

HIGHLIGHTS

of the American Bar Association Commission on Lawyer Assistance Programs

VOL. 12, NO. 3 ■ FALL 2009



Women: Overcoming Barriers to Treatment

BY DR. NANCY WAITE-O'BRIEN

Traditionally, treatment for alcoholism and other drug addiction was all about—and for—men. Almost all the research conducted on addictive disease was based on male patients. The famous Jellinek Chart describing the progression of alcoholism was based solely on its effects on men.

And then along came Betty Ford—and the entire thinking about this disease underwent a sea change.

Betty Ford founded her famous center not only as a state-of-the-art hospital devoted exclusively to the treatment of addictive disease, but also as an oasis, a refuge for women alcoholics and addicts who often had no place to go for help. To say, twenty-seven years later, that Mrs. Ford is proud that 50 percent of the tens of thousands of alumni of the Betty Ford Center are women, would be an understatement.

The key barriers that get in the way of a woman accessing care are: family, money, shame, and denial. There is no agreement on the rank order of these four key factors, but there is agreement that they are all interrelated—and important.

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A Feminine Perspective

BY JEANNE MARIE LESLIE

I always liked partying. I liked the way drinking made me feel. I knew I drank more than most of my friends but I didn't think too much of it. I played around with some drugs but I never went to great efforts to seek them out. I was pretty much content with drinking. It was cheap and available. Partying after work and classes was fun. By the end of my senior year in college, I knew drinking affected me differently. I didn't have a stopping point. Once I started, I lost all perspective. There were times I tried to slow down and pace my drinking, sometimes it worked, oftentimes it did not. Looking back now, the chaos was constant. I believed I just had to get hold of

my finances and accept the fact I had more bad luck than most people. It always seemed I was running on the edge, barely able to get by, but then somehow making it nonetheless.

My experience with opiates began in the closet out of curiosity. I was truly intending to just see what it was like, to experience it. The warm rush slowly moving through my body as it pleasantly calmed and soothed my anxiousness was beyond anything I had ever known. I remember thinking this was the piece I had been missing my entire life. Using was my secret vice; it helped me cope and was truly the best friend I'd ever known. The secrecy and paraphernalia was part of the ritual. I could be so high and feel so good and no one would know I was mood

altered. Having the secret was powerful and in no time at all I became its slave.

My drinking persisted, as my life was steadily and continuously going awry. I never thought about the magnitude of what I was doing to myself. Using—finding ways and means to get more—became my way of living. As my addiction progressed so did my need for more drugs. I would often catch myself nodding off unable to write, see, or even comprehend where I was. These behaviors are what eventually resulted in me losing my license, entering treatment, and getting sober.

Getting off of the drugs was the easy part. I say that not in anyway to discount

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Comments from the Editor

In our continuing effort to bring you theme-specific articles, this issue of *Highlights* focuses on women. Thanks to Jeanne Marie Leslie, the director of the Alabama Lawyers Assistance Program, we have a number of excellent articles.

Women have a unique challenge in their recovery due to the unfortunate stigma associated with women who are addicted to substances. This challenge is reflected in the fewer number of women accessing our programs. Because of the stigma, women stay hidden longer and are, understandably, hesitant to access our resources.

The same stigma attaches to mental health problems such as depression, burnout, and self-esteem issues. Additionally, there are career hurdles that are specific to them. All of these make it important for us to continually educate ourselves and to be sensitive to the differences between men and women.

As usual we invite your comments and suggestions regarding the types of subjects you would like to read and learn more about.

—HUGH GRADY, IOWA LAWYERS ASSISTANCE PROGRAM

Chair's Column Women and Recovery

BY HONORABLE ROBERT L "BUTCH" CHILDERS



Several recent articles from around the country about women driving while drunk have raised the consciousness of lawyer assistance programs (LAPs) regarding

the need to find ways to encourage women lawyers to seek help when affected by the stresses of law practice. Although there is no hard data available, referrals to LAPs in recent years have been estimated at 80 percent male, 20 percent female; although some states have had 65 percent male and 35 percent female. Only a few have had numbers approaching 50-50.

With law school enrollments the last few years at or near 50-50 male/female, one would expect that the number of referrals of women lawyers to LAPs would be increasing, but the increase has been lower than expected. There may be many explanations for this. Historically the legal profession has been a male dominated one, which may provide an extra layer of reluctance in seeking help because women lawyers do not want to show any weakness in a male dominated setting. This

is on top of the additional burden that women have traditionally carried to be perfect mothers, perfect wives, perfect daughters, and perfect everything. Women tend to go to great lengths to keep everything intact from an external standpoint while internally, they may be in ruins. And if their family and friends don't see a problem, then why rock the boat? As a result, women generally have highly developed coping skills and are able to hide their addiction even from their closest friends and family members.

It took women much longer "to get a seat at the table" in the profession. For many there is a feeling that every one of their actions, whether successful or not, is being doubly scrutinized. There is a real pressure to do well, not only for yourself and your family, but for your gender as well. You are charged with setting the bar, being a role model, being a sterling example.

This scrutiny is often accompanied by constant reminders of those who paved the way for "the seats at the table" to be possible, which puts additional pressures on women lawyers to live up to such high standards. That kind of pressure takes it toll and the prospect of being "found out" for getting help may just be too much.

In the current recession, women's incomes have become more important because so many men have lost their jobs. Men are helping out

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Plan B

BY ANONYMOUS

A version of this article was first published in The Alabama Lawyer, Volume 69, No. 5, September 2008.

Hi, I'm ____, and I'm an alcoholic. I never planned on uttering those words in my lifetime. However, that is exactly what I do on a daily basis. Alcoholism is my shadow companion that pushed me to accept a plan B for my life. To share how I made it to plan B in my life, I offer a little background.

I was raised in a rural area of the Deep South where being a “big fish in a little pond” was pretty easy. Taking my first drink of alcohol at age fourteen, I absolutely loved the way it made me feel. It was like being hugged from the inside out. The alcohol made me feel powerful, smart, and pretty. Therefore, I drank as much as I could, when I could, throughout high school. I did not entertain other drugs and admonished those who did.

My choice of college was driven by its proximity to the beach not by its academic rigor. College was an extended party. My junior year of college, I had a roommate who had been watching Phil Donahue and told me she thought I was a weekend alcoholic. Oddly enough at that time, the weekend began on Wednesday night and lasted until Sunday about the time *60 Minutes* came on television. For some reason, that show began the week for me. So, I did not drink Sunday night, Monday night, or Tuesday night. But when I did drink, the game was on.

I moved to Birmingham, Alabama, when I was almost twenty years old to finish college. My sister and her family lived about forty miles outside Birmingham. I did not know a single person upon my entry to living in the “big city.” Therefore, I set out to make friends. I went to the only places I knew to make friends—bars, parties at the apartment complex I lived in, and any other party I could luck into an invitation.

Upon completing college, I believed things would change. A new woman would emerge who was secure, mature, and successful. I would marry, have two children, celebrate a fiftieth wedding anniversary while living in my two homes, one with a picket fence and one at the lake, gently gliding my

way to retirement with complete integrity. This was plan A.

Fast forward to more drinking. I met my first husband at a party. He was intoxicated and so was I. We were off to the races drinking and partying. The next thing I knew, plan A needed revision. I was married and pregnant and NOT in that order. Yet I still thought when my child was born, I would feel secure and loved. Tiny fingers cradled inside my hand and a heart that was filled with love for my son failed to erase the restless, irritable, and discontent inside. Still searching and married with a two-year-old son, I began law school.

Feeling completely inferior to those around me, my excessive drinking contin-

I justified my behavior by rationalizing that I deserved the release I felt from the alcohol.

ued. I justified my behavior by rationalizing that I deserved the release I felt from the alcohol. Having more to prove than the other students, drinking made me feel as though I could accomplish that goal.

Once again, plan A needed further tweaking. I was going to slow down when I got a real job practicing law. Fortunate to land a job at a mid-size law firm, I thought I had “arrived.” I loved the people, the area of law I practiced, the opportunities provided me, and the chance to meet the clients of other lawyers in the firm. However, there was one nagging downside—the billing, working, and client development monthly reports that compared each associate. Feeling terribly insecure yet driven to win, I wanted to out bill, out work, and out client develop the other associates.

I gave the firm my all and in the process lost my marriage. Although consistently receiving accolades for my work, I persisted

in my drinking. I kept telling myself “real alcoholics have a morning drink. I’m not an alcoholic, I only drink at night and on weekends.” When I was in a crowd, I could turn it on (whatever “it” might be); but when I was alone, I could barely move. A couple of partners at the law firm mentioned they thought I was an alcoholic—the nerve of them! I was a single mom working to be a partner at the firm, maintaining a home and friendships with what energy I had left. The stress and my lifestyle took its toll on a pre-existing health problem. Not long after what I considered to be vicious rumor surfaced, I left the firm to become a solo practitioner. Again, plan A had to be modified.

Although blessed along the way with wonderful friends and contacts from my time in Birmingham, the tragedy was that I only envied them. Everyone around me seemed so organized, happy, and successful while I led a dual life. My soul was empty and I felt dead inside. My health continued to deteriorate. Medical procedures became necessary and painkillers were prescribed. Quietly and discretely my security, power, and energy came from a pill instead of a bottle.

I lived for that pill for a while. I stopped paying my bills, stopped returning friends’ and clients’ phone calls. Plan A was derailed but I was at a loss of how to fix the problem. I tried to quit the pills on my own and failed miserably in controlling my obsession. In July of 2006, I wrote a suicide note to my son and the man with whom I had been in a three-year relationship. I planned the date to take my life.

Locked inside my bedroom one evening, my son, other members of my family and several of my best friends gathered at my home for an intervention. Completely caught off guard, I thought “How did they know? Who had they told? Was I ruined in the legal community?” Plan A was crumbling. My intervention was not as pleasant as the ones seen on television. Resisting their love and concern for me, I called the police to have them removed from my home. With a remnant of the intervention group still in my home, I sat alone amidst the darkness and despair of my life. I gave up. Plan A was dead. I called the man whom I had been dating and agreed to check in to the rehabilitation facility recommended to my intervention team.

Now, two years later, plan B has replaced plan A. Sober from alcohol and pills, I do not

take mood altering medication. The relationships I have are the best I've ever known. There is wonderful positive support in my life. The legal community has affirmed my journey to recovery. Through the forbearance of the Alabama State Bar, I returned to practice law but not without a deep sense of shame and guilt. However, each day by the grace of God, great sponsorship, and the fellowship of Alcoholic Anonymous (AA), I put one foot in front of the other to practice law. My colleagues in the practice of law are remarkable. They could have derided me but instead offered me kindness and a helping hand. I stood crying before judges in whose courtrooms I had practiced law and said, "I am sorry for my actions." Instead of hearing words of condemnation, I felt the warmth of true love and friendship.

Until the intervention, I was always pressing to arrive at a specific destination. Now, daily I enjoy the journey of life. The road of "in recovery" is marked by attending AA meetings, working with four sponsees, and following my sponsor's recommendations. I thank God for second chances and new beginnings and for the gift of daily sobriety and serenity. I thank him also for solid supportive friendships, and the unwavering love of my son and my boyfriend.

My wholeness and authentic self reside in plan B, yet I must acknowledge the journey called plan A. It took living plan A to give me a heart filled with gratitude and unshakeable desire to appreciate and celebrate plan B. **H**

BOOK REVIEW

Dear Sisters, Dear Daughters

REVIEW BY JAYNE MAHBOUBI



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Dear Sisters, Dear Daughters: Strategies for Success from Multicultural Women Attorneys was produced and edited by the ABA Commission on Women in the Profession and Commission on Racial and Ethnic Diversity in the Profession.

According to the editors, "this book . . . is a companion volume to a previous publication addressing the same audience, that would offer strategies for professional success. It offers letters outlining various road maps for success in the legal profession as a minority lawyer." The effort is a continuing attempt of the profession to respond to and assist attorneys who face unique barriers to their career opportunity, growth, and advancement based on the "double whammy of race in addition to gender."

The book takes the experiences of seasoned women attorneys from diverse cultural and ethnic backgrounds who, in a highly personal and readable format, offer their observations, experiences, encouragement, and tips for success in many of the genres of practice in the profession. The genres include: large and midsize firm practices; solo and small firm practices; serving the public (government and nonprofit practices, executive roles in government and nonprofits, the judiciary, and elected officials); in-house counsel practices; and academia.

As I read several of the excerpts in the volume, I was struck by my personal reaction to the contributions and wisdom offered, which could easily be transferable to any profession. The wisdom was offered in numerous formats and personal styles, but was always offered with care, generosity, and respect for the target recipient—other women about to embark upon a journey, regardless of age, in the practice of the noble profession of the law. The wisdom considered the entire person, their intellect, values, family, spirituality, and always the message of empowerment and encouragement. Identifying a couple of main themes would be: you are not alone and you can't control other people's actions, but you can control your reaction. **H**

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Chair's Column

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more at home, but working mothers still have the bulk of the child rearing responsibilities. Women routinely face direct and indirect criticism as a result of child rearing, maternity leaves, and often being the first to respond to a child illness call.

Because of both internal and cultural stigmas attached to women, much like minorities, when they have to deal with a substance abuse or mental health issue, it is much harder to acknowledge the problem, ask for help, and find the time to get help. If a mother is faced with the choice of taking care of her kids or taking care of her addiction, most will choose their kids. In addition,

few treatment programs offer child care, and some women don't have a safe place to leave their children.

For all of these reasons it is incumbent on LAPs to develop programs to encourage women lawyers to seek help at an earlier stage, and to perhaps consider offering child care services. Health care professionals have indicated that women's problems with addictions are different from men's. For example, the impact of alcohol on women's bodies is different. Women get addicted more quickly than men, and develop health problems faster and by using less alcohol than men. Consequences of alcohol abuse such as hypertension, anemia, malnutrition, brain and heart damage occur more rapidly, making it more important to treat women earlier in the addiction cycle.

Programs that focus on gender-specific issues have proven to be more effective than traditional coed treatment programs. Because women come to treatment experiencing shame and guilt and mistrusting the important relationships in their lives, research supports treatment models that focus on providing environments where women can experience and build upon healthy relationships with staff, security, firm limits, and boundaries.

The Commission on Lawyer Assistance Programs will continue to work with the LAPs to develop programs to educate women law students and lawyers about the importance of seeking assistance early when faced with substance abuse or mental health issues, and that the assistance will be confidential. **H**

Overcoming Barriers

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Family

“The biggest roadblock to a woman reaching out for help—the one I hear most often—is, ‘How can I leave my children?’” So says Toni Tufo, who has served as a counselor at the Betty Ford Center’s Fisher Hall for nearly eight years. She has worked with hundreds of women who’ve reached out for help so they can get—and stay—sober.

Tufo says the challenge of seeking help is even more acute when the woman alcoholic/addict works at a job outside the home, in addition to being responsible for her children.

What does Toni Tufo tell women who are thinking about seeking treatment, but wavering in their commitment to do so, because of child care concerns? Tufo says, “If you don’t get sober there’s a good chance you’re not going to keep your children or your job—or both. So if you’re really concerned about your kids, and/or really want to hold on to your job—especially in these tough economic times—then you’d be smart to make the commitment to come here—*now*.”

Inevitably, says Tufo, mothers are able to find other family members—and sometimes, close friends—who are willing to shoulder parenting responsibilities while Mom is away getting treatment for her disease.

“I always find it interesting,” says Tufo, “that if you were diagnosed with cancer and told you had to have an operation right away, the chances are 99 percent that you’d find an appropriate caregiver for your child or children within a day or two. But many people still don’t seem to fully comprehend that addiction to alcohol and drugs is a potentially fatal disease—at the end of the day, no different than cancer.”

When it comes to treatment, Toni Tufo describes the presence of children as “a double-edged sword.”

“On the one hand,” she says, “a mother may be reluctant to seek treatment because she doesn’t want to leave her kids for 30 to 90 days.”

“On the other hand,” she adds, “children may be the primary reason an alcoholic/addicted mother comes to treatment. Many mothers come because they’re facing consequences involving their kids. They’re

at risk of losing their kids because of legal problems, like DUIs. Their drinking/using has put them up against the wall. They face a fairly straightforward choice: get sober, or lose your kids.”

Tufo concludes, “When the choice is that stark, it’s amazing how easy it becomes to make the choice!”

The “family factor” as a barrier for women seeking treatment often extends beyond the woman’s children. The foundation of the family structure itself is often built on and around the adult woman—the wife, the mother, the organizer, the nurturer-in-chief. That woman so often serves as the glue that holds it all together, and there’s a very real fear that the whole fragile family structure will crack and fall apart if Mom takes a leave-of-absence.

The foundation of the family structure itself is often built on and around the adult woman.

I have a from-the-heart/to-the-heart message for women alcoholics and addicts who so often are serving as “the glue” holding their family unit together: “The chances are excellent your family *won’t* fall apart if you leave for 30 to 90 days to get help. But the chances are excellent that your family *will* fall apart if you *don’t* reach out for help.”

Counselor Toni Tufo is even more direct in talking with potential patients, “I tell them about the serious nature of this disease,” she says. “I’m blunt, and my message is simple: ‘If you continue drinking and/or using, you’re going to kill yourself.’”

Money

For the most part, women have to *ask* someone for money before they can come in for treatment. It’s a sad, but true, fact—when money gets tight, many women have a tough time getting treatment. And right now, in the midst of the Great Recession, money is tight.

What do the experts tell women alcoholics/addicts who need treatment but fear they can’t afford it, especially when times are tough?

“It’s important to point out,” says Dr. Johanna O’Flaherty, the current vice president of Treatment Services at the Betty Ford Center, “that every woman who calls here for help gets a referral. If they can’t afford to come here for 30 to 90 days, we may suggest our Intensive Outpatient Program, which costs far less than our inpatient programs. Outpatient treatment [five nights a week, for eight consecutive weeks] is still absolutely first-class, and it allows the woman alcoholic/addict to perhaps even work in the Coachella Valley and earn money while she’s working toward lifetime sobriety.”

Dr. O’Flaherty adds, “We also refer hundreds of women every month to reputable treatment facilities that may be closer to where they live, and/or facilities where treatment costs less than it does at the Betty Ford Center.”

Counselor Toni Tufo says she’s often very direct with women contemplating treatment who may be able—through various means, including using credit cards—to cobble together sufficient funds to come to the center, but are wavering in making the commitment to treatment and sobriety.

Tufo tells what she calls “the waverers” that a new car and a residential treatment program cost about the same. “What’s worth more, in the long term?” Tufo asks prospective patients. “A new, sober life of peace and joy for yourself, your family, your friends, plus keeping your job, if you have one? Or a car?”

That pretty much puts it into perspective.

Shame

At some time in our lives we’ve probably all heard the old saw, “Nice ladies don’t drink (too much).”

Our culture (until recently, at least), has frowned on the female alcoholic/addict.

Women who “lose control” while consuming alcohol and/or other drugs are thought of in particularly harsh terms. They’re assumed to be sexually “loose,” to have failed in their roles as mothers or partners, and are generally viewed as having violated the “laws” (or at least conventions) of gender behavior.

Male alcoholics/addicts, on the other hand, are more likely to be viewed as having failed at a *task* (work, being a law-abiding citizen), not as having failed as a *human being*.

Many women hide their drinking or drug use in an attempt to avoid having “life failure” stamped on their forehead.

It’s important to remember that in our culture the harshest critic of the female alcoholic/addict isn’t society in the abstract, it’s the woman herself. She sees herself as a failure in the important roles she’s chosen for herself—mother, professional, wife, partner.

These harsh internal and external judgments result in higher levels of shame and guilt in women alcoholics and addicts than in men.

Adding to the mix, and to the potency of “shame” as a roadblock standing in the way of treatment for many women, is *trauma*.

Dr. Joanna O’Flaherty says a high percentage of woman alcoholics/addicts are trauma survivors. “The correlation between trauma and addictions is astounding,” Dr. O’Flaherty says. “A trauma history needs to be taken in the early stages of treatment,” she adds, “because unresolved trauma will stymie recovery and may lead to relapse. We often find that the mood-altering substance was used to anesthetize the psychic pain of the traumatized individual.”

How to overcome the “shame factor?” First, says Dr. O’Flaherty, the woman alcoholic/addict needs to get herself into a gender-specific treatment program. “That’s the most effective route,” she says, “for the woman addicted to alcohol and/or other drugs, weighted down with trauma issues.”

The Betty Ford Center treatment programs for women, she adds, “are gender-specific, are grounded in the 12-step philosophy, augmented with psychodynamic and cognitive behavior therapy. These are proven methodologies that reduce shame, build self-esteem, and help the patient begin a journey of recovery.”

Denial

“What. . . Me?”

“You think *I* have a problem with [alcohol/prescription pills/cocaine/methamphetamine/marijuana]?”

“Me?”

“You gotta be kidding!”

Cyndi Collier, who has been a drug treatment counselor for twenty-five years, says one of the things in the field that hasn’t changed much over the past quarter-century is that “denial remains one of the biggest hurdles to seeking help for your addiction.”

Collier, who’s now a counselor in the Betty Ford Center’s 90-Day Program, says something that *has* changed is the demographic breakdown of the patient population. “Now, so many of our patients are younger women,” she says. “In the past, women generally would start using excessively at a later stage, say in their fifties and sixties, and the disease would come on later in life.”

But, she adds, “It’s not unusual now for kids to start drinking alcohol, smoking pot, at age eleven. By their late teens, by the time they’re twenty, they’re full-blown alcoholics/addicts. We’ve seen, I’m sorry to report, a marked increase in the number of women patients who are in their twenties.”

Cold statistics back up Collier’s observations. One-third of all women in the United States have their first alcoholic sip before they enter high school. Almost half of high-school girls drink, and more than a quarter binge drink. Morris, Alex, *Gender Bender: More Women Are Drinking, and the Women Who Drink Are Drinking More*, NEW YORK MAGAZINE (Dec. 15, 2008).

And college? “The rate of drinking is astronomical,” says Jon Morgenstern, a professor of psychiatry and vice president of the National Center on Addiction and Substance Abuse. “College is really a training ground for becoming an alcoholic.”

Here’s a frightening statistic: At all-female colleges, the rate of frequent binge-drinking increased by 124 percent between 1993 and 2001. *Id.*

According to the Betty Ford Center’s Collier, “The drugs—besides, or in addition to, alcohol—that these young women [who enter treatment] are using and abusing reflect our ‘go-fast’ society. That helps explain, I think, the popularity of methamphetamine and cocaine as drugs of choice. They work *fast*. The problem is, of course, dependence on those drugs happens fast, too. You become addicted—*fast*.”

“A sad by-product of the ‘go-fast’ society is that many young people who’ve become alcoholics/addicts are deep in denial and they look at you with disbelief when you tell

them about the true nature of the disease, and that *recovery means abstinence—period*.”

“I’ve heard so many times, ‘What do you mean, I can never drink again?’ Or, ‘What do you mean, I can never smoke dope again?’ They’re so used to living life on *their* terms. They’ve been living life under the illusion that *they’ve* been in control of their life—and now we’re telling them they have to *surrender* control. It’s like a death sentence to many of these women.”

“Believe me, when your mind-set’s like that, it takes time to make the major adjustment—in your head and in your lifestyle—that’s required.”

Cyndi Collier says denial isn’t just a roadblock many prospective patients have to overcome *before* they get to treatment—it often remains an issue *after* they get into treatment.

But, she says, there is hope.

“One of the amazing, positive benefits of 90 days of treatment is that it gives us—the treatment professionals—and the patient a real opportunity to break through the denial barrier.”

Collier adds, “You know, most every alcoholic/addict worth her salt can put on a brave face—I call it a ‘smiley face’—for about six weeks after they get here. It’s only then that the smile starts to crumble. It’s only then the patient starts to really tackle the deep-below-the-surface trauma and grief and loss issues that are haunting her.”

Cyndi Collier points out that in the 90-Day Program, patients start to do a lot of things on their own after the first month or so, things like driving a car, shopping for groceries, going to coffee shops, going to AA meetings. “That’s when,” she says, “layers upon countless layers of denial start to peel away.”

And the picture that emerges, she says, is usually not pretty. “As a matter of fact, confronting the truth is often devastating. But if you don’t tackle the root causes of your disease—you’re not going to really heal. If you never get beyond the ‘smiley face’ stage, you’re putting band aids on open sores, not healing those sores.”

Denial, says Collier, is just as acute as it ever was for women alcoholics/addicts. And denial, she says, “is a barrier that must be overcome—to some extent at least—before a person seeks treatment. But then when the woman is *in* treatment, we have

to keep chipping away at that huge boulder in the roadway.”

“The beauty of longer-term treatment,” she adds, “is that it provides the twin gifts that just keep on giving: time and introspection.”

Overcoming denial, and shame, and family and financial issues, and actually entering a treatment program can, of course, be life-changing—in fact, life-giving.

For women in treatment it’s the most wonderful and scary time imaginable. *Scary*, because problems are addressed, head-on. *Wonderful*, because most women who come into treatment have never taken any time for themselves; they’ve spent years balancing the demands of others with the demands of their disease. Caught in a trap, they’ve lost sight of who they really are. They’ve become lonely, isolated, and separated from their real self.

In treatment, the focus is on discovery and reconnection: with the self, the soul, with hope, and with others. Recovery allows a woman to learn to act with courage, to connect with those around her. It is in connection with others, with women who have walked the path of recovery, that the alcoholic/addict learns to trust, learns to value herself, learns to create a life closer to the one she once dreamed of. **H**

DR. NANCY WAITE-O'BRIEN is vice president emeritus of Treatment Services at the Betty Ford Center.

MEET THE STAFF OF COLAP

Beginning in September, CoLAP has seen some staff changes. Will Hornsby is now counsel to CoLAP. He will be working with the Commission, the Advisory Committee, and the committees to support the full range of CoLAP’s work. He can be reached at whornsby@staff.abanet.org; 312/988-5761. Tracy Loynachan provides research assistance, policy analysis and strategic communications on behalf of the Commission. She can be reached at loynacht@staff.abanet.org; 312/988-6185. Janice Jones will continue to plan meetings, including the National Conference, handle reimbursements and track budgets. She is at janicejones@staff.abanet.org; 312/988-5787. Leigh Stewart continues as CoLAP’s administrative assistant. Simply put, Leigh handles everything. She is at stewartl@staff.abanet.org; 312/988-5717.

A Feminine Perspective

CONTINUED FROM PAGE 1

the significance of withdrawing from drugs. I could not move forward in my recovery without being totally abstinent from mood altering substances. The drugs were the symptom for me. They covered up the gnawing emptiness I felt deep inside. For me this cavernous place constantly yearned to be okay and to be good enough. In my active addiction I used whatever I could find from the outside to fill this place on the inside—almost to the extent of extinguish-

Treatment and leaving my children were probably the hardest things I’ve ever had to do.

ing myself. In recovery I have learned that it is not an outside job.

As a woman and a mother, recovery presented additional stumbling blocks. Most of these came from my own beliefs—all of which were forms of judgment and in the end I became that which I judged. Somewhere in my history I learned that I belonged to the inferior gender. Being a woman meant I had to try harder, do more, and rein in my femininity in order to prove my worth and make it in this world. I found myself living my life to prove a point, which was not living at all.

Prior to entering treatment I realized that I was very sick and as much as I tried, my attempts to get a grip were not working. Treatment and leaving my children were probably the hardest things I’ve ever had to do. It went against all of what I thought was truth. At the time (obviously my idea of truth was somewhat distorted) I remember thinking what kind of mom leaves her kids? On May 1, 1995, I kissed my four-year-old daughter and my seven-year-old son good-bye and left for treatment.

In treatment, as the fog began to move, I was left raw with emotions. I learned that, despite my intelligence, I knew very little about myself. I felt broken, weak, and alone. I was terrified that my treatment team would conclude my worthlessness. I remember my counselor telling me clearly, “When you look at you . . . you will get well. If you keep looking at other people, places, and things, you will stay sick.” This began my journey of recovery.

Taking a rigorously honest look at my life required that I ask for help. I would have preferred to just read the directions but my counselors told me that was not how they did it. They suggested I consider the possibility that my way wasn’t working too well. I was so full of fear and doubt that I could not see the obvious. Facing the truth and coming to terms with my own behavior and my self destructiveness was difficult, but not nearly as difficult as staying sick.

My journey in recovery has been filled with many lessons, many of which I had to relearn in the face of reality. Today I cherish the essence of being a woman and what that means to me. I truly marvel at my femininity. I obtain strength from my intuitiveness and compassion for others through an attribute of sensitivity. More importantly I learned that what I think about myself reflects in everything I do. I love being a woman, a mother, and a professional. I am an alcoholic and a drug addict and I know beyond any shadow of doubt that recovery is possible.

Working the twelve steps, going to meetings, and sponsoring women in the program is what keeps me sober. The twelve steps keep me living in the middle and remind me that I am not in charge. I believe as it is written, acceptance is the answer to all my problems.

As a professional I carry this message of recovery to lawyers, judges, and law students suffering from addictions and other mental health disorders. I am truly privileged and humbled to do this work and I am grateful everyday to be alive. **H**

JEANNE MARIE LESLIE is the director of the Alabama Lawyer Assistance Program.

NEW APPOINTMENTS

Newly Appointed Commissioners

Susan S. Grover, Williamsburg, Virginia—Susan has long been involved with assisting members of the legal community who struggle with substance abuse issues. She is a member of the Board of Directors for Virginia Lawyers Helping Lawyers, which was organized in 1985 to provide confidential, non-disciplinary assistance to members of the legal profession in Virginia who experience professional impairment as a result of substance abuse. Susan has made enormous contributions to Virginia's lawyers and has led the William & Mary effort to conduct a 2008 survey to gauge the depth of substance abuse and mental disorders afflicting lawyers in Virginia. Her energy, experience, and passion for assisting lawyers, judges, and law students will be a great asset.

Dr. Jayne Mahboubi, Smyrna, Georgia—Jayne has been attending CoLAP's National Conference as a representative from Ridgeview Institute and has also participated as a panelist. She coordinates monitoring for all professional licensing boards around Atlanta and facilitates the transition of patients from all phases of treatment to aftercare including notification of the existence of lawyer assistance programs that have peer support components throughout the United States and Canada. Jayne leads the Lawyers Aftercare support group in Georgia. She is a licensed clinical social worker and has a doctorate in psychology with a specialty in addictions and family systems. She brings to CoLAP extensive experience in multicultural counseling, interracial couples, hope, and healing in crossing cultural bridges.

Newly Appointed Advisory Committee Members

Carol M. Hoffman, Syosset, New York—Carol is a sole practitioner. She is a former member of the Board of Directors of the Nassau County (NY) Bar Association, a former chair of the Nassau County Bar Association Lawyer Assistance Program, and a current member of the New York State Bar Association Lawyer Assistance Program. Her leadership role on state and local bar lawyer assistance programs will enable her to bring

valuable insights into the Advisory Commission and serve as an asset to CoLAP.

Teresa D. Jones, Memphis, Tennessee—Teresa is chief prosecutor with the city attorney's office of Memphis. She is a board member of the Alcohol & Chemical Abuse Rehab Center, Inc. since 2003 and was appointed by the Tennessee Supreme Court as a commissioner for the Tennessee Lawyer Assistance Program in 1999. Since 2001 she had been an adjunct professor at LeMoyne Owen College teaching labor relations and negotiations and business law.

William John Kane, New Brunswick, New Jersey—Bill has spent much of his career helping others beginning with service in the U.S. Peace Corps. He currently is a faculty member at the Rutgers Center of Alcohol Studies, while also serving as director of the New Jersey Lawyers Assistance Program. Kane has been an active participant in CoLAP activities since its creation in 1989. He has participated on National Conference Planning Committees, spoken many times at the conference, and also presented on specific topics relevant to this work at CoLAP business meetings and other legal organizations. He is an expert in the recovery field of addictions, including chemical, gambling, and other process addictions. He will be an incredible asset to the Advisory Committee.

Guy Quesnel, Montreal, Quebec—Guy has been working with CoLAP since he became the executive director of the Québec Bar Assistance Program when it was created in 1996. He actively participates in the Northeast Region's meetings in the United States. Guy is a member of Juri-Secours since 1980, an organization devoted to the recovery of members of the legal community suffering from various addictions. He brings a unique quality and expertise to CoLAP from a French-speaking Province within the legal profession.

Andrew J. Rothermel, Wernersville, Pennsylvania—Drew is currently executive vice president and chief financial and administrative officer of the Caron Treatment Centers, where he manages the financial, administrative, legal, and risk functions of the organization. Rothermel is a graduate of the University of Richmond, Richmond,

Virginia where he received a JD from the T.C. Willams School of Law, an MBA from the Richard S. Reynolds Graduate School of Business, and a BS in Business Administration from the E. Claiborne Robbins School of Business. He is actively involved in many professional and community organizations.

Judy Rushlow, Fort Lauderdale, Florida—Judy has been the assistant director of Florida Lawyers Assistance, Inc. (FLA), for the past fourteen years. She has been a member of the Florida Bar since 1980, and was a practicing attorney until she joined the FLA staff in 1995 and has participated in the annual CoLAP meetings since 1996. She is certified as a substance abuse counselor by the Certification Board of Addictions Professionals of Florida. Judy will be a welcome and beneficial addition to CoLAP and the ABA.

Orgena Singleton, Houston, Texas—Gena is the assistant dean for student academic affairs at South Texas College of Law. She is a member of the State Bar of Texas Lawyers Assistance Program Committee and served as a member of CoLAP's Advisory Committee before being appointed to CoLAP. She is also the former chair for the Association of American Law Schools Section on Student Services. Gena has been chair of CoLAP's Law School Assistance Committee and before she became committee chair she did an outstanding job working on the *Law School Toolkit* that was distributed to all ABA-accredited law schools.

Michael A. Stewart Sr., Birmingham, Alabama—Mike has been a regular attendee at CoLAP's National Conferences as a representative from Bradford Health Services. He has volunteered to work with several committees and actively participates in our fundraising efforts. Stewart has been invited to speak at state Lawyer Assistance Programs at which he shares his recovery experience and the value of the services provided by CoLAP and the LAPs in saving careers and lives of those in the profession. He brings to the Commission his experience as a practicing lawyer for fifteen years, his experience of working with professionals in treatment, his experience working with a lawyer assistance program, and his expertise in the latest in treatment techniques. **H**

Around the LAPs

Delaware

The Delaware Lawyers Assistance Program (DE-LAP) kicks off the second year of The Wellness Factor—In The Life of a Lawyer Health Matters. Sponsored by the Delaware State Bar Association and hosted by both the Delaware Bar Association and DE-LAP. We have two programs per month: one for the physical health and one for the mental health. The series runs from September until May. Go To www.dsba.org or www.de-lap.org for a complete fall schedule.—CAROL WALDHAUSER

District of Columbia

In May the D.C. Bar Lawyer Assistance Program moved and we are now happily settled in at our new address on the third floor of the D.C. Bar headquarters. The new D.C. Bar conference center has state-of-the-art meeting rooms, so our Lawyer Assistance Committee meetings and CLE presentations can be easily recorded and remotely accessed. The D.C. Bar Lawyer Assistance Committee has been working hard on outreach efforts to law firms and judges, recruitment of new volunteers, and collaboration with the six D.C. law schools.

In April, Eric Lehot resigned from his position as a part-time senior counselor in order to pursue a full-time career. Fortunately our other part-time senior counselor, Lisa Povich, accepted the position of full-time senior counselor. This past April, we went live with a new data management system, EAP Expert, and we have been pleased so far without ability to enter case data and run utilization reports. We are looking forward to a fabulous year in the D.C. Bar LAP!—DENISE PERME

Illinois

The Illinois Lawyers' Assistance Program hit a record number of 296 new cases for

2008–2009, which is an increase of 363 percent over the past eight years. In April we had more requests in a single month for assistance (42 new cases) than at any other time in the organization's twenty-nine-year history.

The incidence of psychological problems is now greater than chemical dependency and chemical abuse combined, though many of our clients experience both addiction and mental health issues.

Our greatest concern has been the increase in suicide, suicide attempts, and suicide ideation. A year ago this time we had one case of a lawyer talking of suicide; this year LAP experienced two suicides, four suicide attempts, and nine cases of suicide ideation.

In spite of our challenges, we are encouraged by the success stories we see.

For more information, see our 2008–2009 Annual Report at www.illinoislap.org.—JANET PIPER VOSS

Indiana

This summer the Indiana Judges and Lawyers Assistance Program (JLAP) completed a strategic planning effort setting our goals through 2012 and added a fifth member to our team by hiring the perfect lawyer to do outreach in the northern third of the state. We also started two new support groups in northwest Indiana including a Substance Abuse group and a Depression and Stress group. Our Career Transition group in Indianapolis is going strong and we have had requests to start a similar group in northeast Indiana.

Creating the JLAP Treatment Grant Fund and the Friends of JLAP Fund has been the most rewarding step we have taken in 2009. Both funds were created through the collaboration of JLAP, the Indiana State Bar Association (ISBA), and the Indiana Bar Foundation (IBF). JLAP is extremely grateful to the leaders of the ISBA and the IBF for their support and expertise in creating the two funds. The JLAP Treatment Grant Fund will be used to make grants to members of the legal community who are in need of treatment-related services but cannot afford the services. The Friends of JLAP Fund will be used to support new JLAP projects or needs and allow JLAP to expand

the services it currently offers the legal community.—TERRY L. HARRELL

Maine

This summer the Maine Assistance Program for Lawyers and Judges (MAP) chaired a seminar panel at the Maine State Bar Association summer meeting. The panel discussed the medical, ethical, and legal issues faced by aging lawyers. The seminar was very well attended and very well received.

MAP addressed the incoming first year class at the University of Maine School of Law about stress and substance abuse issues and MAP's services to law students. Since its inception in 2003, MAP has provided services to almost 10 percent of the Maine bar. By the way (and to no one's surprise) David Kee has become our number one volunteer. Now he does for free most of the work he did as MAP director!—BILL NUGENT

Massachusetts

Lawyers Concerned for Lawyers' (LCL's) thirtieth anniversary Founder's Luncheon entitled, "Honoring Our Origins," will take place on October 23, 2009, and will celebrate LCL's thirty years of service to the Massachusetts legal community.

LCL's Women in Recovery Focus Group has planned a Women's Conference, which will take place November 14 and 15, 2009, and will feature a workshop by Ellen Ostrow.

Executive Director Walcott was the featured speaker in a moderated presentation entitled, "Staying Positive in a Down Economy: Beyond the Group Hug," which was the third in a series of free ABA Recession Recovery Teleconferences. Over 393 registrants tuned in to the event, as well as over 10 bar listening parties. The presentation highlighted stress management coping mechanisms for both the people experiencing layoffs and their families.

We have continued to present large and small versions of our four-panel layoff survival skills program ("Keeping Your Head When All About You Are Losing Theirs") to area bar associations, including the Boston Bar Association, Massachusetts Bar Association, Women's Bar Association, Women of Color Committee, and the Massachusetts Black Lawyers Associations.

LCL has launched its layoff support group, which is co-run by Walcott, an attorney, and one of LCL's clinicians, for a combination of legal and clinical expertise.

Walcott was an invited speaker for the biannual gathering of supervising attorneys for the state's bar advocates program and is now preparing similar presentation for groups of more than one hundred of the attorneys they supervise.—GINA WALCOTT

Minnesota

Like everyone else, Minnesota's LAP is responding to increased need due to the economy. We are developing a virtual support group for lawyers, particularly solos, who are outside of the main metro area. We have also seen increased attendance at our suicide prevention programs when we offer them in the context of distressed clients. We are finding that the current economic climate is giving us increased access in a number of ways.—JOAN BIBELHAUSEN

Mississippi

The Mississippi Lawyers and Judges Assistance Program (LJAP) celebrated over twenty-five years of service to the Mississippi Bar on September 11, 2009. The Mississippi LJAP looks forward to the next twenty-five years.

In 2005, the Supreme Court appointed a commission to address concerns for impaired lawyers. The commission made ten recommendations to the Mississippi Supreme Court. These recommendations presented to the court are the culmination of three years of work by the commission. The recommendations, if adopted by the court, will expedite and improve assistance services for lawyers.—BETTY DAUGHERTY

Ohio

Crystal N. Glover is the new administrative coordinator. She graduated from Indiana Wesleyan University in April with a BA in General Studies/Psychology, and started with us in early July. She handles all office administration, oversees our marketing and outreach programming, and works with participants on telephone call-ins.

Statistically since September 2006, OLAP has opened a new file every business day. Our caseload is 40 percent MH, 40 percent DD, and 20 percent CD. Our

Judicial Advisory Group is helping ten or so judges per year, and we are working with fifty-plus law students per year. OLAP staff makes over eighty CLE presentations per year to over twenty thousand lawyers and judges, and we speak in all eight Ohio law schools.—SCOTT R. MOTE

Ontario

The Ontario Lawyer Assistance Program (OLAP) annual volunteer workshop took place on July 17 and 18, 2009. The program was outstanding this year. Here is a quick overview.

The purpose of the workshop is to provide an update of OLAP activities and information on clinical issues and skills for volunteers to use. About twenty-five volunteers attended—some who have been peer volunteers for many years and some who have recently joined the team.

We were fortunate to have a distinguished guest who gave an overview of LAPs and a look into the future. This was the famous Bill Kane, director of the New Jersey LAP. It was wonderful to have him join our workshop.

Presentations included the topics of depression and stigma with Karen Liberman, executive director of the Mood Disorders Association of Ontario and problem gambling update by Rob Simpson of the Ontario Problem Gambling Research Centre. Christine Delaney from the Coaching Clinic gave us a fast-paced presentation on non-verbal messaging. Malcolm Heins, the CEO of the Law Society, spoke to us on the role of the volunteer in the legal profession and our vital role in lawyer wellness in Ontario.

Saturday morning concluded with the presentation of the Volunteer of the Year award to Coulson Mills and an appreciation presentation to Bozena Balut for her support, loyalty, and all her hard work as OLAP's photographer.

The workshop gave us all time to appreciate the fundamental role and value of our volunteers.—LEOTA EMBLETON

Pennsylvania

Summer witnessed the loss of two of our dearest friends, Dennis Harrington of Pittsburgh and Brad Foulk of Erie. Well known as both gentlemen and accomplished lawyers, Dennis (a retired, world class civil

trial lawyer and one of the founders of LCL-PA) and Brad (a long-term director of LCL and the district attorney of Erie County) embodied the spirit of "Love and Service." Countless individuals were helped as they passed on their respective messages of hope and recovery.

Continuing legal education slowed down in the summer with only a dozen live LCL presentations scattered across the commonwealth. We held our third annual Law School Deans of Students Retreat at which seven of Pennsylvania's eight law schools participated. This retreat provides the deans with their only opportunity to network face-to-face with their colleagues from the other schools and the staff of the Board of Law Examiners. Our special guest this year was the Honorable Michael Eakin, justice of the Supreme Court of Pennsylvania. Also, we participated in several first-year law student orientation programs and simultaneously distributed our law student brochure and poster to all eight schools.

As we head into fall our educational programs will gear up with the start of the Pennsylvania Bar Association sponsored Avoiding Legal Malpractice Seminars—thirty-three county based CLE presentations covering the western half of Pennsylvania. And, we have been added to the faculty of the annual, mandatory education of the Minor Judiciary.

Our helpline activity (new self-referrals and requests for intervention assistance) are up from 2008 but are in line with 2007. Thus, we can't say the recession has had an impact on our call volume although more callers this year mention that poor economy is affecting their practice. Half of our helpline calls concern alcohol and other drugs, 20 percent depression and bipolar issues, 9 percent co-occurring (substance abuse and mental health), and the remainder (21 percent) stress, co-dependency, and other emotional illnesses.—KENNETH J. HAGREEN **H**

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