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*OAAP Attorney
Counselor Michael
Sweeney Retires*
Page 1

*What Can You Do
with Your Law Degree?*
Page 4

*Who's Enjoying
Practicing Law?*
Page 6

*What to Expect in
Treatment*
Page 8

Relapse Warning Signs
Page 9

*Lawyers in Transition
Calendar*
Page 12

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WHAT TO EXPECT IN TREATMENT

More than ever before, the concept of “treatment” for chemical dependency is in the public eye. We hear about celebrities being sent to treatment – formerly called “rehab.” We watch chemically dependent individuals go through the intervention process on television, as family members desperately urge them to go to treatment. Although what we see on television may suggest a nice rest in a bucolic location – punctuated by long walks, gentle counseling, and friendly softball, this is far from the real picture.

Impact on the Legal Profession

The average law practitioner might wonder how chemical dependency treatment is relevant to him or her. Certain practice areas are consistently linked to clients struggling with issues of chemical dependency: domestic relations, bankruptcy, criminal law, debtor/creditor issues, and even personal injury and workers’ compensation cases. Forty-seven percent of workers’ comp accident cases are alcohol- or drug-related. Two-thirds of all domestic violence cases involve alcohol or drugs. Nationwide in the early 2000s, some 70% of those arrested tested positive for alcohol or drug use. Sadly, these issues are not limited to our clients but extend to our colleagues in the legal profession. Studies done more than 10 years ago in Arizona and Washington showed that 19% of licensed lawyers were addicted to alcohol, and 3% to cocaine or other drugs. At least one in five lawyers abuses alcohol or drugs. Some experts say that this is twice the rate of the general population; it deserves our attention and concern.

The basic goals of all treatment are the same: to provide individuals with a safe, sheltered environment – away from their chemical substances and addictive triggers; to break through the denial and defense mechanisms of their addiction; to educate them about the disease of addiction and thus reduce shame; to provide them with the skills to return to their jobs and families without relapse; and to introduce them to a support network that nurtures their recovery. Addiction-specific modes of treatment may vary somewhat depending on the substance being abused (gambling, eating disorders, sexual addiction, etc.) This article provides a general overview of addiction treatment.

Treatment versus Recovery

Treatment and recovery are not one and the same, even though treatment is a very important part of the recovery process. Completing a formal treatment component is not the end for anyone with an addiction, but rather the start of a lifelong process of recovery. The recovery process takes place over time and often in specific stages. It is more than abstinence – it is the door to a fully functioning, healthy life.

Determining the Need for Treatment

Generally, the individual is given a brief screening instrument that asks simple questions about patterns of alcohol and drug use. These questionnaires are short, easy to remember, and can be self-administered in a few minutes. The Tolerance-Annoyance scale, or T-ACE questionnaire, is widely regarded as the most effective screening instrument for alcohol use in both men and women. It asks only four questions: (1) How many drinks does it take to make you feel high? (2) Have people annoyed you by criticizing your drinking? (3)

Have you ever felt you ought to cut down on your drinking?
(4) Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

Affirmative answers to the final three questions each score one point. An answer of two or more for the first question scores two points. A score of two or more on this test generally indicates that the individual has a problem with alcohol.

If the screening is positive, the next step is a formal assessment. This should be administered by a certified alcohol and drug counselor, a doctor (or board-certified physician specializing in addictions), or a psychiatric nurse practitioner with an understanding of addictions. The American Society of Addiction Medicine (ASAM) has formulated guidelines to be used in determining the best treatment options for the individual. The ASAM PPC-2R (patient placement criteria) evaluates the person according to six possible dimensions: acute intoxication/withdrawal potential; biomedical conditions and complications; emotional, behavioral, or cognitive conditions and complications; the patient's readiness to change; potential for relapse, continued use, or continuing problem; and the patient's existing environment for recovery. The results aid the practitioner in determining the level and type of treatment that best matches the individual's needs and problems. A treatment recommendation using this scale is usually required by both the treatment center and the insurer providing coverage, if any.

Treatment Settings

Treatment centers offer a variety of settings: inpatient, hospital-based programs; short- and long-term residential programs; or outpatient programs. Most programs also provide a combination of therapies, such as pharmacological therapy to treat certain addictions; psychological therapy or counseling; education and social learning theories; and nontraditional healing methods such as meditation and acupuncture. Treatment plans may extend over weeks, months, or years, depending on the severity of the problems and level of structure needed to support an individual's recovery. In addition, concurrent medical disorders such as cirrhosis, HIV/AIDS, mental illness (especially depression), or serious physical incapacities must be addressed. Attendance at 12-step and other support groups may also

augment treatment or post-treatment recovery.

Lawyers in general are high-maintenance professionals with high-maintenance clients, and the suggestion that a lawyer enter a 30-day residential treatment program is often met with disbelief. "I can't be away from my office/cases/trial/clients that long," insist sole practitioners and lawyers in large firms alike. Here, the counselor usually explains that a diagnosis of addiction is much like that of any other health emergency. An attorney stricken with a heart attack or injured in a car accident might need long-term care, and arrangements would be made to inform clients and assign someone to look after open cases. Treating addiction is no different. The OAAP attorney counselors have much experience in coordinating emergency practice management.

What to Expect During Residential Treatment

The initial concern is to medically stabilize the patient, which may include a period of detoxification. Although the average person assumes that withdrawal from drugs is dangerous, many do not know that withdrawal from alcohol without medical supervision can be fatal. Detoxing clients are cared for in a closed medical unit, away from the general treatment population. After detox, the client receives a room assignment within the main population – men with men, women with women – and participates in a daily routine that includes chores, individual and group counseling, quiet time, meals, and group activities.

Many treatment facilities include a "family week," where spouses, children, parents, siblings, and so on can receive information about chemical dependence and recovery, and in some cases, begin the process of talking about existing conflicts in a safe, structured setting. Because relapse is common (although not inevitable), even for those who attend structured treatment, clients and family discuss vulnerabilities and receive a relapse prevention plan. Intervention is often possible because predictable and identifiable warning signs begin long before a person returns to using alcohol or drugs. (See the sidebar to this article on page 9, "Relapse Warning Signs.")

When a client is ready to leave the treatment center, he or she receives a final, personalized discharge plan that was created with the client's input and feedback. Based on the client's physical, psychological, and sociological needs,

the plan describes specific problem areas the client should watch for, as well as goals and specific steps for achieving those goals over a clear time frame. It also contains a section reaffirming the ways in which counselors, family members, and support groups can or will assist the client.

Unfortunately, costs for chemical dependency treatment have kept step with the health care industry as a whole, and it is an expensive commitment. Assessment counselors try to match the client's resources with affordable treatment options, adding what the client can pay to what insurance will cover (if applicable). A 30-day treatment program might vary from \$3,000 to \$30,000. Any balance remaining after insurance payments is the client's responsibility, and most centers will work with clients to come up with a realistic payment amount and schedule. The greatest challenge for family members trying to get help for a loved one is deciding how to pay for treatment that might be long term or require ongoing medical support. Although the expense is daunting, recovering clients and family members generally agree that the cost of treatment is worth it.

Treatment Works

The federal Drug Abuse Treatment Outcome Study (DATOS 2003) is the largest study of its type ever performed, having examined more than 10,000 addiction treatment clients, with follow-ups at one year and five years. A follow-up study showed a 50% reduction in overall drug use by those who had attended residential treatment, and a 61% reduction in criminal behavior, with stable results five years later. The government requires treatment centers obtaining state or federal funds through block grants or Medicare payments to use scientifically proven methods to ensure that the programs have a high cost-benefit ratio.

Treatment reunites families, saves lives, and restores damaged careers. In addition, impaired lawyers who receive treatment also save malpractice insurers the cost of malpractice claims and the state bar the cost of disciplinary complaints. In a 2001 study conducted by the OAAP, the annual malpractice claim rate of lawyers was four times higher before they were in recovery compared with after recovery. Their malpractice claim rate after recovery was lower than the average annual malpractice claim rate. Similarly, the annual discipline complaint rate of lawyers was four times higher before they were in recovery

compared with after their recovery. Their discipline complaint rate in recovery was also lower than the average annual discipline complaint rate.

Treatment yields undeniable benefits – not only for those who attend it, but for the system as a whole.

Meloney Crawford Chadwick,
OAAP Attorney Counselor

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