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Sober Curious: Questions We Can Ask Ourselves

By Douglas Querin

Many people today, lawyers included, are asking themselves about their use of alcohol. Do I drink too much? Do I have a dependency on alcohol? Should I consider stopping? What would this look like for me? Even people who generally drink moderately are asking similar questions about their alcohol use. I wonder what a sober lifestyle would be like for me? Do I really need alcohol in my life? Would I just plain feel better?

The last few years have given rise to the "sober curious" movement.¹ This has coincided with a growing health-conscious trend that includes mental health awareness and the rejection of traditional social norms that tie alcohol consumption to

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The OAAP is a confidential service of the Professional Liability Fund for all members of the Oregon legal community. success, fun, and relaxation. Events like "Dry January" and "Sober October" have become popular, providing participants with a temporary break from alcohol as a way to assess its role in their lives. Sober Curious communities, social media groups, and alcohol-free events have emerged to support this lifestyle shift.

This topic is also important within the Oregon legal community. Law schools have been incorporating substance use information in their curricula; law offices are questioning the frequency of alcohol use as a part of their professional, networking, and social functions; and legal organizations and associations throughout the state are reconsidering the role alcohol plays in the activities and events they sponsor and attend. The issue is likely here to stay.

The Sober Curious movement allows a person to explore the possibility of having an alternative to alcohol in their lives. Anyone considering reducing or eliminating alcohol use may find the following questions helpful as they clarify thoughts around their motivations, goals, and readiness for change:

> Why do I drink?

- Is it out of habit, social pressure, stress relief, or boredom?
- How do I feel before, during, and after drinking?
 - Do I experience regret, anxiety, or physical discomfort after drinking?
- What role does alcohol play in my social life?
 - Do I drink to fit in or because it's expected in my social circle?
- What role does alcohol play in my professional life?
 - Do I feel like I have to drink at work-related events?
- What are the potential benefits of reducing or eliminating alcohol from my life?
 - How might my physical health, mental clarity, or emotional stability improve?

Women's Trauma Support Group

Starting **Winter 2025**, the OAAP will facilitate a confidential support group for women who have experienced trauma, including volatile relationships or childhood trauma, and / or who have struggled with a loved one's compulsive behaviors. Topics will include the process of trauma, power and abuse, grounding and self-soothing, and healthy relationships.

OAAP Director Kyra Hazilla, JD, LCSW, and OAAP Attorney Counselor Associate Kirsten Blume, JD, MA Candidate, will be the group facilitators.

Please watch for more information on our website or a broadcast email.

- Has anyone important in my life suggested I quit or reduce my use of alcohol?
 - How have I typically responded?
- > How often do I drink without truly enjoying it?
 - Am I consuming alcohol just to participate, rather than out of genuine enjoyment?
- How does alcohol affect my productivity, mood, and energy levels?
 - Is alcohol hindering my work, relationships, or personal goals?
- Am I using alcohol as a coping mechanism for stress, anxiety, or sadness?
 - Could I explore healthier alternatives for emotional management?
- What do I hear from others regarding my drinking?
 - What does my spouse or partner say about my drinking?
 - How about my friends or colleagues?
- What am I hearing from others about their experiences living a life of sobriety?
 - What are the pros and cons?
- > Has my drinking ever gotten me into trouble?

"The 'Sober Curious' movement allows a person to explore the possibility of having an alternative to alcohol in their lives."

Do I feel pressured to drink in certain environments or with certain people?

- Would I feel comfortable declining alcohol in these settings?
- Am I curious about how my life might improve without alcohol?
 - What positive changes could occur if I cut back or stopped drinking entirely?
- Am I ready to explore new social activities that don't revolve around alcohol?
 - What hobbies or events might I enjoy more without alcohol being involved?
- What strategies can I use to resist social pressure to drink?
 - How can I prepare to say "no" confidently when offered a drink?
- Am I willing to address the emotional challenges that might arise without alcohol?
 - What support systems can I rely on or put in place? Friends? Groups? Therapy?

What nonalcoholic alternatives could I explore in social settings?

- Would I enjoy mocktails, sparkling water, or other options?
- How do I envision my social identity or relationships changing if I drink less or not at all?
 - Will I need to set new boundaries with people who encourage my drinking?
 - Will I need to establish new practices regarding the professional and social events I attend?

What's stopping me from trying a sober curious approach?

 Am I holding on to fear, doubt, or preconceived notions about sobriety?

While a sober lifestyle may not be for everyone, it might be worthwhile for some. For those considering such a change or exploring the possibilities, reflecting on these questions may provide clarity in the decision-making process.

Caveat: When a person is ready to reduce their alcohol intake, it's important to approach the

process thoughtfully, especially for those with a history of heavy drinking. Abruptly stopping alcohol consumption can lead to withdrawal symptoms, ranging from mild discomfort like anxiety and nausea to more serious symptoms such as seizures or hallucinations. Medical supervision is strongly recommended for heavy alcohol users to ensure the process is safe and managed properly.²

For those interested in exploring the role of alcohol in their lives or considering other options, the Oregon Attorney Assistance Program can be an invaluable resource. It is completely confidential, voluntary, and free to members of the Oregon legal community.

> - DOUGLAS S. QUERIN JD, LPC, CADC I Senior Attorney Counselor, OAAP



OTHER WORKS BY DOUG QUERIN AT OAAP.ORG

*in*Sight

- Is "Happy Lawyer" an Oxymoron? (Spring 2024)
- Social Connections: An Essential For Well-Being (Winter 2023)
- How Anxiety, Depression, Stress, Drinking Impact Lawyers (Spring 2023)

Thriving Today

- Moderation During the Holidays (December 15, 2023)
- There Is More (June 22, 2023)
- The OAAP: Providing Confidential Help for Over 40 Years (Summer 2023)

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"More research is needed to investigate whether or not mocktails help reduce the harmful effects of drinking for people with alcohol use disorder."

The Case for (and Against) "Mocktails"

By Bryan Welch

During this holiday season, thoughts are turning to celebrations both at work and with family, friends, and loved ones. For many, 'tis the season when it is hard not to overindulge with alcohol. In fact, this time of year can be so difficult for people who are trying to abstain from alcohol that the recovery community often refers to the period from Thanksgiving through Christmas and the New Year as the "Bermuda Triangle"—when some people disappear from recovery meetings because they have resorted to old behaviors and started drinking. Opportunities for legal professionals to drink during the holidays are more prevalent, and drinking is encouraged and even expected at many events. Of course, this cultural pressure presents challenges for people who are choosing to drink less or not at all.

The good news is that attitudes about alcohol use are starting to change. A recent Gallup poll¹ found that the percentage of adults who report abstinence from alcohol has increased since 2001, especially for people aged 18-34. In 2001, 28% of that cohort reported abstinence, compared with 42% in 2024. This age group is also more likely to view alcohol use as harmful. The shift appears to be a factor driving the surge in people using "mocktails" to help moderate their alcohol use or eliminate it entirely.

It stands to reason that replacing alcoholic drinks with nonalcoholic beverages should reduce alcohol consumption and, hopefully, the negative effects of drinking. However, this theory has never been studied or empirically confirmed. Recently, a team of researchers led by Dr. Molly Bowdring from Stanford University surveyed 2,500 people² to learn more about the relationship between mocktails³ and alcohol use, hoping to provide enough data to encourage more research.

Dr. Bowdring analyzed the responses of both people with alcohol use disorder (AUD) and those without. Of note, the authors found that people who either reported having an alcohol use disorder or screened as at risk for having AUD were more likely to drink mocktails in an attempt to modify their drinking behavior. While this group reported that their overall alcohol use declined, it was also true that drinking more nonalcoholic drinks correlated with higher scores on a common measure of "risky" drinking (measured by number of drinks consumed in one sitting and the number of days per week people drink). The survey suggests that more research is necessary to investigate whether or not mocktails help reduce the harmful effects of drinking for people with AUD.

Moreover, the authors note, because of the nature of alcohol use disorder, it is possible and even likely that mocktails could be "triggering" to people attempting to abstain or who are in recovery. The sound of ice in the glass, the type of glass, the feel and smell of a drink in the hand,



Find Support in Recovery

The OAAP provides three confidential recovery meetings per week for lawyers, judges, and law students who are interested in changing their relationship with alcohol, THC, opiates, stimulants, or other substances. Meetings are available both in person and by teleconference.

For more information, contact Bryan Welch at 503.226.1057 ext. 19, bryanw@oaap.org, or Doug Querin at 503.226.1057 ext. 12, douglasq@oaap.org.

maybe the particular room, or even the people nearby can all be strongly associated with the behavior of drinking and the *reward* of feeling intoxicated. After all, addiction (oversimplified, to be sure) is the result of an impairment of the brain's reward system-evolutionarily one of the oldest survival systems in the brain. It helps us identify and remember where the good food is so we can find it again. Our brain needs to remember which fork in the path we took to find the awesome berry bush because if we don't, we might not survive. Therefore, the brain has a system that records and remembers what was happening right before we got to the bush. Every time we go down that path, the association gets stronger. Eventually, we don't even have to think about it—we just go down the path to get the berries. The more it happens, the harder it is to deviate from the path, and the more strongly we want the berries. That's what "triggers" aresignposts telling us the reward is close at hand to make sure we go get it. In a brain with AUD, this trigger response happens over and over and over. Since an important part of recovery is extinguishing these strong associations, drinking mocktails may interfere with this process.

To be clear, there are many reasons to drink nonalcoholic beverages instead of alcohol. In the survey, wanting to quit or cut down on alcohol consumption was only the fifth mostoften cited reason for choosing a mocktail. The most common desire expressed was to eliminate short-term harmful effects such as hangovers, followed by concerns for overall

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health. Wanting to fit in socially when not drinking was important. People also cited medical, financial, and religious reasons. Mocktails may help people achieve those goals, at least among people for whom alcohol use is not problematic. However, people with alcohol use disorder who want to abstain from alcohol should consider avoiding mocktails altogether, at least while in early recovery and until there is more research.

> - BRYAN R. WELCH JD, CADC I, MA Candidate Attorney Counselor, OAAP



OTHER WORKS BY BRYAN WELCH AT OAAP.ORG

*in*Sight

- Canaries in the Coal Mine: Working Together to Reduce Burnout in the Legal Profession (Spring 2024)
- The Heartfelt Importance of Social Connection During the Holiday Season (Winter 2023)
- The OAAP: Providing Confidential Help for Over 40 Years (Summer 2023)

Thriving Today

- Savoring a Summer Shower (August 7, 2023)
- Flashing Lights and Guiding Lights— Lawyers and ADHD (March 15, 2021)

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- 3. For the purpose of their survey, Bowdring, et al. referred to nonalcoholic beverages (NABs) as beverages primarily designed to mimic alcoholic beverages—specifically, nonalcoholic beer and wine and zero-proof mocktails made with nonalcoholic substitutes for classic liquors. I use the term mocktails synonymously with NABs.

Finding Meaningful Work

The OAAP holds a periodic 6-session networking and support group for lawyers making job or career transitions called "Finding Meaningful Work." The sessions assist lawyers in creating a personalized job search plan, developing a mission statement and elevator pitch, learning and practicing networking skills, and honing job search skills.

The next group will start in **Winter 2025**. Sessions meet virtually through videoconference. To participate or for more information, please contact OAAP Attorney Counselor Associate Kirsten Blume, JD, MA Candidate, 503.226.1057 ext. 11, kirstenb@oaap.org.



"Law firms both large and small are uniquely positioned to provide support, structure, and resources for legal professionals practicing abstinence from alcohol."

How to Be an Ally for Nondrinkers

By Kyra Hazilla

Our legal community's relationship with alcohol in the profession is changing. Employers and staff are asking what they can do to support shifting the culture around drinking norms in our profession. The attorney counselors at the OAAP have published many articles about the research on attorneys and problem substance use in the *in*Sight over the years.¹ The most recent statistics from Bloomberg Law's 2024 Attorney Well-Being Report² reveal that 13% of lawyers do not drink. Another 25% reported drinking heavily in varying degrees. Lastly, 14% have increased their alcohol use over the past year. For organizations and individuals without a personal alcohol use concern, how can we support our colleagues?

Whether a person is in recovery, "sober curious," or simply a nondrinker for the myriad reasons individuals make that choice, law firms both large and small are uniquely positioned to provide support, structure, and resources for legal professionals practicing abstinence from alcohol. Individuals in the legal community can also become allies and play a vital role in fostering an inclusive environment for people choosing not to drink.

The ABA in conjunction with Hazelden/Betty Ford endeavored to study the challenges facing our profession through research on 13,000 attorneys across the U.S. In response to the results from that survey, the ABA created a National Task Force on Lawyer Well-Being in 2016 and released an oft-cited report the following year entitled, "The Path to Lawyer Well-Being: Practical Recommendations for Positive Change."³ The ABA has also developed a framework called the Well-Being pledge⁴ to guide firms in taking action to support attorney well-being. These resources identify the following areas for initiating change in the legal community:

Education

Legal employers need to educate everyone in their organization—attorneys and non-attorney staff alike—to reduce stigma surrounding substance use disorders. This effort includes training staff to recognize signs and symptoms of problematic substance use and how to engage in compassionate conversations on difficult subjects. Stigma and fear of negative professional repercussions have long posed a barrier to lawyers getting help for substance misuse and have resulted in lawyers feeling apprehensive about sharing their recovery stories. Making nondrinking and recovery an

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explicitly recognized organizational value serves all employees. The OAAP is readily available, as are other experts, to train your staff on awareness, signs and symptoms, combatting stigma, and having challenging conversations. Note: OAAP presentations often qualify for the mandatory Mental Health / Substance Use MCLE credit. You can also educate yourself through books and conversations with colleagues who have different relationships with alcohol than your own.

Workplace Culture

Create a healthy environment for nondrinkers, people in recovery, and those seeking help for substance use disorders. Limit drinkingbased work functions and offer appealing nonalcoholic alternatives. Many of us have been in situations where there is only one nonalcoholic alternative-and it's Coca-Cola. That communicates a lack of regard for individuals opting out of the drinking culture. Be aware that mocktails and nonalcoholic faux beverages can be triggering to some folks in recovery.⁵ Ask what people would like and provide choices. Take a hard look at drinking norms within your organization—firm-wide and within departments and teams, as well as in networking environments with clients and stakeholders. Individuals can also support this cultural shift by being a safe place to discuss concerns about drinking norms. Consider offering to be a sober ally to a colleague in recovery at any drinkingfocused networking or firm events.

Supportive Policies

Establish supportive workplace policies, including flexible schedules to allow for selfcare, meetings, therapy sessions, and treatment. Encourage everyone in your organization to use resources like the OAAP, workplace benefits such as an Employee Assistance Program (EAP), and insurance-provided mental health and treatment benefits. Offer confidential support wherever possible.

Looking for help with crafting a policy for your organization? The Institute for Well-Being in Law has a framework⁶ to get you started. Have more questions? Feel free to reach out to the OAAP for support. We provide resources for firms and individuals looking to change their approach to the legal community's drinking culture. - KYRA HAZILLA JD, LCSW, Director and Attorney Counselor, OAAP



OTHER WORKS BY KYRA HAZILLA AT OAAP.ORG

*in*Sight

- Voices of Well-Being in the Legal Community (Summer 2024)
- Well-Being Month in Law: Recapping 2024 (Summer 2024)
- Parental Burnout Primer for Legal Professionals (Spring 2024)
- Fostering Connection in a Lonely Profession (Winter 2023)
- Meaningful Connections at Work (Winter 2023)

Thriving Today

- Well-Being Week in Law: 2023 Preview (April 28, 2023)
- If You Aren't Feeling Buoyed by Resilience, Post-Traumatic Growth May Be on the Horizon (September 1, 2022)

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- 4. American Bar Association. "Well-Being Pledge." Available at www.americanbar.org/groups/lawyer_assistance/ well-being-in-the-legal-profession/well-being-pledgecampaign/.
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"Use person-first language, which focuses on the person—not their illness."

Words Matter: Preferred Language for Talking About Addiction

Addiction is a chronic but treatable medical condition. Often unintentionally, many people still talk about addiction in ways that are stigmatizing—meaning they use words that can portray someone with a substance use disorder (SUD) in a shameful or negative way and may prevent them from seeking treatment. With simple changes in language, harmful stigma and negativity around SUD can be reduced or avoided. Read on to learn more about what stigma is, how it affects people with SUD, and how you can help make a change.

Stigma and Addiction

What is stigma?

Stigma is discrimination against an identifiable group of people, a place, or a nation. Stigma about people with substance use disorders might include inaccurate or unfounded thoughts like they are: dangerous, incapable of managing treatment, or at fault for their condition.

Where does stigma come from?

Stigma around addiction may come from old and inaccurate ideas, or fear of things that are

different or misunderstood. Today, we know that addiction is a chronic, treatable medical condition. We also know that people can recover and continue to lead healthy lives.

How does it affect people with SUD?

Feeling stigmatized can make people with SUD less willing to seek treatment.

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Negative stereotypes about people with SUD can make others feel pity, fear, and even anger.

How can we make a change?

When talking to or about people with SUD, make sure to use words that aren't stigmatizing. See the table below for some helpful tips to get started.

- Use person-first language, which focuses on the person—not their illness. It focuses on removing words that define a person by their condition or have negative meanings. For example, "person with a substance use disorder" has a neutral tone and separates the person from his or her disorder.
- Let people choose how they are described. If you're not sure what words to use, just ask! Check in with friends or loved ones about how they refer to themselves and how they would like others to refer to them.

Mindfulness Group – Portland

Starting in **Spring 2025**, the OAAP will be forming a six-session group for lawyers who want to learn how to implement mindfulness-based practices in their lives.

The group will meet at the OAAP in downtown Portland and will be facilitated by OAAP Director and Attorney Counselor Kyra Hazilla, JD, LCSW. If you are interested in this group, or for more information, please contact Kyra at 503.226.1057 or 1.800.321.6227, ext. 13, or at kyrah@oaap.org.

Terms to use, terms to avoid, and why

The chart below can help you choose words to reduce stigma and use person-first language when talking about addiction.

Talking About Yourself or Others with Substance Use Disorder

Use	Instead of	Because
 Person with a substance use disorder Person with an opioid use disorder (OUD) or person with opioid addiction 	 Addict User Substance or drug abuser Junkie 	 Using person-first language acknowledges that SUD is an illness. Using these words shows that a person with a SUD "has" a problem/ illness, rather than "is" the problem.
 Person with alcohol use disorder Person who misuses alcohol/engages in unhealthy/hazardous alcohol use 	AlcoholicDrunk	 The terms avoid elicit negative associations, punitive attitudes, and individual blame.
 Person in recovery or long- term recovery/person who previously used drugs 	Former addictReformed addict	
 Testing positive (on a drug screen) 	DirtyFailing a drug test	 Use medically accurate terminology the same way it would be used for other medical conditions. These terms may increase a person's sense of hope and self-efficacy for change.

Talking About Using Substances

Use	Instead of	Because
Substance use disorderDrug addiction	• Habit	 "Habit" implies that a person is choosing to use substances or can choose to stop. This implication is inaccurate.
		 Describing SUD as a habit makes the illness seem less serious than it is.
 Use (for illicit drugs) Misuse (for prescription medications used other than prescribed) 	• Abuse	 The term "abuse" was found to have a high association with negative judgments and punishment.
		• Use outside of the parameters of how medications were prescribed is misuse.

Talking About Recovery and Treatment

Use	Instead of	Because
 Medication treatment for OUD Medications for OUD (MOUD) Opioid agonist therapy Pharmacotherapy Medication for a substance use disorder 	 Opioid substitution Replacement therapy Medication-assisted treatment (MAT) 	 It is a misconception that medications merely "substitute" one drug or "one addiction" for another. The term MAT implies that medication should have a supplemental or temporary role in treatment. Using "MOUD" aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics), as critical tools that are central to a patient's treatment plan.
 Being in remission or recovery Abstinent from drugs Not drinking or taking drugs Testing negative (on a drug screen) 	• Clean	• Use of medical terminology (the same way you would for other illnesses) can help reduce stigma.

Source: National Institute on Drug Abuse, www.nida.nih.gov.

Did You Know? The OAAP Offers Help for ...

- Problem substance use
- Recovery support
- Burnout and stress management
- Career transition and satisfaction
- Depression, anxiety, and other mental health issues
- Compulsive disorders including gambling, sex, and Internet addiction
- Procrastination
- Relationship issues
- Retirement planning
- Time management



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Career Resources from the OAAP

FINDING MEANINGFUL WORK

The OAAP holds a periodic 6-session networking and support group for lawyers making job or career transitions called "Finding Meaningful Work." The sessions assist lawyers in creating a personalized job search plan, developing a mission statement and elevator speech, learning and practicing networking skills, and honing job search skills. Presently, sessions meet virtually through videoconference. To participate or for more information about the next group, please contact OAAP Attorney Counselor Associate Kirsten Blume, JD, MA Candidate, 503.226.1057 ext 11, kirstenb@oaap.org.

CAREER SELF-ASSESSMENT

The OAAP attorney counselors can help you assess your career path and career opportunities. If you would like information about self-assessment, contact Senior Attorney Counselor Doug Querin, JD, LPC, CADC I, 503.226.1057 ext. 12, douglasq@oaap.org; Director Kyra Hazilla, JD, LCSW, ext. 13, kyrah@oaap.org; Attorney Counselor Bryan Welch, JD, CADC I, MA Candidate, ext. 19, bryanw@oaap.org; or Attorney Counselor Associate Kirsten Blume, JD, MA Candidate, ext 11, kirstenb@oaap.org.

OAAP LENDING LIBRARY

Did you know that the OAAP maintains a wide variety of books available for members of the Oregon legal community to borrow? We have titles on diverse topics such as career, stress, anxiety, burnout, relationships, mindfulness, recovery, and retirement that can help you thrive in law and in life. To learn more, call Jeanne Ulrich at 503.226.1057. We invite you to stop by and peruse our shelves!