The Parity Act

BY JOSEPH L. LEMON

Upon the inauguration of President Obama last January, the nation was thrust into a vigorous debate about the future of health care reform in America. Little do many people realize, however, one of the most significant changes to U.S. health care is due to take effect in January 2010—the Parity Act.

Officially titled the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and also known as the Mental Health Parity Act (MHPA), this federal law was drafted to address the long-standing disparity in insurance coverage for patients with mental health or substance abuse conditions (behavioral health care), compared with people suffering from purely “physical” ailments.

At Issue

For those of us in the business of helping attorneys and judges who commonly suffer from mental health or substance abuse problems, it comes as no surprise that our constituents are often unfairly stigmatized. And, whether insurance companies have been motivated by that ugly prejudice or simply a desire to avoid coverage and therefore boost corporate profits (or, most likely, a combination of both), insured patients have historically received mental health benefits that are drastically inferior to their coverage for other medical treatment.

The disparity between mental health coverage and physical health coverage has manifested in a variety of ways, including higher out-of-pocket costs and/or a lifetime of annual continued on page 8

From the Conference: More on Building Stress-Hardiness

BY NANCY STEK

Stress. It’s written about, studied, and discussed widely both for its positive and negative effects. “Solutions” are plentiful and varied. The negative effects on health and performance—from heart disease to cancer, hypertension to concentration problems—are well documented. Solutions typically come in the form of helpful advice: eat better, exercise more, relax more, and learn how to say “no.” Although helpful in some situations and important to an overall strategy, these suggestions do nothing to build or enhance the skills that lead to developing a naturally resilient response in any stressful situation. Breathing from the diaphragm does have a positive physiological effect on stress as an on-the-spot strategy, but in the long run it’s doing the up-front work to build stress-hardiness that is the most effective approach to becoming naturally resilient. Building stress-hardiness is the key to developing resistance to the harmful effects of stress for members of the legal profession.

Moving beyond the more traditional approaches to coping with stress, the recent emphasis on “Positive Psychology” has focused on the approach of preventing harmful effects of stress by increasing personal resilience. People who possess certain skills and attitudes are less likely to experience stress and are more likely to respond effectively to problems and challenges than those who lack them. Hundreds of studies demonstrate a direct connection between resilience and performance in the midst of stress. The practice of law is
Comments from the Editor

This has been a difficult and challenging year for the entire world. Those of us who work in the field of helping lawyers have seen new challenges related to the financial catastrophes facing many lawyers. Mass layoffs in law firms, a shrinking job market for new lawyers, the shrinking of business and income are all consequences of the changing world we now live in. My program has seen an increase in calls in all areas of service that we provide. We do what we can to help those lawyers in need.

It’s important to my own recovery (and doubly so today) that I remember how important it is to be grateful for the gifts with which I have been blessed. My sobriety is the foundation for everything in my life. My family relationships have been restored, guilt and shame are no longer the weights around my neck they once were, and I have been blessed with countless other gifts—all of it comes from the ultimate gift of sobriety.

Gratitude for what I have, understanding that indeed my glass is half full and not half empty, is my theme for the new year. My work is more satisfying than anything I have ever done and my involvement with CoLAP and the folks who work in LAPs—staff and volunteers—provides me with an appreciation of all that I have been given. I know firsthand that the work we do is priceless. I was a “save” some twenty-one years ago by a LAP and have now been working for one for eleven years. I am grateful and it’s important to always remember that—in difficult and in good times.

I hope that this coming year will not be as difficult for the lawyers we help and that all of you will have a fruitful and blessed year.

—HUGH GRADY, IOWA LAWYERS ASSISTANCE PROGRAM

Chair’s Column

Recapping the Successful 22nd National Conference in Phoenix

BY HONORABLE ROBERT L. “BUTCH” CHILDERS

CoLAP’s 22nd National Conference in sunny Arizona was a roaring success, based on the comments of attendees during the conference and the written evaluations. The Conference Planning Committee, led by Chair Michael Cohen and Vice Chair Laura Gatrell, put together a marvelous lineup of topics and first-rate presenters. Even with the economic downturn and tighter budgets nationwide, we had more than 260 attendees, a 20 percent increase over the previous year. The program content was the best ever. That doesn’t just happen by itself. The increase in attendance and the excellent content was a direct result of the hard work of the Conference Planning Committee, Hal Nevitt and his committee, and the beautiful surroundings in Phoenix. I extend my sincere thanks to all for a wonderful conference.

This year’s theme, “Serving the Arc of the Legal Career,” was kicked off by Dr. Patricia Murrell’s keynote address on Milestones and Adult Development. Dr. Murrell discussed the importance of personal development as we go from law student to beginning lawyer, to more experienced lawyer, to retirement. Dr. Ken Thompson gave an excellent presentation on Medication Use and Abuse in Recovery. His discussion on the latest developments in the medical treatment of addiction was both enlightening and humorous. Maureen Canning’s breakout presentation on Lust, Anger, Love: Intervening on the Sexually Addicted Client, was standing room only.
Are we making strides in the fight against meth? Absolutely.

Law enforcement officials, professionals in drug prevention and treatment, and many others have been working hard to eliminate meth from people’s lives. And it’s working—meth use has declined among young adults since 2002.¹

There is still much work to be done, however. In areas across the country where meth use and production continue, this drug leaves a path of destruction that rips apart communities and families, endangers children and overburdens police forces.

Left untreated, drug addiction costs communities millions of dollars and places untold burdens on families. But treatment for addiction, including for meth, works.² Not only does it work, but it’s a no-nonsense way to fight the disease of addiction and break the cycle of drug abuse and crime often associated with meth.

Just ask Josh.

Josh’s first encounter with meth at the age of 17 spiraled into a full-blown addiction. It cost him his job at a car dealership, his house, and the trust of his family. Soon after, Josh was arrested for meth possession. Through a drug court in Dunklin County, MO, Josh was provided the treatment, structure and accountability he needed to turn his life around. His recovery is an ongoing process that continues today; Josh now works as a junior drug counselor and lives with his wife and kids.

DRUG ADDICTION TREATMENT IS COST-EFFECTIVE

For every $1 invested in drug treatment programs there’s a $12 savings in crime and health care costs.³

People can—and do—recover from meth addiction.

Find out about substance abuse treatment, and support meth treatment in your community.

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National Association of Drug Court Professionals
National Association of Attorneys General
Major Cities Chiefs Association
Community Anti-Drug Coalitions of America (CADCA)
Partnership for a Drug-Free America

Office of National Drug Control Policy

¹ SAMHSA, Office of Applied Studies, 2007 National Survey on Drug Use and Health (NSDUH), 2008, Table O.8
² Recovery rates for meth users entering treatment are comparable to those for users of other similar drugs. National Institute on Drug Abuse, “Principles of Drug Addiction Treatment: A Research-Based Guide,” April 2009
CoLAP’s 22nd National Conference was held at the Arizona Grand Resort in Phoenix from October 6–9, 2009, and received a high degree of praise from the attendees. The Conference Planning Committee, led by Michael Cohen, Laura Gatrell, and local “host” Hal Nevitt, began its work at the 2008 conference in Little Rock and put together a program that mixed relevant content, time to get out and enjoy the beautiful surroundings and weather, and entertainment.

Prior to the formal start of the conference, the annual LAP Directors’ Day was held at the hotel, ably led by Nancy Stek and attended by almost all of the state directors and many of their staff members. Nancy led the group in a number of team exercises, as well as the group sharing by each director describing the past year’s events affecting their LAPs, which is always one of the most valuable and emotional components of Directors’ Day.

As has been the practice for a number of years, the first day of the conference led off with a newcomers’ session for first-time attendees and new LAP directors, and introduced them to “mentors” to work with during the conference. As always, Bill Kane’s history of CoLAP and the LAP movement was informative and entertaining, and Nancy Stek and Ian Aikenhead, as usual, did a wonderful job of making everyone feel welcome and part of the CoLAP family. The actual conference opened with welcoming statements from CoLAP chair, the Honorable Butch Childers, as well as addresses from an Arizona Supreme Court Justice, and the Arizona State Bar president and executive director. The roll calls for exhibitors and LAP directors, organized by Joan Bibelhausen, proceeded smoothly, as did the dine-around that evening, at which conference attendees signed up with exhibitors to go to dinner and learn more about the services offered by conference sponsors and exhibitors.

One of the “wrinkles” faced by the conference organizers was the placement of the exhibitors in a location different than the one which had been promised by the hotel during the site visit in 2008. The exhibitors were located in a large tent across the street from the main conference hall, which initially was met with a degree of skepticism and resentment by both the conference organizers and exhibitors. Once it became clear the situation couldn’t be remedied, the ABA staff and Planning Committee members made a special appeal to attendees to walk across the street and spend time in the exhibition tent. One of the nicest parts of the conference was the enthusiastic response of the attendees, who did make the effort to meet with exhibitors, leading the exhibitors to express their thanks for being better treated at the CoLAP conference than just about any other they could remember. Talk about making lemonade out of lemons!

The plenary and breakout sessions at the 2009 conference truly mirrored the conference slogan and addressed the full “arc of the legal career.” Sessions were held on issues facing law students and law schools on one end, and the “coming tsunami” of aging in the profession on the other. There were presentations on the effect of the economic downturn on the mental health of legal professionals, the LAP response to that new degree of stress and depression, how to develop “stress hardiness” in these difficult times, and new developments in substance abuse testing. Judge Sallie Kraus moderated a panel discussing the federal 9th Circuit’s wellness committee and the national effort to develop a “judges-helping-judges” network. In addition, Laura Gatrell and Terry Harrell reprised their highly successful and well-received topic breakfasts on Wednesday and Thursday mornings, with the new twist that the Thursday breakfast was a “speed dating” event hosted by the exhibitors, where conference attendees rotated among the different tables at five-minute intervals (at least that was the plan—we’re still working on it).

On the entertainment side, the conference organizers tried to leave sufficient time for attendees to enjoy the beautiful surroundings at the Arizona Grand and South Mountain Park, the largest municipal park in the country (over 20,000 acres), which abuts the Grand’s property. The Wednesday night dessert social featured a special appearance by The King himself, together with his retinue of gorgeous dancing girls and a security contingent that clearly made everyone highly nervous (except for one guy who sort of looked like an Eminem wannabe). The Thursday banquet was a delicious barbecue held at Rustler’s Rooste, the restaurant perched on the hill overlooking the hotel and the entire Phoenix valley, which historically acted as a hideout for cattle thieves and has an escape slide which some of the more...
adventurous attendees used to get to the dining area. Prior to the banquet speaker, Judge Childers made formal presentations of only the second CoLAP Distinguished Service Award to Washington LAP Director, Barbara Harper, as well as this year’s CoLAP Meritorious Service Award to disciplinary counsel from Florida (John Berry); Louisiana (Charles Plattsmeyer); Indiana (Donald Lundberg); Alabama (Anthony McLain); Washington (Douglas Ende); Nebraska (Dennis Carlson); and Illinois (Jerome Larkin) for their cooperation and contributions to their respective state LAPs. The banquet speaker was Donald R. Kurth, M.D., the president-elect of the American Society of Addiction Medicine; current mayor of Rancho Cucomonga, California; and candidate for the California Assembly, who captivated the audience with his personal story of addiction and rehabilitation.

The conference concluded with a breakfast on Friday morning, after which Nancy Stek provided some valuable lessons on resilience and becoming “stress hardy.” The CoLAP conference transitioned into the annual International Lawyers in AA (ILAA) conference with the Barrett-Sweeney Memorial Golf Tournament, which, after some fits and starts, actually did take place (albeit in about a 40 MPH wind).

Many of the evaluations submitted by attendees characterized the Phoenix conference as “one of the best ever,” although with Laura Gatrell as chair and Terry Harrell as vice chair of the 23rd National Conference to be held in Indianapolis, Indiana, on October 5–8, 2010, there’s no doubt next year’s function will be right up there as well. H

MICHAEL COHEN is executive director of the Florida Lawyers Assistance Program.
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Around the LAPs

WANT TO SHARE NEWS ABOUT YOUR LAP?

Send your submissions for the spring edition of Around the LAPs to Hugh Grady, hughgrady@mac.com, by February 22, 2010.

Maine

We have seen a marked increase in new and reopened cases over the past several months. Many of our new cases involve depression and anxiety. To no one’s surprise, the state of the economy appears to be a significant factor in our increased caseload.

Our commission chair, Bill Cote, and I recently addressed a Maine State Bar Association conference for newly admitted attorneys to explain the various resources that the Maine Assistance Program (MAP) provides. Almost half of the approximately ninety attendees were still without jobs in the legal field five months after graduation. The dismal job market has increased the stress level for many current law students as well. This winter, MAP will be hosting several informal meetings at the University of Maine School of Law to give students an opportunity to share their feelings concerning the stresses of law school and the uncertain future of their chosen profession. The meetings will also provide an opportunity to discuss the increased risk of substance abuse and mental health problems among lawyers. We hope the meetings will familiarize students with the MAP program so they will be more inclined to call on us if a need arises in the future. A new law school is slated to open next year at Husson University in Bangor. We plan to institute a similar program there.

We are in the process of revamping our website, and hope to have that in place early next year.

As we like to say in Maine: we hope you all have a wicked good winter!

—BILL NUGENT

Maryland

Maryland’s LAP hired a new counselor, Lisa Caplan, LCSW, who has worked in the EAP field and in addition to seeing clients will focus on “Wellness Programs” and increasing the number of female clients who use LAP services.—JIM QUINN

Minnesota

Minnesota has begun two new support groups. One is a telephone-based virtual group for those who cannot or choose not to travel to the groups in our office. Twice monthly meetings include general discussion and specific topics. The other is a family group for those with a loved one dealing with addiction, depression, etc. Some attendees are lawyers and others are family members of lawyers. There was particular interest in our holiday themed groups, which offered support and help with seasonal sources of stress and conflict.—JOAN BIBELHAUSEN

Pennsylvania

Our fall CLE campaign kicked off the last week of September. Two months and 5,300 miles later our message of hope, help, and recovery was delivered live to attorneys in 33 of our western counties, half of the members of our minor judiciary; two law schools, the Philadelphia Workers Compensation Judges, and a few eastern locations. In addition, newly admitted lawyers attended Bridge the Gap, a mandatory video presentation that includes a Lawyers Concerned for Lawyers (LCL) segment. We also have a continuing presence through the Pennsylvania Bar Institute’s Online CLE offerings. LCL recently made two presentations at the New York City offices of Lawline.com—one program on alcoholism and the other on depression. These were filmed and will be made a part of their Internet CLE library. As they will be made available nationally, reference was made to the ABA CoLAP website and its listing of U.S. and Canadian LAPs.

We have a total of 216 new cases for 2009 (11 months); in addition we distributed 135 self-help books either at CLE programs or at the request of a lawyer. Nearly a fifth of our calls are intervention requests from concerned colleagues, partners, or family members. The remaining calls are from lawyers seeking help for themselves. You may recall that LCL is not involved with monitoring (that is handled by the Pennsylvania Bar Association’s Lawyers Assistance Committee); thus, 100 percent of our calls are of a volitional nature.

Our services focus on those stigmatized illnesses that have a good prognosis for recovery. This year’s helpline calls break down as follows: 35 percent alcohol; 6 percent drugs; 12 percent depression/bipolar along with alcohol/drugs; 19 percent depression/bipolar; 14 percent stress; and 14 percent other. These statistics are in line with 2008 and 2007.—KEN HAGREEN

WANT TO LEARN MORE ABOUT THE COMMISSION ON LAWYER ASSISTANCE PROGRAMS?

VISIT

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restrictions on benefits. It is estimated that as many as 113 million Americans suffer from some form of mental illness; studies suggest that about 70 percent of adults and 80 percent of children requiring mental health services do not receive help, in large part because of discriminatory insurance practices. Despite the widespread prevalence of mental health concerns, mental health treatment only accounts for approximately 5 percent of total health care costs.

Under a 1996 federal law, health plans are forbidden to set annual or lifetime dollar limits on mental health care that are lower than the limits for other services. But insurers have circumvented that legislation by setting different limits on the number of outpatient visits or hospital days, and by charging different co-payments. Statistics can help to explain this evasive practice:

- Nearly all covered workers (98 percent) had coverage for mental health benefits in 2008.
- However, limits on the number of visits for outpatient care and the number of days for inpatient care remain common features of all plan types.
- Eighteen percent of covered workers had coverage for an unlimited number of mental health outpatient visits. Sixty-two percent of covered workers were in plans that provide for thirty or fewer outpatient mental health visits in a year.
- Fifty-five percent of covered workers in small firms (3 to 199 workers) had limits of 20 or fewer outpatient mental health visits per year compared to 24 percent of workers in large firms (200 or more workers). Twenty-two percent of covered workers had coverage for an unlimited number of mental health inpatient days.
- Sixty-two percent of covered workers face an inpatient limit of 30 or fewer days. Thirty-three percent of covered workers in small firms (3 to 199 workers) had 20 or fewer covered days of inpatient mental health care covered by their plan, compared to 11 percent of covered workers in large firms (200 or more workers).

The Parity Act seeks to redress this insurance coverage imbalance by mandating equal coverage of mental health illness when behavioral health insurance coverage is offered as a benefit.

How the Parity Act Operates

At its root, the Parity Act requires that health plans that offer mental health benefits provide the same financial terms, requirements, conditions, and treatment restrictions for behavioral health and addictions as they do for medical or surgical treatment or procedures. Please note a subtle, but meaningful, limitation, however: the Parity Act applies only to those plans that offer mental health benefits; plans that do not offer this coverage are not obligated to provide behavioral health benefits on par with other medical benefits.

It is estimated that as many as 113 million Americans suffer from some form of mental illness.

The notion of parity for behavioral health care services is not entirely novel; in fact, more than forty states currently require some form of equal treatment for mental health coverage. This federal Parity Act will not disturb the regulations of those states whose parity laws are more favorable than the federal version. It will, however, require states with inferior parity legislation (or no parity legislation) to be elevated to the federal standard.

The Parity Act will have a number of effects on the provision of mental health services, including:

- The cost-sharing, deductibles, co-pays (and other forms of co-insurance), annual limits, and lifetime limits for behavioral health care must be equal to those covering medical and surgical conditions.
- The scope, frequency, and duration of treatment for behavioral health care cannot be more restrictive than those limiting medical conditions and care.
- Out-of-network benefits for mental health and addictions treatment must be provided and must be equal to those provided for medical and surgical benefits.
- Although plans can continue to engage in utilization management and determine coverage on a case-by-case basis, they must provide members, consumers, and providers with their medical necessity criteria and with reasons for benefits/coverage or claims denial.
- Health plans will be subject to scrutiny by the federal Government Accountability Office, which shall confirm compliance regarding coverage definitions, diagnoses that are covered, and how the costs of such coverage are determined.
- Employers with fewer than fifty employees and plans whose total premium costs increase more than 2 percent in the first year or 1 percent in any subsequent year will be exempt from the Parity Act. Similarly, Medicare is not subject to the Parity Act, while Medicaid is.

The Anticipated Benefits of Parity

With adoption of the Parity Act, we can expect a dramatic increase in the access to and use of mental health and substance abuse treatment. The costs for insured parties who benefit from such coverage will decline dramatically in the aggregate.

Improved access to treatment services will encourage earlier intervention, which is likely to result in a decrease in aggregate costs associated with mental health and substance abuse treatment. Health care providers will likely make improvements to their treatment of co-morbid and co-occurring disorders.

By requiring private insurance companies to comply with parity, a tremendous burden will be lifted from the budgets of state and local budgets that typically fund those agencies that provide mental health and substance abuse services to the under-insured population.

The expansion of behavioral health coverage resulting from the Parity Act will also invite expansion from existing treat-
ment providers and new entrants to the field; the resulting competition should lead to lower costs in providing that treatment.

**The Potential Negative Consequences of Parity**

By requiring insurers to expand their coverage for behavioral health care, there will be corresponding increases in costs. And, although overall expenses may decline as a result of early interventions, those initial higher costs may drive up the cost of premiums for consumers and/or their employers who provide health plans.

Particularly at the outset, there will be significant administrative costs incurred by both insurers and the governmental agencies that monitor them to insure proper compliance.

With a potentially rapid expansion of behavioral health treatments services, the quality of that care may be uncertain. Furthermore, primary care physicians will likely require improved training to help identify those indicators of mental health or substance abuse concerns to better assist patients in receiving the proper referrals for covered care.

**Will Health Care Reform Reform Parity?**

With overall health care reform taking center stage in the national debate, we can reasonably wonder what effect—if any—the broader proposed changes to health care coverage will have. The Parity Act is due to take effect on January 1, 2010. That said, the health care community is currently still waiting to receive guidance from corresponding rules and regulations that will determine the shape of what parity truly is. Those regulations are currently under evaluation by the federal Office of Management and Budget (OMB). Policy advocates who are monitoring this situation closely have indicated that the OMB is intentionally delaying the release of the Parity Act’s corresponding regulations so as not to invite further confusion and controversy into the current health care landscape. Furthermore, it is anticipated that any “final” regulations would be considered “interim,” and would be open to a new period of public comment before becoming final.

Ron Hunsicker, the president of the National Association of Addiction Treatment Providers, offers the following sanguine assessment of the future of health care reform:

On the larger picture, any health care reform should end up with more persons with access to and coverage by health insurance. The more people with health insurance, the more likely it is that they will have access to some kind of treatment for addictions.

In short, to borrow a phrase all-to-familiar to the members of CoLAP, when it comes to the future of parity specifically and health care reform generally, “the jury is still out.”

JOSEPH L. LEMON, JD, MBA, is the director of The Abbey Foundation, a nonprofit dedicated to the prevention, research, and treatment of addictions. For more information, please visit: www.TheAbbeyFoundation.org.

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**Chair’s Column**

**CONTINUED FROM PAGE 2**

As we moved along the arc of the legal career there was an excellent panel presentation on New and Continuing Issues Facing Law Students: How Can We Help?, given by Professor Larry Krieger, David Jaffe, and Dean Willie Jordan-Curtis. There were also breakout sessions on Aging in the Profession: The Coming Tsunami, presented by John Berry, Sarah McShea, and Dr. Janet Hickey, and The Detection of Dementia in the Aging Professional presented by Dr. Hickey.

Other breakouts were presented on Recent Developments in the Judicial Field, Enhancement and Current Issues in Substance Abuse Testing Monitoring Programs and LAP Response to the Economic Crisis in the Legal Community. And as a fitting end to the conference, Nancy Stek made an outstanding presentation on Developing Stress Hardiness in the Law and in Recovery. Nancy described the hardness approach and how it targets our stress response and utilizes strengths already shared by many in the legal profession.

The featured speaker for the Annual Conference Dinner was Dr. Donald R. Kurth, president-elect of the American Society of Addiction Medicine. Dr. Kurth is also mayor of Rancho Cucamonga, California, and he entertained and educated the attendees with a blend of his personal recovery story and his experience with addiction treatment public policy.

We also recognized Barbara Harper, who received the Distinguished Service Award and Disciplinary Counsel from six states, who received the Meritorious Service Award. The recipients were: John Berry, Florida; Charles Plattsmeyer, Louisiana; Jerome Larkin, Illinois; Dennis Carlson, Nebraska; Anthony McLain, Alabama; Donald Lundberg, Indiana; and Douglas Ende, Washington.

There was also fun and laughter at the Wednesday dessert reception with LAP directors line dancing under the Arizona stars to the music of Elvis.

I also want to thank the dedicated CoLAP staff: Staff Director Will Hornsby, Meeting Planner Janice Jones, Executive Assistant Leigh Stewart, and Policy and Research Analyst Tracy Loynihan. Leigh and Janice were responsible for the seamless operation of the conference, which was reflected in the evaluations as well.

One final note of thanks. We had a record number of exhibitors for this year’s conference. Our exhibitors have been outstanding in their support of CoLAP’s efforts to bring together volunteers, LAP professionals, bar leaders, judges, law school deans and professors, law students, disciplinary counsel, treatment professionals, and others for four days of education and exchanging ideas about how to assist law students, lawyers, and judges who are adversely affected by substance abuse or mental health problems. We could not put on such an outstanding conference without that support. I extend my sincere thanks to all of the exhibitors at the 22nd National Conference. Mark your calendar now for the 23rd National Conference, which will be held in Indianapolis, Indiana on October 5–8, 2010.
often about “performance under stress”: the performance of the attorney in the midst of chaotic schedules, conflicting demands, demanding colleagues, unhappy family members, and personal expectations.

The term “stress-hardy” was coined over twenty-five years ago by two researchers, Salvatore Maddi and Deborah Kobasa, as a result of a twelve-year study with employees at Illinois Bell Telephone during the upheaval of “Ma Bell’s” divestiture. Since that time, their work and findings have been replicated in over four hundred additional studies. They found that people who have a sense of personal commitment to what they are doing, who feel in control of their lives, and who believe life to be challenging, tend to be resistant to many kinds of illness. On the other hand, those who focus on fear, chronic worry, anger, impatience, infelicity, and perfectionism all share the inability to relax. This causes strain on the mind and body and leaves the individual susceptible to stress-related problems.

Three key attitudes or characteristics helped resilient individuals turn adversity into advantage to successfully manage stress and strain. Hundreds of research studies since have consistently confirmed these findings. The characteristics are referred to as the “3 Cs” and are at the core of the hardness approach to developing personal resilience: a mental “flexible toughness” to take your professional skills to yet another level.

Reframing is an important skill that is at the heart of resilience.

**Challenge, Commitment, Control**

The three essential attitudes needed to combat one’s vulnerability to stress are those of Challenge, Commitment, and Control. These are each defined as a strong belief or conviction: a conviction to being actively involved, having a “go for it” attitude, and welcoming the learning that results from life experience. To better understand how this applies to lawyers, let’s examine the 3 Cs more closely.

**Challenge**

The first characteristic of people who maintain health in the face of high levels of stress has to do with the “Challenging” way they approach life. “Challenge” is based on the belief that change is a constant, positive, and normal characteristic of life. Successful people tend to see change as a challenge to confront and master rather than as a stress to avoid. They tend to welcome new situations as opportunities to learn and develop rather than looking at new prospects as threats and believe they can grow both from positive and negative life experiences. This optimistic, challenging attitude builds motivation and the ability to engage in peak performance, leadership, and health enhancing thoughts and behaviors. It encompasses risk-taking, adapting easily to change, and looking at life and its adversity with a “give it your best shot” attitude. The glass is always “half-full.”

**Commitment**

“Commitment” is the second characteristic that defines hardness. When commitment are not ones likely to be taken. This reinforces the hardy attitude of control: not being a victim. Using the same process to explore the best possible outcome leads to a similar discovery: that different actions leading to the best possible outcome are also controllable. There are two paths to two different outcomes and the hardy individual chooses to take the actions leading to the best outcome. If this process does not clarify a path to positive action in addressing the stressor, a second strategy, Focusing, is utilized.

**Focusing**

Focusing can help uncover the emotions attached to the stress. Often there is an underlying problem or related feeling that is the central issue to the stressor that was originally identified. Through a process of relaxation and self-reflection, the underly-
is present, individuals have a sense of purpose and meaning for what they are doing. They are fully involved and never lose sight of their purpose. This sense of commitment allows them to engage fully in work tasks despite stressful changes that may be taking place. They give activities their best effort and have a curiosity and are fully engaged in what they are doing. An energy and passion are triggered that give meaning to life and lessen the impact of stress. By realizing the important role they play, the positive impact they can have on others, and that there is meaning to what they do, they actually become less stressed, more energized, and more motivated.

Control
The last characteristic is that of “Control.” Control motivates hardy individuals to thrive on change by finding ways to influence the outcome of stressful circumstances. Those who are successful focus their energy and efforts on events or aspects of events they have control over rather than on situations beyond their control. People become more stressed when they attempt to alter uncontrollable circumstances. Individuals who have the characteristic of hardiness see themselves as “in charge” and “responsible” for the outcomes of their lives. They tend not to be “blamers” and “whiners” and feel in control of their destiny and direction in life. They also have a realistic perspective on changing the things they can and accepting the things they can’t. When individuals delineate a clear plan of reasonable action for situations that they can alter, their stress lessens. Even when their actions do not lead to success, they feel a sense of accomplishment in knowing that they took action. Additionally, they are likely to adopt the view that they can learn from what went wrong.

Building Resilience
Resilience is the capacity for rising above significant adversity or trauma and forming lasting strengths as a result of the struggle. It is the ability to cope with stress and catastrophe and build resistance to future negative events. People differ in their natural abilities to handle stress but being resilient boils down to having a certain set of skills. Skills can be learned, resilience can be developed. Whether referred to as “hardiness traits” or “resiliency skills” one thing is clear—when someone is high in hardiness traits and resiliency skills, they respond to life’s stresses and changes with greater success.

The ability to handle and bounce back from stress depends on many factors, including: sense of control, ability to adapt to change, ability to handle unpleasant emotions, sense of humor, optimistic attitude, and self-confidence. One of the key skills in developing resilience is learning how to “reframe” a situation.

Reframing is an important skill that is at the heart of resilience. It is a way of shifting the focus to the cup being half full. Going back to an incident, finding and building strengths from the achievement, builds resilience. Instead of seeing oneself as “a helpless survivor” one can reframe an experience to see oneself as an “accomplished strategist.” Sometimes it’s easier to be the victim; it removes the obligation to change. But it is also possible to emerge from difficult situations with dignity and strength and become stronger and more resilient as a result. This is a critical step in developing resilience: shifting to a “challenge” perspective.

Highlights
1. Making written lists instead of mental ones can help in managing things more easily. Mental lists never end. Things written down can be crossed off the list—a visual reminder of progress. A written list also helps in prioritizing and triaging.
2. Don’t take on any extra tasks/obligations “for now.” There will always be opportunity to add more stress later.
3. Enlist the help of others when possible. What seems impossible to do alone is often more easily handled with the help of others.
4. Spend quality time with people who are supportive and positive.
5. Take time for self-care. And don’t forget to breathe. H

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