

IN SIGHT for Oregon Lawyers and Judges

IMPROVING THE QUALITY OF YOUR PERSONAL AND PROFESSIONAL LIFE

RELAPSE AFTER LONG-TERM SOBRIETY

Joe was a successful trial lawyer with an active practice in a small, well-respected firm. Colleagues, clients, and friends liked him and saw him as accomplished in every aspect of his life. Well known in his community, he served on the local school board, was active in his church, and directly worked on behalf of several charitable community organizations. His wife was a community leader; he had a daughter in law school and a son studying at an Ivy League college. He appeared to have the perfect life.

Only his wife and a few close friends remember the difficult days when Joe struggled with his alcoholism, but that was 24 years ago. Once he sought treatment and went to Alcoholics Anonymous (AA), his life turned around and he seemed unstoppable in his success – until the day so many years later when he was arrested for drunk driving, disorderly conduct, and resisting arrest. What happened to this life of recovery? Why did no one see it coming? What happened to the sobriety that gave Joe a good life?

Unfortunately, lawyer assistance programs confront this scenario more often than you might think. Every year or two, there is another story of a lawyer or judge who relapses to alcohol or drug addiction after long-term sobriety. With help, some get themselves back onto the road of recovery in spite of losses to reputation and to relationships. Unfortunately, some do not.

Relapse is the return to alcohol or drug use after an individual ac-

knowledges the presence of addictive disease, recognizes the need for total abstinence, and makes a decision to maintain sobriety with the assistance of a recovery program. According to a survey of members of AA, 75 percent experience a relapse during their first year of recovery. For those who are sober five years, the relapse rate drops to 7 percent. People who successfully complete a formal treatment program, such as a 28-day inpatient program or an intensive outpatient program, have significantly higher recovery rates than those who do not.

Relapse is not uncommon in early recovery because individuals are learning what changes they must make to live a sober life. The relapse can be a learning experience in how to develop better coping skills and get through difficult experiences without the use of alcohol or drugs. When relapse comes after many years of continuous sobriety, it is a clear indication that something is missing in the recovery, even if it appears intact to those who associate with the individual.

At any stage of life, heavy alcohol or drug use alters the brain. When people stop drinking or using drugs, the brain does not return to normal. But with treatment and AA, these people learn to manage the resulting symptoms. They remove shame and guilt by working the 12 steps of AA. They manage stress with prayer and meditation and by living life one day at a time. They reduce conflict by mending relationships. They make their lives better with rigorous honesty.

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When they need help, they turn to other people for support and encouragement.

Over time, the sober lifestyle becomes a way of life, and concerns about relapse fade. If these individuals are successful in the eyes of the world, it is easy for them to become complacent. They may become less rigorous about applying all the coping skills they developed when they first learned how to live a sober life. Then, when stress levels increase or conflicts arise, as they do even in normal lives, the altered brain remembers what used to take away those feelings immediately and effectively. So these individuals pick up the drink or the drug – and everyone wonders how this could have happened.

Individuals in recovery sometimes believe that they no longer need to focus on their recovery efforts; they are convinced they will never drink or use drugs again. When drinking is the furthest thing from someone's mind, then not drinking is no longer a conscious thought either. It can be dangerous to lose sight of the principles of recovery (honesty, openness, willingness) because everything is going well. More relapses occur when life appears to be going well than when it is not.

Addiction is cunning, baffling, and powerful – these words are taken directly from the “big book” of AA. This is never more evident than when someone whose life seems so good returns to a destructive lifestyle. Could it be that those who experience success on so many levels of their lives forget that their sobriety is the reason for the success that has come in recovery?

There are also those who relapse during times of extreme difficulty – the loss of a loved one, the onset of serious or debilitating illness, or the loss of a career that has been important both for financial reasons and for a sense of well-being. During difficult times, it is more important than ever for these individuals to focus on a recovery program of openness and honesty with themselves and with those who can help and support them.

In some cases, physicians prescribe pain medications following surgery or other health issues without knowing that the individual is in recovery. Although the use of addictive or mood-altering prescription drugs is sometimes necessary, it is important that the

recovering person and the physician communicate openly and work together to prevent drug abuse.

In this pharmaceutical era that constantly reminds us that there is a medication to help with any problem, taking a pill can seem quite normal. Medications that keep us from feeling physical or emotional pain, that help us relax, or that enable us to sleep can also lead to abuse and addictive use.

Major events come along in everyone's life and will challenge a lawyer's recovery even when there is a carefully thought-out relapse management plan. Although such events as illness, death, divorce or the end of a relationship, and loss of job are not unique to recovery, it is even more important that recovering lawyers learn to handle these situations so their sobriety is not threatened.

Relapse is a process, not an event. Many who relapse are not consciously aware of the warning signs even as they are occurring. Those who are successful in recovery learn to recognize their own particular warning signs and high-risk situations. They take a daily inventory of active warning signs and then proactively seek the right way to handle them. They learn to recognize the spiral that leads to relapse and set up intervention plans ahead of time that they can activate before they reach the point of taking a drink or a drug.

Warning signs of relapse change with more recovery. Some of the typical warning signs in early recovery may be denial of addiction, craving (physical and emotional), and euphoric recall (remembering only the positive experiences of previous alcohol and/or drug use). There is also the tendency to “awfulize” sobriety by focusing on the negative aspects of life without alcohol or drugs and failing to see the improvements that have come with abstinence.

In later recovery, warning signs are more likely to be dissatisfaction with life, inability to find balance in lifestyle, complacency, and a gradual buildup of stress and emotional pain. Lawyers in general often struggle with stress and finding lifestyle balance. So it is no surprise that recovering lawyers face these challenges in their recovery and can be vulnerable to relapse if

they do not constantly monitor and manage these aspects of their lives.

The danger of relapse is always present, even if the person in recovery has decades of sobriety. Those who are successful at maintaining their sobriety seem to be always mindful of the benefits that have come to them in recovery. Acknowledging those gifts on a daily basis and continuing to focus on a good recovery program, no matter how many years have passed, are

the surest ways to avoid relapse and maintain the good life of sobriety.

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MISTAKEN BELIEFS ABOUT RELAPSE

Mistaken Belief #1: Relapse comes on suddenly and without warning. The relapse process begins long before alcohol or drug use starts. The relapse process is often triggered by pain and discomfort experienced while sober.

Mistaken Belief #2: So long as you do not use alcohol or drugs, you are recovering. Abstinence is only a prerequisite to recovery. It is not recovery. Recovery is switching from a lifestyle centered around drinking and using to a lifestyle centered around healthy living.

Mistaken Belief #3: Relapse occurs because people drop out of treatment or stop going to AA meetings. Most people stop going to treatment or AA because they are already in the process of relapse. Discontinuing treatment and AA is often the result of the relapse process rather than the cause.

Mistaken Belief #4: Recovering persons will be consciously aware of the warning signs of relapse. Most people who relapse are not consciously aware of the warning signs as they are occurring. Only when they look back later can they see all of the things that were going on. This is often owing to lack of information or denial.

Mistaken Belief #5: Relapse can be avoided by willpower and self-discipline. Self-discipline and willpower alone will not prevent relapse. Relapse occurs because there is something missing in the recovery program. There are problems or conditions that are not being effectively managed or treated. There is something the person

needs to do, or needs to learn, or needs to learn to stop doing.

Mistaken Belief #6: People who relapse are not motivated to recover. Most people prone to relapse are motivated to get well. They try everything they know to find comfortable sobriety. Some cannot stay sober because they lack the knowledge of their personal relapse warning signs. Others recognize the warning signs but are powerless to control them once they develop.

Mistaken Belief #7: When people relapse, it means that they have not hit bottom yet and that they need more pain. Many people prone to relapse have hit bottom. They may make the decision to stop drinking, but a life of sobriety may be so intense that it can interfere with the ability to stay sober.

Mistaken Belief #8: Those who relapse over and over again are hopeless because they are "constitutionally incapable" of recovery. Those who relapse repeatedly are not incapable of recovery. They have just not learned how to prevent relapse. They can learn how to get better.

Mistaken Belief #9: Thinking about relapse will bring it about. Ignoring the possibility of relapse is more likely to bring it about. Those who acknowledge the possibility and think about how it is apt to occur can take action to prevent it.

Adapted from Mistaken Beliefs About Relapse by Terence T. Gorski and Merlene Miller (Independence, Missouri: Herald House/Independence Press, 1988).