Supreme Court
State of Tennessee

Dear Tennessee Attorney:

Since its inception in 1999, the Tennessee Lawyers Assistance Program (“TLAP”) has provided confidential, immediate and continuing help to lawyers, judges, bar applicants and law students who suffer from physical or mental disabilities that result from disease, disorder, trauma or age and that impair their ability to practice or serve. TLAP has three purposes: to protect the public from harm caused by impaired lawyers or judges, to assist impaired members of the legal profession to begin and continue recovery, and to educate the bench and bar to the causes of and remedies for impairments affecting its members.

In 1999, pursuant to Tennessee Supreme Court Rule 33.01, Section C(1), the Tennessee Supreme Court agreed to fund TLAP with an annual assessment of $10.00 from all attorneys required to pay fees pursuant to Rule 9, Section 20.1 of the Rules of the Tennessee Supreme Court. Our choice of that amount was based upon the untested belief that $10.00 from each of us annually would be enough to institute and run TLAP for the period necessary to ascertain its effectiveness.

Through October 31, 2003, the program has had more than 942 inquiries and referrals and averages 18 new service calls per month. TLAP has made remarkable strides not only in establishing a place for impaired members of the legal profession to obtain help but also in protecting the public from the kinds of damage those impaired members could have caused.

A review of TLAP’s financial picture has convinced us that it is under funded. We believe the program has proved its worth and necessity. If it is to continue to effectively fulfill its mission, the yearly assessment must be increased. With the experience gained since 1999, we believe an assessment of $20.00 per year from each of us is the least amount that will produce the desired result of providing TLAP with sufficient funds to continue the work it began and is so very effectively performing. Effective January 1, 2004, a $20.00 assessment of each of us will be instituted.

We can review this assessment on TLAP’s behalf in terms of the cost to us as individuals or in terms of the benefits it has provided to us, our profession, and our clients. The cost to us as individuals is negligible. The benefits cannot be measured. There is no way to place a dollar amount on the trust that was never lost, the families that were not torn apart, the resources that were never squandered, the lives that were not wasted.

Sincerely,

Frank F. Drowota, III
Chief Justice

Comments by Stephen Todd, Chair of TLAP and a CoLAP Commissioner

The Tennessee Supreme Court, on its own initiative, unanimously entered an Order increasing the annual TLAP funding assessment from $10 to $20 per attorney. This increase came about as the direct result of the recent ABA CoLAP Evaluation of our Lawyers’ Assistance Program. The evaluation was done by Ann Foster, Bill Leary and Sheila Murphy. Everyone in Tennessee is sincerely appreciative of the assistance rendered to TLAP by the evaluators and the entire CoLAP Commission. This doubling of our funding could not have happened at a better time, as our annual dues notices are mailed out in December of each year.
Message From the Chair

by John W. Clark, Jr.

My life is not worry free today nor can I say that I am any great example of what recovery can mean to a practicing lawyer, but I can say today that I have a genuine love for my family and a much greater sense of purpose to my life. I hope I am a work in progress. I fear I am dangerously close to or beyond our limits of success and in future years the Commission may have to explore other funding options. This will not be too difficult if we are prudent and willing to offer some recognition to the potential donors.

There are, however, some personal disappointments. I was hoping that the Commission would move closer to the mainstream of the American Bar Association. I think it is time for the Commission to discard our limits of success and in future years the Commission may have to explore other funding options. This will not be too difficult if we are prudent and willing to offer some recognition to the potential donors.

I hope that the Commission will take additional steps to clearly brand itself as a part of the American Bar Association and that future ABA Presidents will be asked to appoint successful lawyers, judges, and laymen to the Commission who are keenly interested in our activities regardless of their background in recovery. I have not yet put together a program for our Commission meeting in Colorado Springs, but I have become aware that many of our exhibitors are disgruntled. Some are unhappy about meetings in Canada and some of our exhibitors do not believe that they get any bang for their bucks. We have been warned. This concern was forcibly brought home at our recent Commission meeting when Jim Griffis said that for the past year none of the patients at Sierra Tucson were there as the result of a direct referral from a Lawyer Assistance Program. That was shocking, but an honest comment. I have heard the same from several long-time exhibitors. It should alert us to some problems that need to be addressed.

I used to believe that LAPs were responsible for a high percentage of the initial treatment center admissions of lawyers and judges, but no longer think this is true. I feel that our Commission needs to find a better way to help LAPs deal with the recovery needs of financially troubled lawyers and their families, as well as the treatment needs of affluent lawyers sent to recovery by their law firm or EAP, without any prior contact with a LAP. Perhaps we need to consider ways of intervening earlier and more forcibly in an individual’s downward spiral. Perhaps we need to align ourselves with the medical profession’s format and seek reporting changes in our Rules of Professional Conduct, moving from “should” to “shall”—compelling judges and lawyers to report incidents of aberrant behavior—before the trust account is depleted, the case dismissed—or an appeal taken as a result of a judge’s act of misconduct.

The ABA charge to CoLAP may change over the years, but there does not seem to be any reason to believe the problems we address will ever go away. We must be aware of emerging treatment and recovery concepts, but remain loyal to the commitment we have to proven paths to recovery. There is still much to be done.

IN MEMORIAM

JAMES A. BRINK, ESQ.

1922-2003

September 22 2003 was a sad day for Lawyers Concerned for Lawyers as we lost our beloved leader and founding father, Jim Brink. Since 1978, Jim dedicated much of his time, sacrificed his anonymity and risked his reputation to further a mission—the establishment of a lawyer assistance program for Massachusetts—that he believed was vitally important to the well being of the legal profession.

Sober since 1965, Jim was a man who didn’t care who you were or what kind of trouble you were in—he just wanted to help you if he could. Step by step, he guided LCL through its inception, incorporation, the hiring of an executive director, the funding of LCL through an add-on assessment to every lawyer’s bar dues and finally through the expansion of LCL to a full service lawyer assistance program. He steadfastly held to the belief that the well being of the profession as a whole depended on the well being of its members, so that the problems of a few were the responsibility of many. LCL’s Board of Directors, volunteers, staff and the many segments of the bar are committed to working on this premise that the profession is only as strong as its weakest link. Although Jim’s leadership and commitment will be greatly missed, the program he helped found is strong and will be available to those who seek assistance for many years to come.
Where It All Began
by Bonnie Waters

Highlights’ Editor, Steve Barrett, asked me if I would write an article about my experiences at the first ABA Workshop held in Nashville, TN in 1988. Sponsored by the American Bar Association and the Kentucky Bar Association, and spearheaded by Billy Hoge and Al Welsh from Kentucky, the three-day meeting was entitled “The National Workshop for Growth.” Sixty-one attendees from 33 states and Ontario, Canada were represented. One course book was distributed that included individual LAP reports from 26 states and Ontario detailing the status of individual programs including their services, funding, confidentiality and immunity rules, utilization and information about volunteers and/or paid staff. A strong sense of survival permeated the meetings: How to verify to our constituencies the reality and significant personal and professional consequences of substance abuse in the profession, and the need to provide help.

Since Richard Vincent of Maryland and I are the only two directors who attended the ’88 conference who are still running their programs today, I have asked Richard, as a full time paid director of Maryland’s full service program since 1981, to contribute some of his observations (they appear in italics). As for myself, I began my tenure at LCL in June of 1987. I was still very new, very scared and lacking in experience when I headed for Nashville. Thus, we were two directors with varied experience, yet with similar reactions to the structure, content and camaraderie of the twoday get together.

From the very beginning of the workshop, three things struck me: the dedication of those involved, their willingness to carry the message, and their enthusiasm for sharing any aspect of their program that might help another state—what worked and what didn’t. Unlike today, there was little emphasis on education and more emphasis on how to get a program started, how to pursue funding, how to hire a director, what marketing materials were most effective and so on. (What we call the Evolution of a LAP track today.) I knew so little that I kept my head down and listened. I can admit to you now that half the time I didn’t know what anyone was talking about and the other half I was overwhelmed by how much people were doing and how much had already been accomplished. (How could I incorporate everything I was hearing into the Massachusetts LAP?) I remember how relieved and grateful I felt when Susanne Makepeace, Director of the DC Lawyer Counseling Program, invited me to call her anytime I needed help, which I did, frequently. Similar to our 12-step fellowship, everyone I came in contact with was willing to “give it away.” I came away from that time having put names with faces, identified those most willing to help and developed a sense of pride that I was now associated with such a committed group of volunteers and professionals.

Comments by Richard Vincent and Carol Waldhauser

My observations are similar yet, in some ways, slightly different than Bonnie’s, since in 1988, I had already been the director of the Maryland State Bar’s Lawyer Counseling Committee for 7 years. I looked forward to attending the workshop, not realizing what this group would become—a national gathering of lawyer assistance programs. Again, unlike Waters, I was confident, or some may say cocky, because our program was unique. After all, our program’s founding fathers had the foresight to implement a broad-brush program from the start. Subsequently, I attended the National Workshop for Growth with experience and curiosity; and my main goal was to compare our program with others existing at the time.

Similarly during the sessions, I listened; I laughed; and I took notes. Needless to say, I enjoyed the Grand Ole Opry, too. However, to this day, one of the most memorable and gratifying moments that I recall was the presentation given by Conway Hunter, M.D.

Dr. Hunter had over 15 years of experience treating all aspects of chemical dependency and other addictions. He was a leader in the education of professionals in the science and art of addiction medicine. His presentation covered how we could better identify an addiction, facilitate treatment for that problem, and support the professional in recovery.

At some point during the workshop my goals grew. I wanted to impact Maryland’s legal community as Dr. Hunter had impacted me. As a result, the organizers of this first workshop contributed immensely to shaping my style, my attitude and my efforts towards improving our program.

When I first started this article I kept thinking of the saying “You’ve come a long way, Baby” because it really applies to the LAP movement of today. Although the dedication, commitment and shared effort are the same, today’s programs are broader in scope, more sophisticated, more professional and more credible. Over the years, the need for lawyer assistance programs has been thoroughly documented making our work more important than ever before.

I was scared in 1988, but proud to be a part of such a caring group. I have grown in tandem with the LAPS. Today, I am confident in the value of what we have individually and collectively accomplished. Like Richard, I am proud to be associated with all of you and the profession as a whole. As has been said many times, we all owe a debt of gratitude to Billy Hoge and Al Welsh who had a dream and acted on it.

Bonnie Waters is the Director of the Massachusetts Lawyers Concerned for Lawyers, and a member of CoLAP’s Advisory Commission. She is a former member of CoLAP, and has chaired the National Workshop for LAP, for # 7 years.

Richard Vincent is the Director of the Maryland State Bar Lawyer Assistance Program and was the first staff for a lawyer assistance program. He currently serves on CoLAP’s Advisory Committee.
Arkansas Lawyers Assistance Program (ArLAP)

By Gail Harper

Arkansas’s Lawyers Assistance Program, ArLAP, completed its first year in June 2003. The Arkansas Supreme Court appointed a Committee, chaired by attorney Janet Robb, to oversee the implementation and management of the program, which hired Gail S. Harber, MS, LADAC as Executive Director. Ms. Harber has worked part-time in the implementation and clinical development of the “broad brush” program since its inception. Some of the year-end statistics are interesting and may help other LAP’s in their early development.

There are approximately 6000 lawyers licensed in Arkansas and 34 were referred to ArLAP during the first year (0.5%). Though the referrals didn’t even represent a single percent of the potential, the program demonstrates the importance of taking time to develop a model that works. ArLAP was energized by the effectiveness of its model.

Twenty-six of the referrals converted to program participants (76%) and 8 elected to be non-participants (24%). Of those 26 participants, currently 18 remain active and 8 have transitioned into inactive status. Of those active at the end of the first year, 95% were compliant and among the inactive, 50% were compliant and 50% were noncompliant with the program. Referral sources were varied: Peer Lawyers (23%), Self Referrals (17%), Professional Referrals (MD, PhD, etc.) (15%), Office of Professional Conduct (15%), Judicial (12%), Family (9%), Office of Professional Programs (6%), Other ArLAP Participants (3%). It was encouraging the number of peer, self-referrals and professional referrals during the start-up year.

The order of presenting problems were Alcohol & Drugs (34%), Alcohol Only (23%), Mental Health (17%), Family Issues (14%), Aging (9%), and Gambling (3%). This fully represents the need for new and developing LAPs to include the broad-brush issues representative of the population to be served.

Another interesting consideration is the referrals from the Office of Professional Conduct, five participants, represented the full range of services ArLAP provides. One referral each for anger management, stress management, addiction, aging and depression issues resulted in only 40% compliance (anger & stress management) and 60% noncompliant (alcohol, aging, & depression). It appears that when referrals reach the disciplinary Office of Professional Conduct, the issues are late stage and more difficult to engage into the service network. This demonstrates the importance of LAPs helping lawyers and judges recognize the value of early identification, intervention, and referrals.

Practice types are consistent with other nationwide statistics with 63% of the participants from solo practices, 20% from firms, 13% from government entities, and 4% from the judiciary.

Being a rural state, nearly half of the referrals were from geographically central Pulaski County, which represents the capitol, Little Rock, and the majority of lawyers and judges in the state. The remaining referrals were nearly equally distributed throughout the four quadrants of the state. This was encouraging in ArLAP’s attempts to market and provide services to the entire state.

ArLAP’s services are available to family members of lawyers and judges as well as those licensed in Arkansas.

All in all, it has been a productive, at times intense, yet grand year of implementing a new LAP program. With the help of existing LAPs nationwide the process was eased and new collegial relationships formed.

Ms. Harber has a few words of encouragement for new programs, “You are not alone in rural areas, use the CoLAP resources available to you and the well developed support system that CoLAP provides!”

Cottonwood de Tucson Assesses Needs of Lawyers in Chemical Dependency and Behavioral Health Treatment

By Jeffrey C. Friedman, MHS, CSAC

Cottonwood de Tucson, a behavioral health treatment center in Tucson, Arizona recently completed a study to investigate the chemical dependency and other behavioral health treatment needs of legal professionals, their attitudes toward such treatment, and assess the degree to which their needs are being met by currently available treatment resources.

Two survey instruments were developed specifically for the project. Key Informant questionnaires were sent to Lawyer Assistance Program (LAP) personnel in all 50 States and 11 Canadian Provinces. Target Population questionnaires were distributed, through the state and provincial LAPs to anonymous legal professionals who had previously engaged in chemical dependency or other behavioral health treatment. In all, 460 of each instrument were distributed. Data from these surveys was tabulated and subjected to a preliminary analysis before being presented to a focus group comprised of state and national LAP professionals. A discussion of the clinical implications of the data followed.

The survey instruments sought data in several specific areas, including lawyers’ attitudes toward treatment that tend to hinder the process of treatment and recovery; specific clinical strategies and interventions that lawyers found especially helpful in the treatment process; personal and professional qualities of therapists that lawyers in treatment responded to in a positive way; ways in which lawyers felt they were misunderstood by clinicians; and specific ways in which chemical dependency/behavioral health treatment targeted to lawyers could be improved.

Sixty-three Key Informant Surveys and 112 Target Population Surveys were completed and returned by respondents. On review, obstacles to accessing treatment reported by survey respondents included:

- The primary obstacle that prevented target group informants from accessing care (70%) was the belief that they could handle the problem on their own.
- The second significant obstacle, faced by target population respondents, in making (continued on page 5)
Barbara Harper’s Report

Victoria, British Columbia—the scenic City of Gardens—provided the backdrop for the 16th Annual National Workshop for Lawyer Assistance Programs from October 13–17, 2003. Although record rainfall made it challenging to enjoy its beautiful flowers and signature hanging baskets, the town served as an ideal setting for camaraderie and stimulating discussions.

After much deliberation the 2003 CoLAP Annual Workshop Planning Committee voted to change the name of the ABA Commission on Lawyer Assistance Program’s annual event from “Workshop” to “Conference”. The thinking was that the change acknowledges the significance, and complexity of the national event, as well as the work done by the Commission and Lawyer Assistance Programs around the world.

This year’s Workshop featured a program of panels and speakers covering, amongst other subjects, such diverse topics as, developing a culturally effective LA P, identifying and treating alcohol abuse in the older lawyer, outreach to law school deans, preventing burnout for lawyers and judges, suicide prevention and examining the differences between genders in treatment. Exhibitors, representing some of the most successful treatment and recovery centers throughout North America were also present to provide information about their programs.

The conference implemented a dual track system to allow attendees to choose the sessions most relevant to their role as LAP director, or volunteer. Its new format was well received and will be used again for the 2004 Conference in Philadelphia. A questionnaire produced by the planning committee asked attendees to consider whether to develop the conference separate from ILAA. After compiling information from the questioners the subject was addressed at the first 2004 planning committee meeting. It was determined that the CoLAP Conference would continue to be scheduled in conjunction with ILAA.

Amongst other things the committee will consider the following as we design the 17th annual conference:

The 17th Annual National Conference for Lawyer Assistance Programs
• Shortening the conference by half a day, to begin on Tuesday afternoon format
• Modeling wellness through education and format
• Expanding presentations on gender issues
• Continuing to provide more opportunities for LAP staff to exchange ideas and solve problems
• Dividing breakout sessions into introductory information and advanced exploration of issue
• Keeping to shorter days
• Allotting more time for interaction and networking for all attendees

As Chair of the planning committee, I owe a huge debt of gratitude to those individuals whose time, effort, and unique ideas helped make the 2003 Workshop so successful.


Cottonwood de Tucson

(continued from page 4)

the decision to seek treatment (40%) was a concern regarding a potentially negative impact that decision might have on their professional reputation among peers, judges and potential clients.

Once respondents were in treatment, they experienced a number of obstacles to benefiting from the treatment program. The greatest reported problem (reported by 80% of target population informants) focused on a sense of being shut off from emotional life and a reliance on intellectualization as an ego defense.

Those surveyed also reported some perceived pockets of misunderstanding about lawyers among clinical professionals. These include:
1. Underestimating or misunderstanding the lawyer’s sophisticated level of denial and highly developed sense of being right.
2. A poor understanding of lawyers’ use of debate and verbal challenge as a way of discovering and testing the validity of important information—rather than argument for its own sake.
3. Underestimating or misunderstanding the enormous professional and social pressures which obtain in many lawyers’ lives.

Conclusions—Clinical Implications

The following conclusions are based upon an extended discussion of survey data with a number of LAP directors and staff members. It was felt that lawyers can best be treated in a milieu environment and integrated with non-lawyers into primary therapy groups, as long as lawyer-specific psycho-educational activities are also available. This is one way in which the special psychological, social and professional realities faced by attorneys can be addressed while reinforcing the commonality of challenges faced by all people in recovery. In order to be optimally responsive, the discussion group felt that behavioral health treatment targeted to lawyers should include:

• Highly trained and experienced clinicians with strong verbal skills and ample ego strength, who won’t be overwhelmed or intimidated by highly intelligent and often aggressive personalities.
• A strong psychiatric component able to diagnose and treat co-occurring disorders such as depression, bi-polar disorder and PTSD.
• The ready availability of respected and successful recovering attorneys who can serve as role models and mentors for lawyers in treatment. This should include patient access to lawyer-specific 12-step meetings.
• An ability and willingness to engage in ongoing interface with Lawyer Assistance Programs and involve the LAPs in the continuing-care planning process.

Aftercare planners should have detailed information to give discharging patients on support resources available through their state or provincial LAP, and strongly advocate that the patient join the LAP if he or she is not already involved.
• A strong experiential component (e.g. psychodrama, gestalt therapy) to engage patients on a level other than intellectual.
• A sophisticated explanation of medical aspects of chemical dependency, including access to professional level journal articles.

Building on information gained in the study, Cottonwood de Tucson has implemented a Lawyers’ Behavioral Health Treatment Focus incorporating the features outlined above. For a copy of the full Needs Assessment Report or information on Cottonwood’s Lawyers’ Behavioral Health Treatment Focus, please contact Jeff Friedman at (800) 877-4520 or by e-mail at jeff.friedman@cottonwooddetucson.com.
Around the LAPs

Arkansas – The ArLAP grant application to the Arkansas Bar Foundation for the “Arkansas Law School Outreach Program” was approved—though at a lower funding level than requested. Ann Dixon Pyle, Executive Director, stated that a one-time only funding of $4,000 was available for the proposed project.

Louisiana - Louisiana State Bar Association Committee on Alcohol and Drug Abuse and Lawyers Assistance Program, Inc. will hold its annual training session for volunteers, bar personnel and other interested parties at the Best Western St. Francis Hotel on the lake, St. Francisville, LA., on Friday and Saturday, April 2 and 3, 2004.

CLE hours will be provided with both professionalism and ethics included. Speakers will be Louisiana Chief Disciplinary Counsel, Chuck Plattsmier, a psychiatrist who specializes in chemical dependency treatment and mental health issues; Kathleen Leary on families in recovery; LAP Chair, Tom Bergstedt, and Director, Bill Leary, on the roles of lawyers in recovery; and Greg Gentry on guidelines for committee members.

The annual golf tournament will take place on Friday, April 2, 2003. AA meetings will take place on Friday and Saturday evenings along with our customary barbecue in the country.

New Brunswick, NJ - New Jersey Lawyers Assistance began on Dec. 1, 1993 in a small office tucked away in an unused wing of the Law Center. The confidential program’s anniversary gathering was held ten years later to the day. Lawyers, judges and community supporters joined the NJLAP staff and trustees to celebrate a decade of growth and development that has helped so many lawyers.

The celebration demonstrated that NJLAP is blessed with extraordinary support from all sectors of the legal profession. Retired Appellate Judge Francis X. Crahay presided and delivered introductions. Justice Peter Verniero brought a message from the Supreme Court. Douglas Brierley of Schenk, Price, Smith and King received recognition for service as chair of the Supreme Court Trustees for NJLAP.

Early efforts for the creation of NJLAP were formally recognized. Former bar president Matthias Dileo was in the forefront with insight and personal advocacy. An energetic ad hoc committee comprised of attorneys Albert Jeffers, Daniel Van Dorn, Lawrence Vastola and C. Stephen Barrett III persistently submitted proposals to the Supreme Court and the state bar association.

An initial grant from the Lawyers Fund for Client Protection was followed by full NJSBA funding. Currently, the program is funded by all members of the bar with administrative support from the NJSBA.

Tennessee - “The Memphis Lawyers Helping Lawyers, Inc. held its annual John Dice Lawyers Helping Lawyers Seminar on October 29th. The all day seminar offers continuing legal education general credits for substantive law programs and ethics/professionalism credits for quality of life programs. The seminar is named in memory of a Memphis attorney who died of self-inflicted wounds, whose death became the impetus for the formation of the Memphis Lawyers Helping Lawyers. All net proceeds of the seminar are used to fund the LHL program.”

Vermont - The Vermont Lawyer’s Assistance Program was evaluated by COLAP last spring, and an excellent review was produced and handed out to those who should be informed of the results. Thus far, the impact has been non-existent. “I imagined I would be receiving plenty of ideas on where next to head. Apparently it will be up to me to start pushing.” Comments by John Webber.

Washington – The District of Columbia Bar welcomes Ms. Byrnes as the new LCP Counselor, with 25 years of experience as a relapse prevention therapist, employee assistance counselor, corporate educator, trainer and corporate executive. Ms. Byrnes has two Master degrees, one in counseling and one in Education from George Washington University. Ms. Byrnes was in private practice as a Certified Relapse Prevention Specialist (ACRPS). Prior to that, she was an Employee Assistance Counselor for COPE, Inc., a private employee assistance firm, where she provided counseling and workplace consultation services.

Comments: Cydney Batchelor

Victoria Victorious!
The 16th national workshop was my third to attend. As usual, the only problem was too many wonderful events, and too little time. Barbara Harper and her crew did an excellent job in planning and John, Donna and their crew were excellent in the execution.

For me, the best part of this workshop was all the wonderful new friends with whom I had the honor (or, honour as our Canadian friends say) of sharing presentations. In three short days, just on our “Evolution of a LAP” panels, I met folks from British Columbia and Alberta, and Mississippi, Oregon and Tennessee. I also renewed friendships with panelists from Arizona and North Carolina. Their personalities are as wonderfully diverse as the geographic regions from which they hail. (Again, Barbara and her planners careful selection of each of these panelists set a wonderful stage.)

Word to the wise for future conferences. If you’re asked to participate, please do. You may discover, as I did, that being part of the conference is even better than being an observer. Many thanks to John, Barbara, Donna, et al. for the opportunity to serve.

Calendar of Events

March 24-28, 2004
Winter/Spring Meeting in Colorado Springs at the Garden of the Gods Club. You may wish to view their website at www.gardenofthegodsc.com to see some of the attractions such as Pike’s Peak, hiking, heated swimming pool, U.S. Olympic Training facility, workout facility and much more. For more information please contact Binti Hawks at 312/988-5717.

October 11-15, 2004
2004 17th National Conference For Lawyer Assistance Programs will take place at the Hyatt Regency Philadelphia at Penn’s Landing Philadelphia, PA. For room reservations pleas call 800/233-1234 or 215/928-1234. Refer to “CoLAP” or “ILAA”. ILAA is October 15-17, 2004 at the same hotel. Room rate is $149 single or double. For more information please contact, Binti Hawks at 312/988-5717.

August 5-10, 2004
Annual Meeting will take place in Atlanta, Ga. For more information please contact Donna Spilis at 312/988-5359.
Breaking the Cycle of Recidivism Begins with Treatment

Community Education Centers Correctional Treatment Programs

Target Substance Abuse

Introduction: Community Education Centers, Inc. (CEC) provides comprehensive assessment, treatment, and education services to adult and juvenile criminal justice and social service populations. CEC operates 20 residential outpatient and aftercare facilities in eight states. The company is firmly committed to using intensive treatment and education programs to change the lives of its residents. Among the programs offered are alcohol and drug treatment, life skills training, and educational and vocational instruction. CEC also provides work release/halfway house programs, day reporting, aftercare and electronic monitoring systems for approved inmates. For further information contact Larry DeMarzo at 973/226-2900.

There is a strong relationship between substance abuse and crime. Surveys of State prisoners indicate 80% admit having a history of drug use. Nationally, an estimated 54% of individuals in prison populations and 53% of individuals in community corrections have problems of alcohol and other drug abuse, according to a 1997 Bureau of Justice Statistics study. Further, drug testing of arrestees show 2 out of 3 have drugs in their urine, but only 10% of state prisoners have received any drug treatment in prison. Failure to treat the substance abuse problems of offenders increases the risk of recidivism.

Correctional treatment programs that focus on treating substance abuse and are designed to help residents change negative patterns of thinking and acting that are thought to underlie drug abuse can help reduce recidivism. Community Education Centers, Inc. (CEC), a leading provider of rehabilitative services to adult criminal justice, juvenile justice and social service populations throughout the United States, aims to break the cycle of recidivism by addressing problems like substance abuse. CEC services range from secure residential treatment to work release and electronic monitoring. “All of CEC’s facilities provide transitional services along a continuum of care—from prison to community. Our programs offer state-of-the-art evidenced-based assessments, substance abuse treatment, education, family counseling and aftercare services designed to prepare offenders to return to the community and lead productive lives,” said John Clancy, President and CEO of Community Education Centers.

Assessment Drives Treatment

Providing accurate and comprehensive assessments of individuals is paramount to successful treatment programs. At CEC programs, clinical staff administers various assessment tools to determine a resident’s individual risk and treatment needs. This includes substance abuse assessment. “The result of these assessments becomes the blueprint for the participant’s course of treatment,” according to Ralph Fretz, PhD, Director of Research and Assessment at CEC. Staff members provide clear, simple suggestions to participants about the changes that must be made in order to make progress in the program. This allows participants to develop a clear understanding of how the program works and how he or she can best achieve success in obtaining desired outcomes.

“CEC’s treatment services are geared towards two goals: helping residents achieve a successful recovery from substance abuse and successfully reintegrating them into the community,” according to Robert Mackey, Ph.D., Chief Operating Officer of CEC. The treatment culture is positive, purposive, and principled—that is, it seeks to be growth promoting, just, respectful, honest, and trusting of staff and residents instead of oppressive, limiting, and cruel. Staff members serve as “coaches” to the residents—always looking for ways to improve their skills and helping them “win” against their addiction and other destructive behaviors that keep them from following the life path of their choosing.

In order to steer residents towards a successful recovery, all staff must understand the process of addiction and the process of recovery. Staff must also understand the ways in which people with substance abuse problems avoid their recovery. Staff must provide the tools to help redirect and coach residents towards a successful recovery. Pro-treatment behaviors are acknowledged and rewarded, while treatment-defeating behaviors are minimized and eradicated. Staff and residents identify these behaviors and intervene accordingly. Among these tools are merits/demerits, peer run community meetings, and feedback from case managers and other staff.

Treatment Targets Substance Abuse

CEC programs are comprised of multiple treatment components. Participants attend individual and group counseling sessions, experiential workshops and lectures as part of the treatment curriculum. Groups provide a forum for participants to share their thoughts, feelings and experiences with other participants. Participants often learn about themselves through this exchange of information, the feedback given to them by their peers about their behavior and identification with others in the group. Among the topics addressed in groups are: substance abuse treatment, life-skills, changing criminal thinking and family issues.

All CEC programs provide drug and alcohol treatment. Substance Abuse Education Groups are facilitated by Certified Addictions Counselors and are designed to guide the recovering person towards his or her goal of sobriety. Participants learn about the physical, emotional and social dynamics of drug addiction. The educational format is helpful as it provides basic information about the disease and its symptoms. Topics addressed include: Assumptions, Conditions & Attitudes Regarding Treatment; The Change Process; Problem Solving; Thinking Errors; Feelings (including handling anger); Criminal Behavior and Substance Abuse; Family Issues; Criminal Behavior and Substance Abuse; Relapse Prevention; and Communication Tools and Skills. A level of confidentiality is provided to clients to promote trust and honesty, though there is some communication with other facility staff members involved in the care of the residents.

CEC programs also provide education, including GED, a family program and a women’s program, which is designed to address treatment issues unique to women. “Substance abuse and a wide variety of problematic behaviors have been shown to be inter-generational in nature. Providing education and treatment to the families of program participants is therefore a vital preventive measure and helps reduce recidivism,” suggests Dr. Mackey. A resident’s family and community must be one that aids in the resident’s recovery, and offers few impediments or triggers. CEC’s Family Program aims to educate family members and friends of the program participant about the processes of addiction and recovery, and helps prepare them to deal with problems when they arise.

Throughout the program, CEC staff work to assist residents in setting up a successful transition, and confronting the areas of the transition plan that do not support recovery. Once released from a CEC program, graduates are encouraged to attend CEC’s monthly Alumni Association meetings. The Alumni

(continued on page 8)
People in the News

TLAP is pleased to announce that its Assistant Director, Laura Gatrell, MA, CEAP, has just received the “John P. Mulloy, Jr.”, Statewide Tennessee Employee Assistance Professional Counselor of the Year award which is given for “generous, dedicated service advancing professionalism to Employee Assistance Programs” in Tennessee.

Judge Sheila Murphy visited the Czech Republic in November and spoke about the work of the ABA Commission on Lawyer Assistance to members of the Czech and Slovakian Bar Associations and to law students. As a result of a meeting with Chief Justice Frantisek Duchon, of the Constitutional Court, judges who hear judicial discipline cases will now have access to information in American cases and treatment possibilities.


October 1, 2003: Michael’s House, The Treatment Center for Men, has appointed Mark Greenberg, M.A., as its new executive director for the 22-bed gender specific facility located in Palm Springs, California. Mr. Greenberg brings to the facility more than 29 years of experience working in the field of alcohol and other drug addiction treatment. He has also been a long supporter of CoLAP and a former member of the Advisory Commission.

Recidivism

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Association offers many resources and support services, including job skills and parenting classes to assist graduates of CEC’s programs.

Alumni organizations are run entirely by “graduated” residents and meet on a monthly basis in space provided by the facility. These meetings are also a potent treatment tool in that residents get to see, talk to, and experience others’ success stories, and feel the possibility of their own potential success. Alumni often act as mentors to residents. As mentors, alumni meet with residents and encourage them to set goals, find jobs, obtain social services, and housing. Ex-offenders who are no longer in the criminal justice system and have been successful in the community can become important role models in the lives of transitional offenders. The Alumni Resource Center also assists graduates in job training, finding jobs and housing, and continuing education endeavors such as applying for college grants and obtaining a GED.

Research Attests to Programs’ Success

Community Education Centers (CEC), in conjunction with Drexel University and Pennsylvania State University, designed an outcome project to evaluate the effectiveness of its programs in reducing recidivism. As part of the study, researchers compared recidivism rates of CEC residents with a New Jersey Department of Corrections (DOC) group and a sample from the latest Bureau of Justice Statistics (BJS) study. The findings indicated that the CEC sample (treatment group) had significantly lower rates of recidivism at one-year post-incarceration than either the DOC or BJS groups.

Compared with the DOC group, the CEC group a 27% lower rate of re-arrests, a 31% lower rate of re-convictions and at and a 28% lower rate of re-incarcerations. Further, the rate of violent offense re-arrests was one-third lower for the CEC group than for the national sample three years post-incarceration.