

HIGHLIGHTS

of the American Bar Association Commission on Lawyer Assistance Programs

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Transitions: Embracing Life's Changes

BY MIKE LONG

We experience change every day. Most of it is mundane; but some life events are so significant that they interrupt the status quo of our lives and transform how we see ourselves and life itself. Each of us has experienced some transformative life changes such as these:

- attending law school, becoming licensed to practice, our first law job;
- falling in love, choosing a life partner, getting married;
- the birth of a child;
- the end of an intimate relationship/divorce;
- making (or not making) partner;
- the death of a parent or significant other;
- losing a job;
- a serious accident, injury or personal illness; or
- retiring from the practice of law.

Some of these life-changing events are developmental and predictable; others are as unexpected as a bolt of lightning. Some we initiate (e.g., changing jobs, moving, getting married, starting a family), while others happen to us (e.g., illness, job termination,

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Women and Addiction

BY MELISSA LEE WARNER AND STEPHANIE LOEBS

There are those that say that women are the single minority that has yet to receive sufficient focus in the arena of addiction treatment. Some wonder whether enough is being done regarding the special needs of women in treatment and recovery. The topic of women and addiction is an important one. The role of a woman in today's society is critical, and when affected by addiction the results can be destructive not only to the individual but to the family, the community and society as a whole.

The struggles of the addicted mother, sister, aunt, grandmother, niece, friend, tears at the very fabric of our society, leaving in its wake damage, tragedy, loss, and trauma. So devastating is addiction's effect that it takes generations to heal its wounding.

From the research on women and addiction we know the following:

- There are gender-based differences in alcohol metabolism. Women's bodies contain less water and more fatty tissue than men. The activity of the

enzyme known as ADH that breaks down alcohol is decreased in women.

- Women develop alcohol-related diseases like cirrhosis and hypertension, brain damage from alcohol abuse, lung cancer, and respiratory diseases like emphysema and chronic bronchitis from smoking, more rapidly than men,
- Women are likelier to develop depression, anxiety, and eat-

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HIGHLIGHTS

AMERICAN BAR ASSOCIATION

Highlights is a quarterly newsletter published by the American Bar Association Commission on Lawyer Assistance Programs (CoLAP) for the news and information exchange needs of the lawyer assistance programs community.

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Comments from the Editor

The man who was my mentor, friend, and second father passed away recently at the age of 87. Judge Dick Schlegel was a district court judge and then one of the first appointees to the newly formed Iowa Court of Appeals. He was the cofounder of both the Lawyers Helping Lawyers Committee of the Iowa State Bar Association and the Iowa Lawyers Assistance Program and had been active for almost forty years in helping lawyers and judges with substance addictions. He was one of the guiding lights of the "broad brush" expansion of our program. He attended CoLAP conferences for many years until his health made it too difficult to travel long distances.

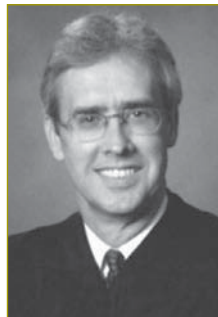
Dick was a combat fighter pilot in WWII. He continued flying his own plane after the war and for many years thereafter. He was fondly known as the "flying judge" here in Iowa. He and one or two of his sober colleagues would fly to any part of the state at any time to do interventions on judges and lawyers. He once told me that in the early years his interventions were simple. They would go to the office of the judge or lawyer needing help, Dick would walk over to the person's framed license, point at it, and say: "Do you want to keep this?" It was reported that his approach at that time was very effective.

It is a privilege to write this to honor one man and to honor all of those of you involved in the work of helping lawyers, judges, and their families. I've written before in this column that my life was changed by the unselfish, nonjudgmental giving of a group of lawyers in Oregon. Those of us in recovery know well that we keep what we have by giving it away. Dick Schlegel was a shining example of that principle.

—HUGH GRADY, IOWA LAWYERS ASSISTANCE PROGRAM

Chair's Column Life Changes

BY HONORABLE ROBERT L. "BUTCH" CHILDERS



It seems that the only constant in life these days is change. The recent economic downturn has brought about many employment changes, layoffs, and downsizing.

The high cost of legal services has changed the way lawyers and legal firms approach marketing and advertising, and has led to new concepts like unbundled legal services.

The high divorce rate leaves many of us adjusting to life without spouses or to friends who have gone through divorce. There are growing numbers of Baby Boomers reaching retirement age, caring for aging parents or adult children who are moving back in. And it seems we are all spending more of our time attending

funerals of loved ones, friends, and colleagues.

Dealing with life's changes can be difficult even under the best of circumstances. The changes and losses can leave a void inside of us that, without a strong support system and healthy lifestyle, can tempt us to self-medicate or engage in other unhealthy behaviors to fill that void. Each of us needs a way to cope with the changes without resorting to self-medication or other destructive behaviors. It is during these times when we can and should turn to lawyer assistance programs to learn ways to embrace and thrive on the changes instead of fearing them or becoming ill because of them.

During the recent ABA Midyear Meeting in Orlando, several CoLAP committees met to continue plans to enhance lawyer assistance program services. The Law School Assistance Committee is working on developing an educational presentation for use at law

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Substance Abuse as a Family Disease

Part I: Impact on the Family

BY DOUGLAS S. QUERIN AND KATHY B. QUERIN

The structural glue that binds families together, for better or worse, is the learned but largely unspoken rules that emerge over time. Spouses, partners, children, and others in the family unit learn to behave and often to think in ways expected of them according to established family rules. These rules play a vital role in providing predictability. For example: Are there family dinners? What topics are off limits for family discussion? How are disagreements resolved? Are displays of anger, sadness, and sorrow permissible? How are love, affection, and respect expressed, if at all?

Despite these rules, families are inevitably in a state of perpetual transition and evolution; they are living systems. Within this ever-changing environment, individuals hopefully learn healthy life skills, such as the ability to effectively communicate with others, form meaningful relationships beyond the family, effectively manage emotional needs, and cope with disappointment and loss. Understanding the family as a dynamic system, continually reshaping itself in response to events and circumstances, is vital to understanding how substance abuse impacts the family and how the family, often unknowingly, tends to respond in unhealthy and unproductive ways.

Substance abuse often occurs gradually, beginning as isolated or periodic episodes that progressively increase in frequency or intensity, not uncommonly over the course of many months or years. Like the proverbial frog in the pan of water that is unaware of its plight because the heat on the stove is being turned up very slowly, family members experiencing the subtle and progressive effects of substance abuse by one of their own are often similarly unaware of the trouble that is brewing.

As the addicted family member is increasingly drawn to the use of his or her substance of choice, increasingly larger amounts of time and energy are devoted to seeking, using, or recuperating from

the addictive substance. In a very real sense, *another relationship*—that between the addicted member and his or her drug of choice—has become part of the existing family system. The other family members may be vaguely aware that things have changed but are often unable to identify exactly what is happening. They only know that home is no longer a safe place; that tension and stress have replaced safety and predictability; and that the person they once knew is now

Families are inevitably in a state of perpetual transition and evolution.

chronically irritable, short-tempered, or too tired or disinterested to interact in a healthy way with the rest of the family.

The Family's Response

In response to the changes, each member develops, often unconsciously, his or her own coping strategies that over time become an integral part of the emotional and behavioral fabric of the family. The non-substance-abusing spouse, partner, or children are often forced to ignore their own needs, as well as the needs of other members, as they seek, for example, to avoid confrontations with the addicted family member, to excuse or cover up the problematic behaviors of the substance abuser, or to deal with the financial consequences of substance abuse. Family rules that formerly provided safety and predictability are no longer working, and new rules gradually emerge. Supported

by these new rules, family members both consciously and unconsciously develop new behaviors to adapt to and lessen the impact of the addiction. These rules and behaviors grow to eventually become a central organizing feature of the family system impaired by substance abuse.

Spouses and partners of the addict typically react in a variety of ways.

They may:

- take over chores or duties that were previously the responsibility of the addict;
- try to hide and sometimes even deny the existence of a family addiction problem;
- feel that everything in the family would be fine if only the addict would stop or control his or her use;
- feel guilty or responsible in some way for the addiction problem;
- develop feelings of resentment and anger toward the addict;
- gradually withdraw socially and reduce contacts with friends and colleagues outside the family; or
- lose their sense of self-respect and self-worth.

Children with a substance-abusing parent are also affected by the unhealthy family dynamics. They may:

- avoid activities with friends, especially in the family home, out of shame or fear;
- stay away from the family home because of the unpredictability of the addict;
- feel deprived of emotional and physical support;
- develop negative ways of dealing with their own problems and of getting attention from parents and others;
- feel torn between parents, feeling loyalty toward one and anger toward the other;

- feel a diminished sense of self-worth as a valued member of the family;
- experience confusion and a sense of loss of the person they once knew; or
- develop an inability to trust others.

When alcohol or other drugs are abused in a family, each member is affected in his or her own way. To some degree, however, each *will* invariably be affected and each *will*, in turn, affect others both in and outside the family. For example, the wife who has taken on added family and financial responsibilities due to her husband's substance abuse feels guilty about having to ignore the needs of her children, who are themselves showing signs of lack of parental attention; mom's drinking requires dad to leave work early so that their child is safe at home after school; the family no longer invites friends over to the house for fear of embarrassing substance abuse incidents. Addiction in the family creates a complex network of unhealthy actions and reactions.

Successful recovery of the family means considerably more than mere abstinence by the substance-abusing member. For months and often years, the family challenged by substance abuse has been functioning in an unhealthy manner to accommodate the disease. Members will need to unlearn coping mechanisms that evolved to adapt to the disease and learn new healthy thinking patterns, emotional responses, and behaviors. **H**

Part II of this article, "The Family in Recovery," will appear in the summer 2010 issue of *Highlights*.

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Suggested Reading

- ☞ Claudia Black, *It Will Never Happen To Me* (New York: Random House, 1987).
- ☞ Jean Illsley Clark and Connie Dawson, *Growing Up Again: Parenting Ourselves, Parenting Our Children* (St. Paul, Minn.: Hazelden, 1998).
- ☞ Sharon Wegscheider Cruse, *Another Chance: Hope and Health for the Alcoholic Family* (Palo Alto, Calif.:

- Science and Behavior Books, 1989).
- ☞ Merle A. Fossum and Marilyn J. Mason, *Facing Shame: Families in Recovery* (New York: W.W. Norton & Co., 1989).
- ☞ Katherine Ketcham et al., *Beyond the Influence: Understanding and Defeating Alcoholism* (New York: Bantam Books, 2000).

Websites

- ☐ National Council on Alcoholism and Drug Dependence (NCADD): www.ncadd.org
- ☐ National Institute on Alcohol Abuse and Alcoholism (NIAAA): www.niaaa.nih.gov
- ☐ National Institute on Drug Abuse (NIDA): www.nida.nih.gov
- ☐ OAAP: www.oaap.org
- ☐ Oregon Partnership: www.orphnership.org

DOUGLAS S. QUERIN is attorney counselor for the Oregon Attorney Assistance Program. **KATHY B. QUERIN** is a Portland therapist in private practice, specializing in helping couples and individuals affected by another's drug or alcohol use.

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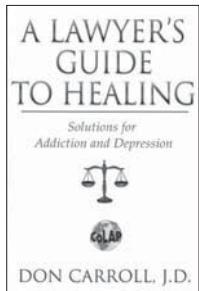
For more information, contact **Janice Jones** at the ABA,
312/988-5787 or janicejones@staff.abanet.org.

ILAA Annual Conference
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BOOK REVIEW

A Lawyer's Guide to Healing: Solutions for Addiction and Depression

REVIEW BY RICK B. ALLAN



ISBN: 978-1-60442-020-3
PAGE COUNT: 183
PRICING: \$15.00

In 2003 I was privileged to do one of the first reviews of Carl Horn's book *LawyerLife-Finding*

a Life and Higher Calling in the Practice of Law. My opening lines were: "Are you concerned about troubling trends in the legal profession, `discontent, quality-of-life concerns, and plummeting public respect'? Is the profession at a turning point?" Maybe I have become jaded in my forty years as a lawyer including ten years as a LAP director, but I am

greatly concerned about the profession to which I have dedicated my life and for which I have the deepest respect. I don't know about other LAP, LCL personnel, and volunteers, but sometimes I feel like a voice crying in the wilderness. Then along comes hope and it always comes, first Carl Horn's book and now *A Lawyer's Guide to Healing: Solutions for Addiction and Depression* by one of our own, Don Carroll. First I must comment on Don's writing style and the composition of the book, whether by design or happenstance it is perfect for people like me. The material covered is a wealth of information about addiction, depression, and healing comprised in "short chapters," so for those of us that may have concentration or even ADHD issues it could not be better. Working with lawyers and educating the legal profession about addiction, depression, and other mental health issues can be extremely challenging and sometimes downright frustrating. Believe it or not, we do have some unique issues. I personally spent the first years of my recovery working on getting rid of my uniqueness only to discover that I not only had issues with rationalizing, justifying, and denying as all other suffering addicts and alcoholics, but I had been trained to defend my deluded thinking and perceptions of life. But now more hope by one of our own, so well written, so well researched, so filled with information that it puts the final nail in the coffin of the argument of lawyers, "but you don't understand I am different." As lawyers we have to know,

we must have the facts, evidence is all important. *A Lawyer's Guide to Healing* provides it all and much more. Just like our law school training in briefing a case, it is broken down into three sections: (1) Understanding Alcoholism and Other Addictions, (2) Understanding Depression, and (3) Understanding the Solutions. However, in the final analysis for me this book had a special impact, it contains the information, it gives the solutions, it breaks down the barriers, but most importantly I felt the compassion and understanding of the writer. I am a believer that there is a spiritual answer to all life's problems. Maybe the title of the final chapter says it all: "Finding Happiness." Do I believe *A Lawyer's Guide to Healing* is a must read? I would hope from the above you would understand what a rhetorical question this is, but also its value as a teaching and healing tool cannot be emphasized enough. This book is a special gift to us all. **H**

To purchase a copy of this publication send your request to the Commission's Administrative Assistant, Leigh Stewart via e-mail stewartl@staff.abanet.org or fax to 312/988-5785.

RICK B. ALLAN is the longtime LAP director in Nebraska and a member of the Highlights editorial board.

Chair's Column

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schools throughout the country. The Judicial Assistance Initiative continues to develop an educational program for use at the National Judicial College and for judicial education programs around the country. The CoLAP Mental Health Task Force has been formed to study what is currently being done in the various states to more effectively assist legal professionals who have experienced depression or

other mental health issues.

The CoLAP Senior Lawyers Committee is developing plans to work with the ABA Senior Lawyers Division to assist the large numbers of legal professionals who are at or are nearing retirement age. And the CoLAP Diversity Committee is making plans for a Diversity Roundtable at the ABA Annual Meeting to explore ways to assist minority bar associations in helping their memberships to cope with these issues to regain their health and remain in the legal profession.

The CoLAP National Conference

Planning Committee also met during the Midyear Meeting to continue planning for CoLAP's premier annual educational conference that will be held in Indianapolis, Indiana, October 5±8, 2010. Be sure to mark your calendar now for the 2010 CoLAP National Conference.

All of this work and planning is designed to assist ABA members to effectively deal with the changes that life inevitably brings to each of us. **H**

Around the LAPs

WANT TO SHARE NEWS ABOUT YOUR LAP?

Send your submissions for the summer edition of Around the LAPs to Hugh Grady, hugh@iowalap.org, and Angela Gwizdala, gwizdala@staff.abanet.org, by May 14, 2010.

Minnesota

Former LCL Board chair and intrepid LCL and CoLAP volunteer Judith M. Rush has been appointed by the Minnesota Supreme Court as chair of the Minnesota Lawyers Professional Responsibility Board, whose twenty-three lawyer and non-lawyer members oversee and administer Minnesota's lawyer discipline system. Judie's appointment follows her recent service on the LCL Board of Directors and on the Minnesota Supreme Court Task Force that reviewed the discipline system; twelve years as a volunteer in the lawyer disciplinary system; and a career of leadership and service in national, state, and local bar associations and professional organizations. ±±JOAN BIBELHAUSEN

New Hampshire

New Hampshire continues to grow in its appreciation for the work that CoLAP has done in paving the way for new lawyer assistance programs. We have continued to develop relationships with the entities responsible in our state for lawyer assessment and discipline, the Character and Fitness and Professional Conduct Committees. A working committee chaired by the clerk of the New Hampshire Supreme Court is actively drafting a conditional admission rule for our state. Our relationship with Professional Conduct has been strong under

Landya Mccafferty, current discipline counsel, who has recently been appointed Magistrate of the Federal District Court. We look forward to working with the new counsel when the time comes.

In the law school setting, we have made inroads in approaching students with offers of assistance in stress management, substance abuse, and bar application procedures. The law school community has been open to engaging in dialogue on these issues, and the Phi Alpha Delta organization recently sponsored two presentations±±one featuring NHLAP and the chair of the Character and Fitness Committee regarding the bar application process, and one featuring the Chief Justice speaking on "Maintaining Perspective in Law School," as well as a recently retired judge of the Superior Court, who shared his recovery story. Both programs were well attended and well received.

With the new Judges Helping Judges Handbook, we are renewing education and outreach to the Judicial Conduct Commission and individual judges in our state. The administrative judges of the various courts have been enthusiastic about the handbook and we hope to use aspects of it for judicial outreach in the form of presentations to courts, sometime in the near future. Unfortunately our state budget does not allow for a statewide judicial conference at this time, but we are hoping to do smaller presentations if possible, at the various court locations.

Finally, I want to add my note of gratitude that although we do have budgetary constraints at present, and NHLAP may see some budgetary constriction, our Supreme Court is committed to NHLAP. Importantly, the court understands the vital role of CoLAP in the effectiveness of our program, and encourages continued participation in it. I am most rewarded by this. As time goes on I understand what I have heard from the beginning, which is that CoLAP is an invaluable resource to what we do. New Hampshire thanks all of our colleagues, as well as the ABA, for your support!±±CECIE HARTIGAN

Oregon

Despite the fact that a Pennsylvania groundhog saw his shadow, we are enjoying mild and surprisingly dry weather here in Oregon. In the blink of an eye, we are already two months into a new decade, and busy with a variety of programs.

Doug Querin's workshop for men, "Practicing Law While Practicing Life" proved to be so successful that he launched another group in 2010. Clearly there was a need among male lawyers to have a safe place to talk openly about stress, practice, and personal issues and healthy ways to cope. (They also have the best snacks, something not lost on the members of groups who arrive later after they leave.)

Shari Gregory and Meloney Crawford will start a support group for women lawyers with cancer beginning the second Monday of March. After a month of meeting with potential members, they were awed by the incredibly strong and impressive women lawyers who will be participating in the group.

April is always a busy month for the Oregon Attorney Assistance Program because two of our major events occur that month. On Friday, April 23, and continuing through the afternoon of Saturday, April 24, the OAAP and Oregon Women Lawyers will host the 3rd Annual Women's Wellness Retreat at the Oregon Garden Resort and Spa in Silverton, Oregon. This year's theme is "Women Lawyers: Caring, Capable, Congruent." The

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weekend is designed to provide a relaxing atmosphere for women lawyers while offering workshops on nurturing a sense of community and friendship, and providing tips on how to maintain your authenticity while making the most of your life in the law. In addition, three hours of CLE credit will be offered.

Closing out the month, the annual dinner for lawyers in recovery will be held on Friday, April 30. This year's dinner will be a celebration of "The Class of 1985" those celebrating twenty-five years of recovery and will feature a reserved table for the members of the class! ±±MELONEY C. CRAWFORD

Washington

Please join the Washington State Bar Association's Lawyer Assistance and Law Office Management Assistance Programs for our Annual Statewide Conference on Lake Chelan, Washington April 16±18, 2010. Our agenda is as follows:

Friday, April 16, 2010

- Fostering Positive Intergenerational Understanding: Professionalism, Civility and Cooperation
- AA Meeting

Saturday, April 17, 2010

- Setting the Tone for Effective Client Relations
- The Role of Effective Communication and Emotional Intelligence in Practicing Law
- How to Communicate Your Practice through Your Website

Sunday, April 18, 2010

- AA Meeting
- Protecting Client Interests if the Lawyer is Disabled or Deceased
- Ethics, What's New: An Update on Issues and Rule Changes in the Past Year

For more information, go to www.wsba.org or call 206/727-8268. ±±BARBARA HARPER

Wisconsin

The Wisconsin State Public Defender is cooperating with a study of compassion fatigue, sometimes also known as secondary trauma. The study is being conducted

by Dr. Andrew Levin, medical director, Westchester Jewish Community Services, Westchester, New York, and Linda Albert, coordinator of the Wisconsin Lawyers Assistance Program of the State Bar of Wisconsin. Levin has previously done a smaller study and published on the topic of compassion fatigue and lawyers. Albert has a clinical social work background, has worked in the field of trauma and addictions, and now coordinates the Wisconsin Lawyer Assistance Program.

Compassion fatigue has been characterized as "the cumulative physical, emotional and psychological effects of being continually exposed to traumatic stories or events when working in a helping capacity." Symptoms of compassion fatigue can include increased levels of stress, sleep disturbance, irritability, pessimism, and isolation. This may be a significant contributing factor in burnout. Compassion fatigue has been studied extensively in first responders, social workers, nurses, doctors, and therapists who work with victims of trauma. Recently, researchers have begun to examine the impact upon legal professionals, especially lawyers who do criminal, juvenile, or family law.

The study will measure compassion fatigue through a series of instruments via an online survey. The marketing department of the State Bar of Wisconsin is distributing the survey to five hundred employees of the Wisconsin State Public Defenders Office. Levin along with a colleague will interpret the data. Albert will be conducting training sessions on mitigating compassion fatigue at regional programs around the state. The survey will then be redistributed at three-month intervals over a period of eighteen to twenty months to measure outcome.

The project will continue as a joint effort between the WisLAP Program and the Wisconsin State Public Defenders Office with additional information and training being offered to staff. Both groups will be working together to establish local and agency-wide changes to promote an ongoing culture that encourages health and well being for their staff. A final goal is to establish a program that can be utilized by other groups to assist attorneys and their staff in the prevention and mitigation of compassion fatigue.

±±LINDA ALBERT H



A National Helpline for Judges Helping Judges at 800-219-6474

Judges who need assistance because of alcoholism, substance abuse, addiction, or mental health issues may reach other judges, who are in recovery or who have gone through treatment, by calling a helpline sponsored by the American Bar Association. Judges who have volunteered to be a personal resource to other judges throughout the United States and Canada are uniquely positioned to share their experiences, strengths, and hope. Both judges in need of help and those interested in serving as a peer-to-peer volunteer should call 800-219-6474 during business hours central time. All information is confidential and protected by statute. The National Judges' Assistance Helpline is a service of the ABA Commission on Lawyer Assistance Programs Judicial Assistance Initiative and administered by the Texas Lawyers' Assistance Program.

Transitions: Embracing Life's Changes

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death of a loved one). Transition is the way we come to terms with such major life changes. It is the process of letting go of the old status quo and how things used to be, accepting how they are in the present, and moving forward and developing a new status quo in our life.

Our culture doesn't adequately prepare us to expect periods of transition. Smooth progressions through life's developmental stages are projected as the norm. Of course, the reality is that all of us experience varying periods of relative stability, interrupted by change, loss, and instability.

Typically, our culture also fails to teach us tools for working through transition periods. We are expected to celebrate our achievements, victories, and good fortune and move on. We are also expected to accept and grieve our losses in a relatively succinct period of time, pick ourselves up by our bootstraps without too much assistance, and get on with our lives. We are not taught how to use periods of transition for personal growth and development.

The legal profession reinforces these general cultural expectations. We are trained to never show weakness or admit uncertainty. We are trained to be the problem-solvers whom others come to for advice and counsel. Many of us develop the delusional belief that we can manage the challenges of our personal life without ever losing focus.

Realistically, times of transition are disorienting, confusing, and distressing as we come to terms with aspects of our life that have changed or ended. At such times, we are often isolated from others who have undergone or are currently undergoing a similar transition. Without support or guidance, many of us in the throes of confusion and distress quickly conclude that we must be deficient or somehow doing it wrong. We believe that if we were doing it right, we wouldn't experience such negative emotions.

In reality, these uncomfortable and disorienting feelings are a normal and predictable part of the sequence of adjusting to life-changing events. Understanding the predictable stages of transition will better prepare you to understand the difficult and

sometimes painful emotions inherent to transition. Rather than resisting the change that triggered this distress, you will be more able to accept it and embrace the lessons and new opportunities it makes possible in your life.

Stages of Transition

Transitions don't have clearly predictable timelines. Each of us moves through transitions in our own time and in our own way. Transitions do, however, produce predictable feelings and move through predictable stages. Periods of transition are triggered by endings, which demand both a period of acceptance and reorientation and a period of exploration and new beginnings. Actively and intentionally working through the process of acceptance, reorientation, exploration, and new beginnings produces

We are not taught how to use periods of transition for personal growth and development.

new beliefs, new expectations, and a new status quo. We typically initiate or choose positive changes in our lives with a sense of excitement and possibly adventure. However, positive life transitions also entail endings and losses that trigger the same sequence of adjustment.

Endings

As we face endings, we are challenged not only to absorb and accept the external loss (job, relationship, home, health, etc.), but, more importantly, to let go of the hopes, dreams, and beliefs that we have attached to the aspect of our life that has ended. Individuals confronting endings commonly feel shocked, numb, confused, angry, anxious, and/or overwhelmed. They report difficulty staying focused. Endings typically result in disorientation and feeling uncertain of where you are or where you're going. Things that used to be important may not matter anymore. When our familiar life

roles, settings, and relationships change or are disrupted, we lose some of the important ways we previously identified and defined ourselves, which challenges or changes our sense of self.

Acceptance and Reorientation

Between endings and new beginnings is a space and period of time between who you used to be and how you used to see the world, and who you are going to be and going to perceive life and the future. This period has been referred to by other authors writing about transition as "the neutral zone" or "the pit." Individuals in the middle stage of transition often continue to feel confused and anxious and also may feel stalled, stuck, or lost. Much of the resistance that we experience around being in transition is resistance to the uncertainty, emptiness, and unknown of this middle stage of the transition process. However, before we can move on and find something new, we must accept that which has changed or ended and sit with the unknown of what the future holds for us.

To effectively navigate the transition process, we must surrender to the confusion, anxiety, and emptiness of transition instead of struggling to escape or avoid it. The goal is to embrace it, not conquer it. Embracing it unlocks the possibility of distinguishing our current circumstances from past experiences and perceiving the new possibilities and options that a life-changing event creates.

During the acceptance and reorientation stage, there can be a lot of "backing and forth" — taking one step forward, getting scared and confused, and retreating back toward the old status quo. If we can persevere and keep putting one foot in front of the other, a different way of seeing and understanding our lives begins to take shape. Failing to persevere through the trials of transition and gain this new perspective leaves us susceptible to reverting back to the old familiar relationship, work experience, or pattern of behavior with new players and missing out on the opportunity for personal growth that transition invites.

When you are working to accept a life-changing event and reorient to the new reality that follows, the following activities can be helpful:

- Find a regular time and place to be alone.
- Begin to journal daily. At a minimum, note the best thing

and the most difficult part of each day. Take note of the dreams you remember when you wake and the coincidences that happen to you.

- Think about past transitions. What helped you work through these earlier trials? Would any of the strategies and resources that proved helpful in the past be worth trying in your present transition?
- Take a solo retreat. Go to an unfamiliar place that is separated from your everyday life. Don't bring entertainment or things to provide distraction. Contemplate and reflect upon the transition process you are currently immersed in. Try fasting.
- Take a fresh look at the beliefs, assumptions, and expectations you held before the transition-triggering event. Are they still valid and serving you well?
- Give yourself permission to explore and discover what you really want.

New Beginnings

Once you have accepted what has ended in your life and succeeded in letting go of the parts of your past that no longer fit your present circumstances, you have created enough space to explore the next chapter of your life. The first hint of a new beginning may come in the form of an idea,

Transition Checklist

- Take your time. Transitions can't be rushed.
- Don't act for the sake of action. The transition process requires self-assessment and self-exploration.
- Understand that the transition process has an ending, a period of acceptance and reorientation, moving to a time of new beginnings. Expect times of anxiety; expect old fears to be triggered; expect others in your life to be threatened.
- If your daily life structure has been significantly disrupted or altered, develop a provisional structure that allows you to work through the transition you face.
- Develop an empathic support system.
- Give yourself permission to learn new skills, experience new interactions and relationships, and explore new opportunities, personal interests, and talents.
- Take care of yourself as much as possible.

volunteer or professional opportunity, or relationship that positively resonates with you. It may involve imagining some scene or activity and feeling attracted to it. A new beginning is a continuation of the transition process, not something that we can start by a mere flip of the switch.

Many of us must engage in a certain amount of trial and error exploration before we find something that fits. Typically, starting something new feels uncomfortable, and we continue to struggle with a certain amount of self-doubt as we try things on. But if we stay actively engaged in the transition process and remain open to new possibilities, we can ultimately identify the next right thing in our life when it presents itself. **H**

Suggested Reading

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Women and Addiction

CONTINUED FROM PAGE 1

ing disorders, which are closely linked to nicotine, alcohol, and drug abuse.

- Women who use sedatives, anti-anxiety drugs, and hypnotics are almost twice as likely as men to become addicted to such drugs.
- A single cigarette smoked by a woman has nearly the same carcinogenic effect as two smoked by a man.
- One drink for a woman commonly has the impact of two drinks for a man.

- Moderate or heavy drinking increases the risk of breast cancer.
- Older women suffer memory loss and mental deterioration after fewer years of drinking than older men.
- Women often differ from men in their response to psychoactive drugs and to drug abuse treatment.

Our experience in the setting of addiction treatment reveals:

- By the time the addiction is intervened upon it is more likely that a woman has reached mid to late stages of the disease.

- Women seeking help from the healthcare system are more likely to be misdiagnosed with a psychiatric condition, and the addictive disorder will often remain undetected.
- Due to the disinhibiting nature of intoxicants, women are at higher risk to become victimized and/or abused while under the influence. In addition, the addicted woman may well have a pattern of toxic relationships involving alcohol and drugs, as well as abuse and neglect for much of her life.
- Tragically, women are more likely to be stigmatized as a

result of their addiction. Their shame keeps them ^aout^o longer, and the internalized judgmentalism and denial of those in the helping professions can result in delayed, or non-diagnosis.

- Loss and complicated grief are often present making motivation and engagement difficult.
- We have never met a women addict who did not want to be a good wife, a good mother, a good citizen. Sometimes these very desires make it difficult for women to prioritize addiction treatment for themselves, or result in choices of treatment at an inadequate level of intensity.

All that being said, we know that treatment for addictive disorders works. Care for anybody with an addictive disorder needs to be individualized. Controversy and less than adequate information regarding effective treatment for women with addiction can make this subject seem complicated and confusing.

The idea of getting treatment may seem to generate more questions than it does answers when women consider getting help. Do I really need treatment? What kind of treatment? Who will take care of my family while I am in treatment? How can I afford this? What if it doesn't work? There are no easy answers to these questions. The key here is to make an informed decision. For an individual under the influence this may not be possible. It may be dependent upon a primary caregiver such as spouse, partner, child, friend, or employer to explore and understand what is available; then shepherd the woman into treatment.

The real question is not whether the woman wants treatment, but at what level of intensity will be appropriate. Unlike most other medical conditions we cannot count on the ability to increase the level of intensity when needed. It is best to err on the side of a higher level of intensity of treatment; then let the professionals fully assess all aspects of the case and adjust treatment as indicated.

The myth of someone ^awanting treatment^o in order for them to benefit is truly irrelevant. Almost all patients with addictive disorders will not recognize that addiction is what they suffer from, until it has been diagnosed. It is an important task of addiction treatment to both diagnose, and then help the individual integrate the diagnosis of addiction for themselves. The myth of

^aneeding to reach a bottom^o has no basis in fact; and is a very dangerous concept.

During this phase it is important for those around them to mobilize and help them seek early and immediate intervention to access treatment. Planned interventions work. Do not underestimate the power of fear, inspiration, guilt, hope, and helping relationships.

A woman thinking about change is often profoundly ambivalent. Over-thinking and procrastination may be prevalent. They develop disgust for the drug they're addicted to; and yet are hopelessly dependent. They

The myth of someone ^awanting treatment^o in order for them to benefit is truly irrelevant.

are aware of the benefits of changing but powerless to do so; and overwhelmed by the costs (not all of which are financial). There are no choices without consequence. We can assist by helping them to become informed. Develop a plan, move, and support them to be ready. Most individuals are unable to take the initial step into treatment themselves; and all resources should be marshaled to allow this to happen in a safe and compassionate manner.

The woman willing to take action can be integrated into an action-oriented, 12-step recovery based treatment program.

Once successful in taking action, a woman now living a life recovered faces the challenge of maintaining that change. The skills necessary to do that are one of the benefits and results of comprehensive addiction treatment. Maintaining a drug-free lifestyle, returning to work and family, accepting responsibility for one's own actions, and most importantly, preventing relapse is challenging, at times difficult, but not impossible. One of the common reasons for early relapse is that the woman is not well prepared for the prolonged (and

profound) effort needed to maintain her changed lifestyle.

So comes the question of treatment. Understanding that treatment is necessary, the issue of what kinds of treatment women require needs to be answered.

Group Therapy

Group therapy is the mainstay of addiction treatment^o offering the greatest potency. A combination of different types of group therapies along with the support of individual therapy is optimal. Staff providing such a service need to be well trained and experienced in this milieu. Some patients will require pharmacotherapy as well. The combination of behavioral treatments and medications improve outcomes. Twelve-step programs and group therapies are different in their purpose and structure; 12-step meetings are not group therapy.

Individual Therapy

Individual therapy in the treatment of addictive disorders should never be the sole treatment approach. At a minimum it should almost always be paired with intensive 12-step recovery program involvement. There is an invaluable benefit to the use of individual therapy in the treatment of addictive disorders in women, concurrent with group therapy, and 12-step meetings.

Individual therapy may serve as a point of entry±± assisting the woman in moving into a real plan to treat her addictive disorder. It can help in identifying those high risk environmental factors, or dysfunctional developmental factors that can sabotage any treatment efforts. It can provide a chance for the woman to be heard.

Individual therapy has many roles in the armamentarium of addiction treatment: to serve as initial treatment or as an introduction, to treat early stages of substance abuse/addiction, to serve as the treatment for those who have failed in other modalities, to complement other ongoing treatment modalities, and to help solidify gains after achieving stable abstinence.

Abstinence-Based Treatment

For the woman to recover this is a central issue, and the minimum standard for successful recovery. This is based on many reasons, but primarily to enhance one's recovery, improve one's quality of life, and to prevent relapse. How then does a woman negotiate necessary surgery, child birth, weddings, loss, pain±±life without the use of intoxicants? Courageously and with help and the skills

and strategies first learned in an abstinence-based treatment program and when necessary, with the consultation of an addiction medicine specialist. With proper, sometimes specialized treatment approaches, sobriety can always be successfully preserved.

Conclusion

Allow this to serve as an introduction to the very complicated topic of addiction treatment for women. If you are, or know, a woman in trouble with drugs and/or alcohol, the help is available. More than likely there has been an awful lot of suffering up to this point. There is probably even some doubt about whether addiction is really the problem. Desperation and confusion may be prevalent; anger and ultimatums arise.

If any of this sounds familiar, you are not alone. Know that the beginning of your, or

your loved one's, recovery and healing has already started. Know that recovery is possible and that treatment works. The first step is to simply admit that something is terribly wrong, and then seek the help and expertise of professionals. Answers are available for you, no matter what your struggles. **H**

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