***

Making more money doesn't necessarily make you more wealthy. In fact with poor money management skills making more money can lead to greater debt! The secret to financial freedom is to spend less than you make and strive to save at least 10% of what you make.

Start using interest in your favor—Become your own bank with a 401k, employee stock purchase plan, or a savings account. Also the sooner children are taught to save by their parents, they will better understand how to control their money and be better off (Tyrell & Dolan 2007; Poduska 1995).

- ***Interest-only mortgages make homes more affordable.***

There are a couple problems with this. First, the interest rate on interest only loans is flexible and changes whenever the Feds decide the interest rates should be changed. In 2007–08 interest rates doubled and many found themselves paying twice the amount on their home mortgage, yet never paying anything toward the principle.

A second problem to interest only loans is that you can end up owing more for your house than it's worth. That is if your house decreases in value. And in this market we've seen that happen.

We all know credit card debt is a bad thing, think of interest only/sub prime loans as a huge credit card that you've maxed out. It's these types of loans that paid a huge role in the collapse of the financial market. Nowadays, the best plan is to switch to a repayment mortgage as soon as possible and if you can't afford to do so, you can't afford the property. It's as simple as that (Tyrell & Dolan, 2007)

- ***I have a savings account so I am saving money***

You are only saving money if you aren't paying on higher interest debt. For example, in a typical savings account you'd be lucky to get 4% interest, but a typical credit card ranges from 10% to 20%. So whatever you may be "saving" may actually be wasted if you don't pay off your debt and soon (Tyrell & Dolan 2007; Vonwinkle 2007).

However, an emergency fund is definitely worth working toward, and after paying off debt longer-term savings is worth saving for. Try investing to put money to work for you, remember the Rule of 72. (Dunleavey, 2008; Dunleavey, 2009; Amat Corportation, 2009)

- ***I have to be out of work to qualify for government assistance programs.***

Most families that make around the average median income, depending on the amount of children they have, usually qualify for some financial assistance. For example, HEAT, Weatherization, Medicaid, Chip, Food Stamps, WIC, TANIF. (State of Utah, 2009)

TOP 10 TIPS TO FINANCIAL SUCCESS

1. Get paid what you're worth and spend less than you earn

2. Stick to a budget—how else would we know what we're spending on?

3. Pay off credit card debt—Sounds familiar?

4. Contribute to a retirement plan—Never too early or late to start

5. Have a savings plan—Are we naturally savers?

6. Invest!—Protect your wealth. Start investing!

7. Maximize your employment benefits—Taking advantage of benefits could save you $$$ substantially

8. Review your insurance coverage—How do we know if have too little or too much?

9. Update Your Will—Protect your loved ones. Write a will no matter how much or little you own.

10. Keep good records—If you don't keep good records, you're probably not claiming all your allowable income tax deductions and credits.

TEN FINANCIAL PRINCIPLES

1. Financial problems are usually behavior problems rather than money problems.(*people think they deserve a certain standard of living. "if I could just make a little more money I can be out of debt.")*
2. If you continue doing what you have been doing, you will continue getting what you have been getting.
3. Nothing (NO THING) is worth risking the relationship for.

4. Money spent on things you value usually leads to a feeling of satisfaction and accomplishment. Money spent on things you do not value leads to a feeling of frustration and futility.
5. We know the price of everything and the value of nothing.
6. You can never get enough of what you don't need, because what you don't need can ever satisfy you.
7. Financial freedom is more often the result of decreased spending than of increased income.
8. Be grateful for what you have.
9. The best things in life are free. (*Use them often*)
10. The value of an individual should never be equated with the individual's net worth. (*Each individual is unique, special, and irreplaceable*).

WHAT CAN CLERGY DO?

During this time of economic hardship, many will need help with financial issues and financial planning. Foreclosures and unemployment are rising. People without jobs often lose their insurance and sometimes their homes. Such crucial losses create a very stressful time for families. With the loss of employment often come the loss of self-worth and the feeling of uselessness. Some of this stress can be alleviated through access to resources for the family's basic needs while it attempts to get back on its feet. Due to the stress of their current situation, individuals may not be able to approach their troubles rationally, and may need a calming/stabilizing presence to help them gain control. There are many government and charity programs that may be helpful to families at this time. Having a reasonable understanding of available programs, and being able to link those in need with appropriate resources can significantly reduce this stress.

SUGGESTIONS FOR HELPING THOSE EXPERIENCING JOB-LOSS GRIEF:

- Remember that grief takes time. The grief process may take longer than one expects.
- Encourage the individual to talk, and listen openly and actively. This shows caring and is therapeutic. This may provide the individual a much needed outlet for feelings and emotions, in hopes of eventually accepting reality in order to move forward.
- Avoid pat answers and clichés. Such "helpful" comments as "some things are just meant to be," or "every cloud has a silver lining" may be more frustrating than helpful. Even offering advice about possible job alternatives with statements such as, "Hey, I bet you'd be good at . . ." may be better unsaid unless they really reflect the person's abilities or interests.
- Be available. People have as much trouble knowing what to say to someone who has just lost their job as to one who has had a death in their family. Just being there is important.

This can help them overcome the fear of what others think of them due to their job loss.

- Help them to "grieve." It's usually easy for them to dwell on the shortcomings of the former job, but remembering the achievements and the fun times is also important. Doing this can better prepare the individual to interview for new jobs.
- Practical day-to-day help, such as helping with chores or errands, is important. Offer to do things you know need to be done. This eliminates the tendency to avoid asking for help for fear of imposing. Also, particularly in the early stages of job-loss grief, individuals may even be unaware that some tasks are not being done, or may simply be too overwhelmed to care.
- Being part of a job search network can be very helpful. Networking is the most effective way of finding a new job. However, be careful not to appear that you are trying to take over the job search.
- Offer to be a job coach. Offer to listen to ideas, help with mock interviews or forming job search strategies, and help find areas where changes might be helpful. (Davis)

RESOURCES: READINGS AND AGENCIES

Employment—In the current financial climate, many have lost jobs, or are at risk for losing jobs. It is important for individuals to put forth as much effort as they can to seek a job for themselves. However, sometimes, this effort is not enough and assistance is needed. A number of programs are available to aid individuals in finding new jobs, and also to provide temporary assistance/support while between jobs.

Dislocated Worker Program—A dislocated worker is someone who has been permanently laid off, has received a notice of termination, or has been laid off from employment and may qualify for federal, state, and local career services.

Department of Workforce Services Employment Centers—provide three types of reemployment services that are potentially available to a dislocated worker: core, intensive and training. All job seekers are eligible for core services. Intensive and training services have eligibility and case management requirements. Workers who may qualify for these services are:

- Laid-off workers with outdated skills
- Workers who lost jobs due outsourcing to another country
- Formerly self-employed individuals unemployed as a result of economic conditions
- Workers dislocated by a mass layoff and/or plant closure
- Workers profiled when filing for Unemployment Insurance as likely to exhaust their benefits. (Dislocated worker, 2009).

Alternative Trade Adjustment Assistance (ATAA) Services and Benefits—Participation in ATAA allows older workers, for whom retraining may not be appropriate, to accept reemployment

at a lower wage and receive a wage subsidy. Certified workers who apply for ATAA may be eligible for the following:

Rapid Response Assistance—Provided by the Dislocated Worker Unit in the state where workers are laid off. Rapid Response staff make employees aware of the different services available to workers. Rapid Response will include information on the process of petitioning for ATAA certification.

Reemployment Services—can assist individuals with the following: Employment counseling, Resume writing and Interview skills workshops, Career assessment, Job development, Job search programs and Job referrals

Relocation Allowances—May reimburse approved expenses when certified workers must move to a new area of employment outside their normal commuting area.

Wage Subsidy—Eligible workers 50 or older who obtain new, full-time employment at wages of less than $50,000 within 26 weeks of their separation may receive a wage subsidy of 50% of the difference between the old and new wages, up to $10,000 paid over a period of up to two years.

Health Coverage Tax Credit (HCTC)—Workers may be eligible to receive tax credits or an advance payment (available in Utah) for 65% of the monthly health insurance premium they pay. Qualifying insurance coverage includes COBRA, continuing individual coverage, or other state-qualified plans. (Dislocated worker, 2009)

Insurance—The number of uninsured children in Utah is on the rise. There was an average of 107,000 children (which ranks Utah #10 in the country in uninsured children)—about one in eight—without health insurance in the state between 2005 and 2007, according to a new report from Families USA. This represents an increase of 18,500 uninsured children over that two years period (Stryker, 2008).

Health Insurance Services: COBRA Health Plan—This service provides workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals may be required to pay the entire premium for coverage up to 102 percent of the cost to the plan.

Medicaid—Provides healthcare for low-income families, especially children, pregnant women, and disabled adults. Qualifications are ever changing in the current economic climate, but applications can be completed at the Department of Workforce Services, or at www.utahclicks.gov. The primary qualifications are low income and at-risk populations (as listed above).

Health Insurance Portability and Accountability Act (HIPAA)—Though HIPAA primarily

deals with rights and protections in regards to patient information and confidentiality, HIPAA may also give the right to purchase individual coverage if one has no group health plan coverage available and has exhausted COBRA or other continuation coverage.

Children's Health Insurance Program (CHIP)—This service offers medical insurance for uninsured children who do not fit into a Medicaid program.

Primary Care Network (PCN)—A program designed to provide health insurance coverage for low-income individuals unable to afford a private health plan. PCN covers:

- **Adults age 19–64 years old who have not had health care coverage for at least six months and do not qualify for Medicaid**
- **Adults who are residents of Utah**
- **Adults who are U.S. Citizens or have certain types of permanent residence status**
- **Adults whose annual income is within the PCN Guidelines.**
- **Community Health Centers (CHC)—CHC provides primary health care services to insured and uninsured people on a sliding fee scale.**

Women, Infants and Children (WIC)—WIC provides certain nutritious foods for growing families, information on healthy eating, help for breastfeeding moms and babies and referrals to health care. To qualify for WIC, you must live in Utah (you do not have to be a US citizen) and have a family income less than WIC guidelines (within 150% of the national poverty line). A person receiving Medicaid, the Family Employment Program (TANF) or Food Stamps already meets the income eligibility requirements.

Community Action Services and Food Bank—The Community Action Food Bank is the second largest food bank in Utah. We are the food bank for Utah, Wasatch and Summit Counties. Community Action is dedicated to fostering self-reliance in individuals, families and communities, and we do this by providing a variety of programs and solutions designed to address local needs and issues. Some of the programs are discussed below:

Utility Moratorium Protection—This service protects eligible households from winter (November 15–March 15) utility shut off once per utility per year and must meet the following criteria:

- Be the adult residential account holder, spouse, or adult resident applying for service.
- Live at the address of the service needing the protection of the moratorium.
- Have a termination notice from the utility company or has been refused service if

the utility is not active.

- Have applied for HEAT.
- Have applied for utility assistance through the American Red Cross.
- Make a good faith effort to pay their utility bill on a consistent basis during the moratorium.
- In addition, those seeking assistance must also meet at least one of the following:
- Gross household income for previous month falls within HEAT guidelines.
- Have suffered recent medical or other emergency in current or prior month.
- Have lost employment during current or prior month.
- 50% loss of income in current or prior month.

HEAT Program—This service provides winter utility payment assistance (generally in the form of a one time lump-sum payment to the applicant's utility companies) to low-income households, targeting those who are truly vulnerable—the lowest-income households with the highest heating costs: the disabled, elderly, and families with preschool-age children. A family does not need to receive other public assistance to qualify for HEAT. The regular HEAT season begins in November and ends in April each year. Qualifying households must meet the following three eligibility criteria:

- Total household income is at or below 150% of the federal poverty line.
- The household is "vulnerable," i.e. they are responsible (either directly or indirectly) for paying their home energy costs. Indirectly means that a household pays rent and a landlord, trailer park, etc., uses part of that rent to help cover the cost of utilities.
- The household has at least one person who is a U.S. citizen or a qualified alien with acceptable United States Citizenship and Immigration Services (USCIS) documents.

Utah Telephone Assistance Program (UTAP)—Provides approximately $13.50 per month for lifeline telephone service (land-lines only) for low income households (at or below 135% of the federal poverty line), as well as up to $30 toward initial phone connection. Households can apply for UTAP when they apply for HEAT, or can request an application directly from their phone company.

RESOURCES

Department of Workforce Services
http://jobs.utah.gov/jobseeker/dwsdefault.asp
http://jobs.utah.gov/jobseeker/dislocatedworker/dislocated_worker.htm

American Fork Center
751 E Quality Drive Suite 100, American Fork, UT 84003
(801) 492-4500
Fax: (801) 492-4550

Provo Center
1550 N 200 W, Provo, UT 84604
(801) 342-2600
Fax: (801) 342-2727

Spanish Fork Center
1185 N Chappel Drive, Spanish Fork, UT 84660
(801) 794-6600
Fax: (801) 794-6650

Women, Infants, and Children (WIC)
Utah County http://www.utahcountywic.org/

American Fork Clinic (Also known as North County WIC Clinic)
599 S 500 E, American Fork, UT 84003
801-851-7320
Fax: 801-851-7329

Orem Clinic
1549 N State St. #104, Orem, UT 84057
801-851-7340
Fax: 801-851-7346

Payson Clinic (Also known as South County WIC Clinic)
910 E 100 N #175, Payson, UT 84651
801-851-7360
Fax: 801-465-0911

Provo Clinic
151 S University Ave, Suite 2100, Provo, UT 84651
801-851-7300
Fax: 801-851-7303

Community Action Services and Food Bank
(Includes Food Bank, U.M.P, H.E.A.T, U.T.A.P. and other programs)
http://www.communityactionprovo.org/index.php
815 S Freedom Blvd. Suite 100, Provo, UT 84601
801-373-8200
Fax: 801-373-8228

Provident Living Website
http://www.providentliving.org/
A website dedicated to self reliance and welfare resources.

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COMMUNITY RESOURCES APPENDIX

ADDICTION

Addiction & Psychological Services Inc
224 N Orem Blvd., Orem, UT
(801) 222-0603
$ sliding fee scale based on income and other factors
Programs for persons with co-occurring mental and substance abuse disorders, DUI/DWI offenders

Al-anon and Alateen: 12-step program
www.utahalanon.org
Eligibility: Family and friends of alcoholics
$ Free

Alcoholics Anonymous: 12-step program
www.utahvalleyaa.org
Eligibility: Adults and adolescents struggling with alcoholism
$ Free

Cirque Lodge (Inpatient): Substance Abuse Services
1240 E 800 N, Orem, UT
(801) 222-9200
cirquelodge.com

Clear Living: Substance Abuse Services
532 E 800 N, Orem, UT
(801) 223-4357
clearliving.us
$ Sliding fee scale based on income and other factors

The Gathering Place: Substance Abuse Treatment
251 E 1200, Orem, UT
(801) 226-2255
gatheringplace.org
$ Sliding fee scale based on income and other factors
Other: groups offered: adolescents, pregnant/postpartum women, women, DUI/DWI offenders

House of Hope: Substance Abuse Services
1726 S Buckley Lane, Provo, UT
(801) 373-6562
Groups for women, residential beds for clients' children

Intermountain Specialized Abuse Treatment Center: Substance Abuse Services
1807 N 1120 W, Provo UT 84604
(801) 373-0210
Primary Focus: Mental health and substance abuse services
Services Provided: Substance abuse treatment
Special Programs/Groups: Adolescents, prrsons with co-occurring mental and substance abuse disorders, pregnant/postpartum women, women, men
$ Sliding fee scale based on income and other factors

The Journey
1933 N 1120 W, Provo, UT 84604
801-375-4240
Fax: 801-375-4241
www.journeyprograms.com
Contact: Tyler Patching or Vicki Goodman
Works with at risk youth and their families with substance abuse and other mental health/social issues.
Eligibility: Varies with individual need.
$ Varies with services

LDS Addiction Recovery Program:
http://www.providentliving.org/content/display/0,11666,6629-1-3414-1,00.html
Includes a recovery program study guide and links to support groups

LDS Family Services: Pornography Addiction Recovery Meetings
1175 Birch Lane, Provo, UT
(801) 422-7620
Contact: Utah Provo Agency
Times: Tuesdays at 7:30 PM, Wednesdays at 7:30 p.m., Saturdays at 11:00 a.m.

LDS Step Study: Pornography Resource
Lakeview Day Treatment Center
1175 E 300 N, Provo, UT
(801) 254-8766
Contact: Greg P.
$ Free
Other: Sundays 7:00–8:30 p.m. Sponsored by Sexaholics Anonymous

LDS Step Study: Pornography Resource
63 N 400 W Provo, UT
(801) 254-8766
Contact: Greg P.
$ Free
Other: Saturdays 5:00–6:00 p.m. Sponsored by Sexaholics Anonymous

Narcotics Anonymous: 12-step program
www.cuana.org
Eligibility: Adults and adolescents struggling with drug addiction
$ Free

New Haven: Substance Abuse Services
2096 E 7200 S, Spanish Fork UT 84660
(801) 794-1218
Primary Focus: Mental health services
Services Provided: Substance abuse treatment
Type of Care: Residential long-term treatment (more than 30 days)
Special Programs/Groups: Adolescents, persons with co-occurring mental and substance abuse disorders

Renu Treatment Center : Substance Abuse Services
774 N 1200 W, Orem, UT
(801) 765-7528

Safe Families
Provides free internet filtering and parental control software
http://www.safefamilies.org/download.php

Utah County Human Services: Substance Abuse Services
Foothill Residential Treatment Center
3285 N Main Street, Spanish Fork UT 84660
(801) 851-7652 Hotline: (801) 370-8912
Special Programs/Groups: Persons with co-occurring mental and substance abuse disorders, persons with HIV/AIDS, women
$ Sliding fee scale based on income and other factors

Utah County Substance Abuse Assessment Center
151 S University Ave. Suite 1500, Provo, UT
(801) 851-7128

ADOPTION RESOURCES

The Adoption Center of Choice: For Adoptive Parents and Birth Mothers
241 W 520 N, Orem, UT 84057
1-800-430-2367
www.theadoptioncenter.com
Eligibility: Free housing, medical, living, and counseling assistance for pregnant women who choose adoption for their unborn.
$ Not-for-profit private, adoption agency

Adoption Utah
www.adoptionutah.com

RESOURCES FOR UTAH ADOPTIVE FAMILIES

Children's Aid Society
652 26th Street, Ogden, Utah 84401
1-800-273-8671
www.casutah.org
Eligibility: Pregnancy Counseling and Infant Adoption
$ Private, non-profit adoption

LDS Family Services: Support groups (adoption)
1190 N 900 E, Provo, Utah 84604
378-7620
www.ldsfamilyservices.org
Eligibility: Referral from Bishop Required
$ There is a fee for counseling services.

Utah Adoption Information
Resources for Utah Adoptive Families
utah.adoption.com

CHILD ABUSE RESOURCES

Center For Women and Children in Crisis
Domestic violence shelter and intervention
1433 E 840 N, Orem, UT 84097
(801) 374-9351 Outreach (801) 227-5038
Contact: Mindy Woodhouse
www.cwcic.org
Eligibility: Victims of domestic violence
$ Free service

Crisis Hotlines
Child Protective Services (Daytime) (801) 374-7005
Center for Women & Children in Crisis (24-hour) (801) 377-5500
Division of Child and Family Services (after hours) (801) 376-8261
The Childhelp National Child Abuse Hotline 1-800-4-A-CHILD

Division of Child and Family Services: Child Abuse and Neglect Investigation
150 E Center Street, 5th Floor Provo, UT 84606
Main (801) 374-7005 Fax (801) 374-7822
Contact: Brent Platt
www.hsdcfs.utah.gov
Eligibility: Utah law requires anyone with reason to believe that a child has been subjected to abuse, neglect or dependency whether physical, emotional or sexual to immediately notify the nearest office of Child and Family Services, peace officer, or law enforcement.
$ Free services

Family Support and Treatment Center
Therapy
1255 N 1200 W, Orem, UT 84057
Main (801) 229-1181 Fax (801) 229-2787
Contact: Joy O'Banion
$ Varies
www.utahvalleyfamilysupport.org
Eligibility: Children and adults, who have experienced trauma, especially abuse.

Utah County Children's Justice Center
Sexual assault and child abuse investigations, treatment groups
315 S 100 E, Provo, UT 84606
Main (801) 851-8554 Fax (801) 851-8518
Contact: Laura Blanchard
www.co.utah.ut.us/Dept/CJC
Eligibility: Available to children ages 5–13 who have been victims of sexual or physical abuse or other crimes in their families; an appointment is necessary.
$ Free services

CHILD SUPPORT SERVICES

Division of Child and Family Services–American Fork Office
578 E 300 S, American Fork, UT 84003
801-492-3320 Fax: 801- 492-3350
http://www.dhs.utah.gov
State government division providing child and family services including responding to reports of child abuse or neglect, child support services, etc.
Eligibility: This organization is specifically to protect children (under 18) at risk of abuse, neglect, or dependency. They do this by working with families to provide safety, nurturing, and permanence.
Other: Daytime child abuse reporting (801) 374-7257. After-hours child abuse reporting (801) 376-8261. Effective August 4, 2008, this office will be open from 7:00 A.M. to 6:00 P.M., Monday through Thursday, and will be closed Friday.

Division of Child and Family Services–Orem Office
1106 N 1200 W, Orem, UT 84057
801-224-7820 Fax: 801-426-0623
http://www.dhs.utah.gov
State government division providing child and family services including responding to reports of child abuse or neglect, child support services, etc.
Eligibility: This organization is specifically to protect children (under 18) at risk of abuse, neglect, or dependency. They do this by working with families to provide safety, nurturing, and permanence.
$ N/A
Other: Daytime child abuse reporting (801) 374-7257. After-hours child abuse reporting (801) 376-8261. Effective August 4, 2008, this office will be open from 7:00 a.m. to 6:00 P.M., Monday through Thursday, and will be closed Friday.

Division of Child and Family Services–Spanish Fork Office
607 E Kirby Lane, Spanish Fork, UT 84660
801-794-6700 Fax: 801-794-6733
http://www.dhs.utah.gov
Eligibility: This organization is specifically to protect children (under 18) at risk of abuse, neglect, or dependency. They do this by working with families to provide safety, nurturing, and permanence.
Other: Daytime child abuse reporting (801) 374-7257. After-hours child abuse reporting (801) 376-8261. Effective August 4, 2008, this office will be open from 7:00 a.m. to 6:00 p.m., Monday through Thursday, and will be closed Friday.

Division of Child and Family Services–Western Region Administration
150 E Center Street Suite 5100, Provo, UT 84606-3157
801-374-7257 Fax: 801-374-7822
http://www.dhs.utah.gov
Eligibility: This organization is specifically to protect children (under 18) at risk of abuse, neglect, or dependency. They do this by working with families to provide safety, nurturing, and permanence.
Other: Daytime child abuse reporting (801) 374-7257. After-hours child abuse reporting (801) 376-8261. Effective August 4, 2008, this office will be open from 7:00 a.m. to 6:00 p.m., Monday through Thursday, and will be closed Friday.

CRISIS RESOURCES

American Red Cross, Mountain Valley Chapter
865 N Freedom Blvd., Provo, UT 84604
Main (801) 373-8580, Fax: (801) 375-8434
Contact: Garr Judd (Executive Director)
www.RedCrossUT.org
Eligibility: Must be 60 or older or disabled and low-income for Emergency utility assistance
$ None
Other: To provide relief to victims of disasters and to help people prevent, prepare for and respond to emergencies, and strive to improve quality of life by enhancing self-reliance and concern for others

Center for Women and Children in Crisis
1433 E 840 N, Orem, UT 84097
Outreach (801) 227-5038, Shelter (801) 374-9351, 24 Hour Hotline (801) 377-5500
Contact: Mindy Woodhouse (Outreach director)
www.cwcic.org
To provide a caring, advocating, safe and educationally-based environment for survivors of domestic violence and sexual assault and to protect victims from further abuse or exploitation.
Eligibility: For victims of domestic violence
$ None

Community Action Services and Food Bank
815 S Freedom Blvd., Provo, UT 84601
Main (801) 373-8200, Fax: (801) 373-8228
Contact: Myla Dutton

http://www.CommunityActionUC.org
Eligibility: Economically disadvantaged, elderly, and handicapped
$ None
Other: Crisis assistance and problem solving for families, facing emergencies, emergency financial assistance—emergency shelter, food, housing, employment, counseling, outreach workers to assist homebound, isolated persons through home visits, Home Energy Assistance Target (HEAT), Family Development Program, Home Buyer Classes, Pre Home Purchase, Counseling, Mortgage Counseling, Predatory Lending Counseling, Regional Food Bank, Youth Counseling, Trips for Kids Mountain Bike Program

Crisis Line of Utah County
Main (801) 226-4433, Fax: (801) 226-2578, Hotline: 1-888-SUICIDE
Contact: Anamae Anderson (Program Director)
www.unitedwayuc.org/crisisline
Eligibility: unrestricted
$ None
Other: to help people through their current crisis and provide them with an agency referral for further assistance

Family Support and Treatment Center
1255 North 1200 West
Orem, UT 84057
(801) 229-1181 Fax: (801) 229-2787
Contact: Joy O'Banion
www.utahvalleyfamilysupport.org
Eligibility: Any children 0 to 11 years of age can be brought to the crisis nursery
$ No fees
Other: The Crisis Nursery provides a safe, homelike atmosphere where parents can bring their children when the family is in a stressful situation.

Gathering Place
251 E 1200 S, Orem, UT 84058
Main (801) 226-2255, Fax: (801) 226-2578
Contact: Tim Adams (Executive Director)
www.gatheringplace.org
Eligibility: people of all ages with substance abuse issues
$ Individual payments are on a sliding scale, based on income
Other: To provide treatment, education and prevention for substance abuse issues, Services: Individual, group, family and recreational therapy, emergency interventions and talk-downs, women and family program

Intermountain Specialized Abuse Treatment Center (ISAT Center)
Main (801) 373-0210 Fax: (801) 373-0215
Contact: Margo Vick (Program Director)
www.isatcenter.org
Eligibility: unrestricted
$ Sliding-scale fee, based on income
Other services: Individual, couple, family and group therapy, psycho-educational skills courses, sexual abuse treatment, substance abuse treatment, domestic violence treatment, diagnostic and psychological evaluations, parent assessment services, 24-hour crisis counseling

Utah County Children's Justice Center (CJC)
315 S 100 E, Provo, UT 84606
Main (801) 851-8554, Fax: (801) 851-8518
Contact: Laura Blanchard (director)
www.wo.utah.ut.us/Dept/CJC
Eligibility: Children and families who are experiencing the crisis and chaos that comes with the disclosure of physical or sexual abuse within Utah and Juab counties
$ No fees
Services include child abuse prevention training, child civic treatment group, sexual assault and child abuse investigations, teen treatment groups, victim assistance program and assessment of child abuse cases.

Utah Legal Services
455 N University Ave., Suite 100 Provo, UT 84601
(800) 662-4245, Fax: (801) 374-0960
Contact: Sharon White (Managing Attorney)
www.utahlegalservices.org
Eligibility: unrestricted
$ None
Other: Utah Legal Services seeks to protect the rights of the disadvantaged and persons of limited means by legal representation, advocacy and education throughout Utah. Services include: family law, housing, public benefits, senior citizens, spouse and child abuse

Wasatch Mental Health
750 N Freedom Blvd., Provo, UT 84601
Main (801) 373-4760, Fax: (801) 373-0639
Contact: Dawnalyn Hall (Senior Executive Assistant)
www.wasatch.org
Eligibility: Medicaid Clients or Individuals who do not have medical insurance and meet income guidelines
$ Varies
Other: Services: screening and referral, crisis intervention, inpatient, residential, outpatient, day treatment and prevention, case management, homeless outreach, specialty contract services, consultation and education, 24-Hour Crisis Line: 801-373-7393

DISABILITIES

4-H Mentoring: Youth and Families with Promise
An activity based mentoring program for youth
2705 Old Main Hill, Logan, UT 84222
(801) 851-8435
Contact: Lindsey Jewell
http://utahcounty4h.org/htm/mentoring
Eligibility: Youth, ages 10–14, referred from school administrators, Juvenile Courts, community and religious organizations, or parents
$ None

Dan Peterson School
Teach academics and self-help skills to student with severe or profound disabilities
169 N 1100 E, American Fork, UT 84003
(801) 756-8400
Contact: Kay P. Clark
www.alpinek12.ut.us
Eligibility: Evaluation and placement determined by IEP team.
$ None

East Shore High School
Provide alternative education on an individual level
1551 W 1000 S, Orem, UT 84058
(801) 756-8400
Contact: Kay P. Clark
www.alpinek12.ut.us
Eligibility: High-School age students within Alpine School District boundaries
$ $115 per year

Student Support Services
Provide a variety of support services for students and their parents
575 N 100 E American Fork, UT 84003
(801) 756-8400
Contact: Kay P. Clark
www.alpinek12.ut.us
Eligibility: high school age students within Alpine School District boundaries
$ None for most services

DOMESTIC VIOLENCE, SHELTERS, AND SEXUAL ABUSE

Addiction Psychological Services: Therapy Providers
224 N Orem Blvd., Orem, UT
801-222-0603
$ Group and individual counseling for domestic violence and addiction
($65 individual, $30 group)

Adult Protective Services
Provides investigation of alleged abuse, neglect or exploitation of vulnerable adults.
150 E Center Street, Suite 1500, Provo, UT 84606
(800) 371-7897
Contact: Central Intake
www.hsdaas.utah.gov
Eligibility: Elders (65+) and vulnerable adults (18 and older with a mental or physical impairment) who are in a situation of abuse, neglect, or exploitation.
Services: intake, investigation, and emergency short-term services, provides services for elders and vulnerable adults who are being or have been abused, neglected or exploited.
Other: Hours 8:00–5:00 P.M., Monday–Friday

AFTC Domestic Violence
Program for female victims
313 E 1200 S, Suite 104, Orem, UT
(801) 377-1595
Eligibility: Adult female victims
Other: Also includes groups for post-traumatic stress disorder, childhood trauma, and addiction.

Center for Women and Children in Crisis
1433 E 840 N Orem, UT 84097
Outreach: 801-227-5038, Main Shelter: 374-9351, 24 Hour hotline: 377-5500
Contact: Mindy Woodhouse
www.cwcic.org
To provide a caring, advocating, safe and educationally-based environment for survivors of domestic violence and sexual assault and to protect victims from further abuse or exploitation.
Eligibility: Victims of domestic violence
$ None.
Other services: Shelter and group therapy for victims of domestic violence and assault, crisis intervention for victims of sex crimes. advocacy, support, and information on medical and legal services.

County Attorney Victim Assistance
801-851-8026

Crisis Line of Utah County
To help people through their current crisis and provide them with an agency referral for further assistance.
PO Box 1075 Provo, UT 84603
801-226-4433, Fax: 801-226-2578
Contact: Anamae Anderson
www.unitedwayuc.org/crisisline
Eligibility: Unrestricted
$ None
Other services: crisis intervention, confidential listening, emergency referrals, suicide prevention, rape intervention

Division of Child and Family Services
Protect children at risk of abuse, neglect, or dependency.
150 E Center Street, 5th floor, Provo, UT 84606
801-374-7257
Contact: Brent Platt
www.hsdcfs.gov
Eligibility: Utah law requires anyone with reason to believe that a child has been subjected to abuse, neglect or dependency whether physical, emotional or sexual to immediately notify the nearest office of Child and Family Services, peace officer, or law enforcement.
Other services: Foster care, adoption of children in the foster care program, domestic violence advocacy, transition to adult living, child protection

Domestic Violence Shelter and Intervention
377-5500
Other: Provides intervention for women who are abused and helps them evaluate their options, receive counseling, and find violence-free lives.
Hours: 8:00–5:00 p.m., Monday–Friday; 24-hour shelter and hotline available

Domestic Violence
www.domesticviolence.org
Basic information about domestic violence
Additional resources
Information on how to escape from a domestic violence situation

Domestic Violence Laws
www.womenslaw.org
Information about domestic violence laws
Free legal support for women in a domestic violence situation

Domestic Violence Support Line
1-800-897-LINK (5465)
24 hour a day hotline, no cost
Information on free shelters, counseling, and other services

Family Abuse Center for Treatment
Support group for victims
Call for information
(801) 787-7843
Eligibility: Adult victims
$ Free
Wednesdays 6:30–8:00 p.m.

Institute of Cognitive Therapy
Therapy Providers
560 S State St., Suite A1, Orem, UT
801-802-8608
$ Perpetrator group ($30 group, $60 evaluation, $100 workshop)

ISAT
Therapy Providers
1868 N 1120 W Provo, UT
801-373-0210
Other: Domestic violence children's group, victim group, perpetrator group
$ Sliding scale depending on income

LDS Social Services
Therapy Providers
1190 N 900 E, Provo, UT
801-422-7620
$ Peer group ($20 single, $30 couple), Marriage and personal counseling ($65)

Payson City Victim Assistance
801-465-5224

Prosecutor's Victim Assistance
801-489-9421

Provo Police Spanish Speaking Support Group
Support group for victims
819 S Freedom Blvd., Provo, UT
(801) 852–6244
Eligibility: Child and Adult victims with Spanish as their first language
$ Free
Other: Thursdays 6:30–8:00 p.m. Therapy for children is provided simultaneously with the adult support group.

Rape and Sexual Assault Crisis intervention
356-2511
Other: Counseling plus education classes for victims of sexual assault, including friends and family members.
Eligibility: anyone who has been a victim of sexual assault and their friends and family
$ none
Hours: 8:00–5:00 p.m., Monday–Friday, 24-hour hotline

Utah County Children's Justice Center (CJC)
315 S 100 E, Provo, UT 84606
801-851-8554, Fax: 801-851-8518
Contact: Laura Blanchard
www.co.utah.ut.us/Dept/CJC
Serve children and family who are dealing with physical or sexual abuse.
Other: Services: Assessment of child abuse cases, Children's treatment program, child advocate program

Utah Domestic Violence Advisory Counsel
http://www.udvac.org
700-897-5465

Utah Legal Services
Utah Legal Services seeks to protect the rights of the disadvantaged and persons of limited means by legal representation, advocacy and education throughout Utah.
455 N University Ave #100, Provo, UT 84601
801-374-6766; 800-662-4245
Contact: Sharon White, Managing Attorney
www.utahlegalservices.org
Family law, housing, public benefits, senior citizens, spouse abuse and child abuse.
Area served: Statewide

Wasatch Mental Health
750 N 200 W, Provo, UT
801-373-4766
Support groups
Eligibility: Medicaid Clients only

Call for specific meeting times. Types of groups: schizophrenic, skills, depression and anxiety, borderline, bi-polar, male and female domestic violence, anger management, assertiveness, adults molested as children

Eating Disorders
Avalon Hills: Residential Eating Disorders Program
Call for information, Petersboro, UT
1-800-330-0490
www.avalonhills.org
Eligibility: Females struggling with an eating disorder
Inpatient care only

Center for Change
Specialized treatment for adolescent and adult women with eating disorders
1790 N State St. Orem, UT
(801) 224-8255
Eligibility: Inpatient services—must be female. Outpatient services—can be male or female
Offers Inpatient care, Long-term residential care, Transitional care, an intensive outpatient program, outpatient individual and group services. Offers a free support group for families.

Eating Disorders Anonymous: 12-step program
175 N University Ave., Provo, UT, at the Community United Church of Christ
Contact information pending; Check website.
www.eatingdisordersanonymous.org
Eligibility: Anyone struggling with an eating disorder
Wednesdays at 7 P.M.

Eating Disorder Treatment Centers
www.edreferral.com
Search nationally for inpatient and residential facilities.
Read the latest professional articles about eating disorders.

EDUCATION AND MARRIAGE THERAPY

Alpine Life & Learning Center
Adults can complete high school education or take ESL classes at another location.
1165 W 800 S, Orem UT 84058
801-863-7620
Eligibility: Must be a legal adult, or obtain a letter from their parent stating that they are considered to be an adult, married or emancipated, and their high school class must have graduated, or they must have a board-release from school.
Other: Serves teenagers in grades 9–12 who are pregnant mothers or illegal immigrants.

Division of Rehabilitation Services
Information on services such as vocational rehabilitation, services for the deaf, hearing impaired, blind and visually impaired.
USOR Administrative Office: 801-538-7530 Voice/TTY or 800-473-7530
Fax: 801-538-7522
Eligibility: Depends upon the district.
www.usor.utah.gov/division-of-rehabilitation-services

Family Literacy Center
Helping children with reading and English skills
93 N 400 E, Orem, UT 84097
801-221-5844
Eligibility: Every child is welcome.
egreen@flcinc.org
http://www.flcinc.org
Info: For those whose reading level is below current academic grade or adult is below the 8th grade reading level.

Mountainland Applied Technology Center
987 S Geneva Road, Orem, UT 84058
801-863-6282
Eligibility: Must be at least 16 years old; obtain either a high school diploma or General Educational Development (GED) prior to applying for an Associate of Applied Technology (AAT) Degree. Additional requirements may be necessary for admission into a specific program. For more information contact Student Services at 801-863-MATC (6282).
http://www.mlatc.edu
Info: Assessment, basic skills and technical training, job referrals, CPCD counseling, turning point counseling/support.

Project Read
One-on-One reading, writing help, group math classes, and tutoring
550 N University Avenue, Provo, UT 84604
(Provo Library) 801-852-6654
Eligibility: Must be 16 years of age or older. If non-native English speaker, you must pass a listening comprehension test.
http://project-read.com

Provo School District Adult and Community Education
For adults wanting to complete high school
243 E 2320 N, Provo, UT 84604
801-374-4840
Eligibility: Must be an adult or have been board-released from high school.
http://www.unitedwayucv.org/org/1416749.html

Provo Voc Rehab Services for the Blind & Visually Impaired
150 E Center, Suite 3300, Provo, Utah 84606-3157
801-374-7705 or 800-662-6539

GRIEF

Canary Garden: A Center for Grieving Families
P. O. Box 2133, Orem, Utah 84059-2133
(801) 636-3602
Contact: Julie Bolton
www.canarygarden.org
info@canarygarden.org
Eligibility: children and adolescents who are grieving the death of a family member
$ Free service

Caring Connections: A Hope and Comfort in Grief Program
10 S 2000 E, Salt Lake City, UT 84112-5880
801-585-9522
caringconnections@nurs.utah.edu
http://www.nursing.utah.edu/practice/caringconnections
Eligibility: The focus of these groups is on "adjusting to the death of a family member or close friend." Separate groups are available for children and adolescents. There are separate groups for adults surviving the death of a loved one due to suicide, homicide or traditional.
Other: The University of Utah Hospital has a specific program addressing perinatal bereavement. Parents who have lost a child due to stillbirth, miscarriage, or death during infancy can call 801-585-2766 for more information.

Primary Children's Medical Center Bereavement Services
100 N Mario Capecchi Dr., Salt Lake City, Utah 84113-1100
801-662-3774
Contact: Orley Bills
orley.billsIII@imail.org
Primary Children's Bereavement Services are available to families who have experienced the death of a child.
$ Free service
No charge for participation, but registration is required. Call Orley Bills, 801-662-3774 to register.

FOSTER CARE

Utah Foster Care Foundation
To serve Utah's children by finding, educating, and nurturing families to meet the needs of children in foster care.
252 N Orem Blvd., Orem, UT 84057
877-505-KIDS
Fax: (801) 373-3004
Contact: Jessica Hannemann
http://www.utahfostercare.org
moreinfo@utahfostercare.org
Eligibility: Those wishing to become foster parents are expected to be model citizens and must pass through a number of screening criteria, including assessment of their mental health, financial stability and history of child-rearing

JOB SUPPORT AND CAREER PLACEMENT

Alpine Transition and Employment Center
Employment for individuals with disabilities
350 N State Street, Lindon, UT 84042
(801) 785-8727
Contact: Ronald Story
Eligibility: Anyone with disabilities over age 18.
$ None

Department of Workforce Services
Job listings and job trainings
1550 N Freedom Blvd. Provo, UT
(801)342-2600
Contact: Bryan Kessinger
www.jobs.utah.gov
Eligibility: Everyone
$ None

Deseret Industries
Provides work and job training opportunities
1415 State Street Provo, UT 84604
(801) 373-7920
Contact: Sid Thomas
www.deseretindustries.org
Eligibility: For the vocational training you must be referred by an LDS bishop
$ None

LDS Employment Services
Teaches job interview tips, resume workshops, scholarship opportunities
702 Columbia Lane Provo, UT 84604
(801) 818-6161
Contact: Missionary Staff
www.ldsjobs.org
Eligibility: Everyone
Costs: None

Utah State Division of Rehabilitation Services
Provides opportunities for individuals with disabilities
150 E Center Street, Suite 3300
(801)374-7724
Contact: Richard Petersen
www.usor.utah.gov
Eligibility: Must have a disability
$ None

HOMELESS

Community Action Services and Food Bank
Emergency financial assistance—emergency shelter, food, housing, employment, counseling
815 S Freedom Blvd., Suite 100, Provo, UT 84601
(801) 373-8200 Fax: (801)373-8228
Contact: Myla Dutton
http://www.CommunityActionUC.org/ email: casfb@CommunityActionUC.org
Eligibility: Economically disadvantaged, elderly, and handicapped

Food and Care Coalition
Provides food, clothing, advocacy, housing and mentoring services to individuals in poverty
60 N 300 W, Provo, UT 84601
(801) 373-1825 Fax: (801) 370-0479

Contact: Brent Crane, Director
http://foodandcare.org email:
Eligibility: The Food & Care Coalition serves nutritionally well balanced meals 7 days a week to Utah County's homeless, mentally ill and learning disabled, fixed income families, and families affected by tragedy. Rental aid is available for first month's rent considerations but requires proof of employment, a signed rental agreement, monthly budget, and other documentation demonstrating that rent obligations can thereafter be assumed by the client. Persons assisted in a prior 12 month period are not eligible.
Juvenile Justice

American Fork Juvenile Court–North Utah County: District and Juvenile Court
75 E 80 N, Suite 201 American Fork, UT 84003
801-763-8941 Fax: 801-763-8944

Guardian ad litem, Fourth District Court: District and Juvenile Court
32 W Center, Suite 205 Provo, UT 84601
(801) 344-8516 Fax: (801) 344-8597
Contact: John Moody
Eligibility: Court appointed to represent the child's best interest in the judicial system. Attorney's are assigned to represent every child that goes through the judicial system for any reason, separate from their parents or the state.
$ By court order

Office of Community Programs
145 N Monroe Blvd. Ogden, UT 84404
801-627-0322
Contact: Cecil Robinson

Office of Correctional Facilities
61 W 3900 S Salt Lake City, UT 84107
801-284-0200
Contact: Julie Shaheen

Office of Early Intervention Services
3570 S W Temple Salt Lake City, UT 84115
801-685-5713
Contact: Salvador Mendez

Orem Juvenile Court–Orem/North Utah County: District and Juvenile Court
99 E Center Street Orem, UT 84057 (801) 764-5820
801-764-5820 Fax: 801-221-5464

Provo Juvenile Court–Provo/South Utah County: District and Juvenile Court
2021 S State Provo, UT 84606
801-354-7200 Fax: 801-373-6579
TTY: 800-260-6349

Spanish Fork Juvenile Court: District and Juvenile Court
775 W Center Street Spanish Fork, UT 84660
801-804-4780 Fax: 801-804-4802

State Administrative Office
120 N 200 W, Rm 419 Salt Lake City, UT 84103
801- 538- 4330
Contact: Dan Maldonado, Director
Lisa Schauerhamer lschauer@utah.gov

Utah County: American Fork District Court: District and Juvenile Court
75 E 80 N, Suite 202 American Fork, UT 84003-0986
801-756-9654 Fax: 801-763-0153

Utah County Children's Justice Center (CJC)
315 S 100 E Provo, UT 84606
(801) 851-8554 Fax: (801) 851-8518
Contact: Laura Blanchard
www.co.utah.ut.us/Dept/CJC
Eligibility: Children's groups are available for children age 3–12; Parent support group also meets concurrent with children's group. Child victims of sexual or physical abuse or other crimes and their families; appointment is necessary

Utah County–Orem District Court: District and Juvenile Court
97 E Center Orem, UT 84057
801-764-5860 Fax: 801-226-5244

Utah County–Provo District Court: District and Juvenile Court
125 N 100 W Provo, UT 84601
801-429-1000 Fax: 801-429-1033
TTY: 801-429-1054

Utah County–Salem District Court: District and Juvenile Court
30 W 100 S Salem, UT 84653, PO Box 901
801-423-2770 Fax: 801-423-2818

Utah County–Spanish Fork District Court: District and Juvenile Court
775 W Center Spanish Fork, UT 84660
801-804-4800 Fax: 801-804-4699

Utah Legal Services
1-800-662-4245
hppt://www.andjusticeforall.org/uls/services.html
Eligibility: Low-income Utahns qualify for our help depending upon their household's income and assets, the type of legal problem, and whether that legal problem is within our current list of priority cases. In most cases, income must be at or below 125% of the current federal poverty level for the household's size. A person may also qualify based upon age or the nature of the legal problem without regard to the household's financial circumstances
$ No cost
Other: Utah Legal Services handles civil cases for those who qualify for our services. We can answer questions, give advice, prepare legal documents, and represent clients in court and before administrative agencies.

W.I.A. Youth Program
150 E Center Suite 4200 Provo, UT 84606
(801) 374-7093 Fax: (801) 374-7859
Contact: Maira Lesa
www.wiamountainland.org
Eligibility: must submit an application.
$ Free Service
Other: Services for youth ages 14–21 with education and employment, tutoring, GED Prep, school/ packet fees, internship Opportunities, counseling, supportive Services

MARRIAGE

BYU Comprehensive Clinic
1190 N 900 E Provo, UT
(801) 422-7759
Eligibility: Couples/Pre-marital therapy
$ $15 Fee.

Divorce Adjustment for Adults
(801) 422-7759
Contact: Receptionist or Martin Woon
Eligibility: For divorced persons.
$ One-time fee of $15 per person
Other: Please call 422-7759 to schedule a phone intake interview. The intake worker will call the potential client at the appointed hour and will do a 20–30 minute interview to be sure that the Clinic has the necessary services.
The Clinic does not bill insurance companies or ecclesiastical authorities. All clients pay by check or cash the negotiated fee at the first group. All efforts are made to make sure that finances are not an obstacle to treatment.

Divorce Orientation and Education for Parents
801-578-3800
http://www.utcourts.gov/specproj/dived.htm
Eligibility: Both classes are required ONLY for all parents or legal guardians of children under the age of 8 who file for divorce in the state of Utah. (U.C.A. § 30-3-11.3)
$ Divorce Orientation: $20.00 per person
Divorce Education: $35.00 per person
Other: Pre-registration is not required. No one will be turned away from the classes. Please do not bring children. Friends and family members (who are at least 16 years old) are welcome to attend free of charge. Please bring your civil filing number with you to class. If you have questions about the class, call the court clerk in your county district court.

The Family and Marriage Counseling Directory
Provides a list of marital counseling providers in Utah, a list of national organizations, and contact information of telephone counselors.
http://family-marriage-counseling.com/directory/utah.htm

Gathering Place: Private marriage counseling sessions
251 E 1200 S Orem, UT
(801) 226-2255

LDS Family Services: Support groups (couples)
Provo (801) 422-7620; American Fork (801) 216-8000
www.ldsfamilyservices.org
Eligibility: Referral from Bishop Required
$ There is a fee for counseling services

Preferred Family Clinic
1355 N University Ave # 200 Provo, UT
(801) 221-0223
preferredfamilyclinic.net

Utah State Courts:
How to get a divorce, obtain a certified divorce decree, enforce your divorce decree, make a paternity claim, get a temporary order.
http://www.utcourts.gov/howto/divorce

Wasatch Mental Health: Community Services
750 N Freedom Blvd, Suite 300 Provo, UT 84601
(801) 373-7394
Eligibility: Couple Counseling
www.wasatch.org

Woman's Divorce Info
http://www.womansdivorce.com/utah.html
Divorce professionals, divorce papers, child support information, and other support services.

Women's Law
Information on how to obtain a protective order.
http://www.womenslaw.org/laws_state_type.php?id=5948&state_code=UT

SENIORS

AARP Utah State Office
6975 Union Park Center Suite 320 Midvale , UT 84047
1-866-448-3616 Fax: 1-801-561-2209
Email: utaarp@aarp.org

American Red Cross
Telecare and Utility program
(801) 373-8580
Other: provides assistance with utilities during the winter months to low-income, elderly individuals

Community Action Services
Services for the Elderly
(801) 373-8200
Other: Services for the homebound, referral to county agencies, food help, employment opportunities

Foster Grandparent Program
Become a foster grandparent
(801) 851-7784

Eligibility: Must be over 60 years of age, in reasonably good health, and meet income guidelines.

Mountainland Association of Governments: Area Agency On Aging
(801) 229-3800
Other: services: Provides Meals on Wheels for the elderly, companions for elderly being discharged from hospital

Mountainland Dept. of Aging and Family Services
(801) 229-3800
Fax: (801) 229-3671
Contact: Scott McBeth, Director
E-mail: smcbeth@mountainland.org
www.mountainland.org
http://www.hsdaas.utah.gov/pdf/utah_area_agencies_on_aging.pdf

Retired Senior Volunteer Program(RSVP): Senior Volunteer Service
(801) 229-3810
Other: A variety of organizations, agencies, and institutions that are known as volunteer stations. These include courts, schools, libraries, day care centers, hospitals, nursing homes, quilting, information booths, and many more.

Social Security Administration
Retirement, Disability, Survivor benefits
(801) 377-5651

Utah Department Of Veteran's Affairs:
To assist former and present members of the U.S. Armed Forces and their dependents in preparing claims for and securing such compensation, hospitalization, education and vocational training, and other benefits or privileges to which they may be entitled under Federal or State law or regulation by reason of their service in the military.
550 Foothill Blvd. #202, Salt Lake City, UT 84108
(800) 894-9497 Fax: (801) 326-2369
Contact: Terry Schow, Director
http://veterans.utah.gov/
Eligibility: Must have a copy of your DD 214 or military discharge papers to qualify for services

Utah Valley Paratransit
Provides transportation to senior citizen centers county-wide under direction of senior citizen centers and MAG.
(877) 882-7272
Other: Call for scheduling and eligibility, UTA funded curb-side service for individuals with disabilities who are not able to use the UTA system.

Senior Companion Program: Provides companionship/socialization.
(801) 851-7767
Other: Essential transportation assistance, limited personal care and home management assistance

Veterans Suicide Hotline
1-800-273-TALK
Therapy
Addiction Psychological Services
224 N Orem Blvd. Orem, UT

(801) 222-0603
$ For individual therapy, $65; For group therapy, $30
Other: Provides group and individual counseling for people struggling with addictions or domestic violence.

Institute for Cognitive Therapy
560 S State St., Suite A1, Orem, UT
(801) 802-8608
www.icctutah.com
Other: Individual and group therapies provided. Provides the following groups: Victims of domestic violence, perpetrators of domestic violence, substance abuse, families of those with substance abuse, stress management.

Intermountain Specialized Abuse Treatment Center
1868 N 1120 W, Provo, UT
(801) 373-0210
www.isatcenter.org
Other: Provides individual, couple, family, and group therapies. Provides the following groups: Child victims of sexual abuse, sex offenders, adults molested as children, domestic violence, substance abuse

LDS Family Services
1190 N 900 E, Provo, UT
(801) 422-7620
$ For groups, $20 per person or $30 per couple; For individual or couples counseling, $65

Wasatch Mental Health
750 N 200 W, Provo, UT
(801) 373-4766
Eligibility: Medicaid clients only
Other: Provides the following groups: Schizophrenic, skills, depression and anxiety, borderline, bi-polar, male and female domestic violence, anger management, assertiveness, adults molested as children.

RECOMMENDED READING LIST

***Book noted for being LDS specific are marked with an asterisk.**

RECOMMEND FOR ALL CLERGY TO READ

The Road Less Traveled (1978), Scott Peck

ADDICTION—SUBSTANCE

The Heart and Soul of Change (1999), Scott D Miller
Sober Coaching Your Toxic Teen (2007), Shelly Marshall
When society becomes an addict (1988), Anne Wilson Schaef
A million little pieces (2005), James Frey
Alcoholics Anonymous (2002), Alcoholics Anonymous World Services
Codependent no More (1987), Melody Beattie (for family members of addicted persons)
A Time to Heal (1989), Timmen Cermak (for adult children of alcoholics)
Addiction Recovery Program: A Guide to Addiction Recovery and Healing, LDS Family Services

ADDICTION—SEXUAL

Out of the shadows (2001), Patrick Cornes
**Confronting Pornography* (2005), Mark Chamberlin
Hope and Recovery (1994), Hazelden
Out of the Shadows (1983), Patrick Carnes
Sex, Lies, and Forgiveness (1999), Jennifer and Burt Schneider
Don't Call it Love (1991), Patrick Carnes
Lonely All the Time (1989), Ralph Earle
Back from Betrayal (1988), Jennifer Schneider
Cybersex Unhooked (2001), David L. Delmonico
Healing from Sexual Addiction (2004), Mark Laaser
In the Shadows of the Net (2001), Patrick Carnes

FOR SPOUSES OF THOSE WITH SEXUAL ADDICTION

After the Affair (1994), Janis Abrams
Discussing Pornography Problems with a Spouse (2002), Rory C. Reid
How Can I Forgive You? The Courage to Forgive, the Freedom Not To (2004), Janis Abrams Spring
Infidelity on the Internet (2001), Marlene M. Maheu
Living with Your Husband's Secret Wars (1999), Marsha Means
The Drug of the New Millennium (2001), Mark B. Kastleman
The Dance of Intimacy (1989), Harriet G. Lerner

Healing from Sexual Addiction (2004), Mark Laaser
In the Shadows of the Net (2001), Patrick Carnes
Out of the Shadows (2001), Patrick Carnes

ADOPTION

The Primal Wound (1993), Nancy Verrier
Raising Adopted Children (1998), Lois Ruskai Melia
Attachment in Adoption (2002), Deborah D. Gray
Adopting the older Child (1979), Claudia L. Jewett.
Parenting the Hurt Child (2002), Gregory Keck
Parenting from the Inside Out (2004), Daniel Siegel
Theraplay (1998), Ann M. Jernberg
When a Stranger Calls You Mom (2004), Katharine Leslie
The post-adoption Blues (2004), Karen J. Foli

FOR ADOPTED CHILDREN

It's Okay to be different (2004), Todd Parr

ANXIETY

When Panic Attacks: The New, Drug-Free Anxiety Therapy That Can Change Your Life (2007), David Burns
The Anxiety and Phobia Workbook (2005), Edmund J. Bourne
Mastery of Your Anxiety and Panic (2006), David Barlow and Michelle Craske

ANGER

The Dance of Anger: A Woman's Guide to Changing the Patterns of Intimate Relationships (2005), Harriet Goldhor Lerner
The Anger Workbook (1994), Lorrainne Bilodeau
How to Control Your Anger Before It Controls You (2000), Albert Ellis & Raymond Tafrate
Letting Go of Anger (2006), Ron Potter-Efron & Pat Potter-Efron
Anger Busting 101 (2002), Newton Hightower
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Getting to Yes: Negotiating Agreement Without Giving In (1992), Bruce Patton, et al.
Your Perfect Right: Assertiveness and Equality in Your Life and Relationships (2008), Robert Alberti & Michael Emmons
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Parenting a Child with Attention Deficit/Hyperactivity Disorder (1999), Nancy Boyles & Darlene Contadino

Taking Charge of ADHD (2000), Russell Barkley
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The ADHD Parenting Handbook (1994), Colleen Alexander-Roberts

EATING DISORDERS

Eating in the light of the moon (2000), Anita Johnson
**Running with Angels* (2005), Pamela H. Hansen
The secret language of eating disorders (1998), Peggy Claude- Pierre
The Monster Within (2002), Cynthia Rowland (for bulimia)
Inner hunger (1980), Marianne Apostolides

DEPRESSION

Mind over Mood: Change how you feel by changing the way you think (1995), Dennis Greenberger & Christine Padesky
Feeling Good—The New Mood Therapy (1999), David Burns
The Feeling Good Handbook (1999), David Burns
The Relaxation & Stress Reduction Workbook (2008), Martha Davis
Control Your Depression (1992), Peter Lewinson, et al.

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The good divorce (1994), Constance Ahrons
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Mom's house, dad's house: A complete guide for parents who are separated, divorced, or remarried (1997), I. Ricci
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DOMESTIC VIOLENCE AND CHILD ABUSE

Three Little Words: A Memoir (2008), Ashley Rhodes-Courter
Twenty Things Adopted Kids Wish Their Adoptive Parents Knew (1999), Sherrie Eldridge, Sherrie
The Boy Who Was Raised As A Dog (2008) Bruce D. Perry, M.D., Ph.D, & Maia Szalavitz
Anatomy of Peace: Resolving the Heart of Conflict (2006), The Arbinger Institute
The Courage to Heal (1988), Ellen Bass and Laura Davis (adult women's recovery from child sexual abuse)
Victims no Longer (2004), Michael Lew (adult men's recovery from sexual abuse)
Ghosts in the Bedroom: A Guide for the Partners of Incest (1991), Ken Graber
Allies in Healing (1991), Laura Davis (for partners of adult survivors of child sex abuse)
Getting Free: You Can End Abuse and Take Back Your Life (1986), Ginny NiCarthy (for victims of domestic violence)
The Right to Innocence (1990), Beverly Engel and Eleanor Hamilton (recovering from childhood sexual abuse)

FINANCES

9 Steps to Financial Freedom: Practical and Spiritual Steps So You Can Stop Worrying (2000), Suze Orman
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For Love and Money: How to Share the Same Checkbook and Still Love Each Other (1993), B. E. Poduska

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Forgive for Good (2002), Dr. Fred Luskin
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Forgiving Ourselves (2008), Wendy Ulrich
Forgiveness is a Choice (2001), Robert D. Enright

The Peacegiver: How Christ Offers to Heal our Hearts and Homes (2004), James Ferrell

GRIEVING

Understanding Death (1995), Brent A. Barlow. (an LDS perspctive on the subject, a collection of essays and talks by LDS individuals and prophets)
And Death and Dying (1997), Elisabeth Kubler-Ross
The Living Half (1984, may be out of print), Kathleen Buntin

MARRIAGE

MARITAL SATISFACTION

Seven Principles for Making Marriage Work (2004), John Gottman and Nan Silver
Why Marriages Succeed or Fail (1995), John Gottman
Hold Me Tight: Seven Conversations for a Lifetime of Love (2009), Sue Johnson
Getting the Love You Want: A Guide for Couples (2007), Harville Hendrix
Love is Never Enough (1989), Aaron Beck
The Triangle of Love: Intimacy, Passion, Commitment (1988), Robert Sternberg

FINANCES AND MARRIAGE

For Love and Money: A Guide to Finances and Relationships for Latter Day Saints (1995), Bernard Poduska

INTIMACY IN MARRIAGE

Sheet Music: Uncovering the Secrets of Sexual Intimacy in Marriage (2003), Kevin Leman (somewhat graphic)
Passionate Marriage: Keeping Love and Intimacy Alive in Committed Relationships (2009), David Schnarch (very graphic)
Becoming One: Intimacy in Marriage (2004), Robert Stahmann
Between Husband and Wife: Gospel Perspectives on Marital Intimacy (2000), Douglas Brinley and Stephen Lamb (no specifics, just doctrinal/background issues)

MENTAL HEALTH (GENERAL)

A Balanced Life (2006), Dr. Charles B. Beckert and Dr. Derry L. Brinley
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Raising An Emotionally Intelligent Child (1998), John Gottman, Joan Declaire, and Daniel Goleman
Transforming the Difficult Child: The Nurtured Heart Approach (1999), Howard Glasser & Jennifer Easley
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Christlike Parenting: Taking the Pain Out of Parenting (1999), Glenn I. Latham
Love, Limits, and Latitude: A Thousand Small Moments of Parenting (2005), M. Gawain Wells, David Law, Jennifer Johnson
Becoming a Love and Logic Parent: Handbook (1993), Jim Fay
Parenting the Hurt Child: Helping Adoptive Families Heal and Grow (2002), Gregory Keck and Regina Kupecky
Adopting the Hurt Child: Hope for Families with Special-Needs Kids: A Guide for Parents and Professionals (1998), Gregory Keck and Regina Kupecky
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Blending Families: A Guide for Stepparents, www. helpguide.org/mental/blended_families_stepfamilies.htm

PREGNANCY

What to Expect When You're Expecting: 4th Edition (2008), Heidi Murkoffand Sharon Mazel (also available in Spanish)

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Waking the Tiger—Healing Trauma: The Innate Capacity to Transform Overwhelming Experiences (1997), Peter A. Levine

RELATIONSHIPS

Amazing Grace (2008), Gary and Joy Lundberg
Strong Fathers, Strong Daughters: 10 Secrets Every Father Should Know (2007), Meg Meeker, M.D. (father/daughter relationships)
Bonds That Make Us Free: Healing Our Relationships, Coming to Ourselves (2001), C. Terry Warner (about healing our relationships and coming to ourselves)

SAME-SEX ATTRACTION

In Quiet Desperation: Understanding the Challenges of Same-Gender Attraction (2004), Ty Mansfield and Fred & Marilyn Matis (LDS-based)

SELF HELP

Man's Search for Meaning (2006), Victor Frankl
Who Moved My Cheese? (2002), Spencer Johnson

SELF INJURY

A Bright Red Scream: Self-Mutilation and the Language of Pain (1999), Marilee Strong
Cutting: Understanding and Overcoming Self-mutilation (1998), Steven Levenkron
Women who Hurt Themselves: A Book of Hope and Understanding (2005), Dusty Miller
When to Worry: How to Tell if your Teen Needs Help—and What to Do About It (2007), Lisa Boesky
Self Injury: A Struggle, http://self-injury.net
S.A.F.E. Alternatives, http://www.selfinjury.com

SPIRITUAL AND EXISTENTIAL CONCERNS

Man's Search for Meaning (2006), Victor Frankl
The Power of Now: A Guide to Spiritual Enlightenment (2004), Eckart Tolle
Finding Flow (1998), Mihaly Csikszentmihalyi
Believing Christ (1992), Stephen E. Robinson
The Holy Bible
**The Book of Mormon*

SUICIDE

Healing after the Suicide of a Loved One (1993), Ann Smolin and John Guinan
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My Son… My Son: A Guide to Healing After Death, Loss, or Suicide (1991), Iris Bolton

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