

THE OREGON ATTORNEY ASSISTANCE PROGRAM  
PRESENTS

# CARING FOR SELF WHILE CARING FOR OTHERS

A NEW SERIES examining four challenging areas  
& effective ways of caring for yourself while taking  
care of others.

**WEEK THREE: UNHEALTHY BEHAVIORS AND  
SUBSTANCE USE IN THE FAMILY**  
MODERATED BY: BRYAN WELCH, JD, CADC I

FEBRUARY 11, 2019  
Time: 12:00 PM – 1:00 PM

World Trade Center, Mezzanine 5  
25 SW Salmon Street  
Portland, OR 97204

**January 28, 2019:** Cultivating Lawyer Well-Being  
Presenter:  
Doug Querin, JD, LPC, CADC I

**February 4, 2019:** Mindful Parenting  
Presenter:  
Kyra Hazilla, JD, LCSW

**February 11, 2019:** Unhealthy Behaviors and Substance Use  
in the Family – panel discussion  
Presenter:  
Bryan Welch, JD, CADC I

**February 25, 2019:** Aging Parents and Family Members  
Presenter: Lynne Coon, LPC



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**TO RSVP for one or more sessions:  
Jeanne Ulrich at [jeanneu@oaap.org](mailto:jeanneu@oaap.org).**

**For more information, please contact:  
Karen A. Neri  
(503) 226-1057 ext. 11 [karenn@oaap.org](mailto:karenn@oaap.org)**

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Oregon Attorney Assistance Program  
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Portland, OR 97204  
503.226.1057 [www.oaap.org](http://www.oaap.org)

# MCLE FORM 1: Recordkeeping Form (Do Not Return This Form to the Bar)

**Instructions:**

Pursuant to MCLE Rule 7.2, every active member shall maintain records of participation in **accredited** CLE activities. You may wish to use this form to record your CLE activities, attaching it to a copy of the program brochure or other information regarding the CLE activity.

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Name:		Bar Number:	
Sponsor of CLE Activity:			
Title of CLE Activity:		Program Number:	
Date:	Location:		
<input type="checkbox"/> <i>Activity has been accredited by the Oregon State Bar for the following credit:</i>  ___ General ___ Prof Resp-Ethics ___ Access to Justice ___ Abuse Reporting ___ Practical Skills ___ Pers. Mgmt/Bus. Dev.*	<input type="checkbox"/> <b>Full Credit.</b> <i>I attended the entire program and the total of authorized credits are:</i>  ___ General ___ Prof Resp-Ethics ___ Access to Justice ___ Abuse Reporting ___ Practical Skills ___ Pers. Mgmt/Bus. Dev.*	<input type="checkbox"/> <b>Partial Credit.</b> <i>I attended _____ hours of the program and am entitled to the following credits*:</i>  ___ General ___ Prof Resp-Ethics ___ Access to Justice ___ Abuse Reporting ___ Practical Skills ___ Pers. Mgmt/Bus. Dev.*	

**\*Credit Calculation:**

One (1) MCLE credit may be claimed for each sixty (60) minutes of actual participation. Do not include registration, introductions, business meetings and programs less than 30 minutes. MCLE credits may not be claimed for any activity that has not been accredited by the MCLE Administrator. If the program has not been accredited by the MCLE Administrator, you must submit a Group CLE Activity Accreditation application (See MCLE Form 2.)

**Caveat:**

If the actual program length is less than the credit hours approved, Bar members are responsible for making the appropriate adjustments in their compliance reports. Adjustments must also be made for late arrival, early departure or other periods of absence or non-participation.

\*Personal Management Assistance/Business Development. See MCLE Rule 5.12 and Regulation 5.300 for additional information regarding Category III activities. Maximum credit that may be claimed for Category III activities is 6.0 in a three-year reporting period and 3.0 in a short reporting period.



## **Caring For Self While Caring For Others: Unhealthy Behaviors and Substance Use In The Family**

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**Moderator:** Bryan R. Welch, JD, CADC I  
Attorney Counselor, Oregon Attorney Assistance Program

**Panelist:** Doug Querin, JD, LPC, CADC I  
Attorney Counselor, Oregon Attorney Assistance Program

**Panelist:** Claire Arthur,  
Lived Experience

**Panelist:** Kyra Hazilla, JD, LCSW  
Group Faciliator, Oregon Attorney Assistance Program

### ***During This Interactive Panel Discussion, Lawyers Who Attend This Presentation Will:***

- **Learn how substance use impacts the family, including:**
  - An introduction to family systems theory;
  - Exploring behaviors that family members might develop in response to another family member's substance use;
  - Learning how parental substance use specifically impacts children.
  
- **Explore how to help a loved-one access treatment for substance use disorders, including:**
  - Overcoming barriers to treatment;
  - Intervention;
  - Accessing treatment programs.
  
- **Learn how to support a family member in recovery, including:**
  - Using non-judgmental communication, genuine caring, healthy boundaries;
  - Practicing recovery as a process -- not an event.
  
- **Learn how to care for self and promote personal and family recovery, including:**
  - Self-Care: physical emotional, spiritual social;
  - Counseling and support groups;
  - Establishing and following consistent rules around the person's problematic behaviors;
  - Communication: dealing with anger, resentment, blame and expectations;
  - Rebalancing family roles.



OAAAP

June 2009

Issue No. 74

# *IN SIGHT* for Oregon Lawyers

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## SUBSTANCE ABUSE AS A FAMILY DISEASE

### Part I: Impact on the Family

The structural glue that binds families together, for better or worse, is the learned but largely unspoken rules that emerge over time. Spouses, partners, children, and others in the family unit learn to behave and often to think in ways expected of them according to established family rules. These rules play a vital role in providing predictability. For example: Are there family dinners? What topics are off limits for family discussion? How are disagreements resolved? Are displays of anger, sadness, and sorrow permissible? How are love, affection, and respect expressed, if at all?

Despite these rules, families are inevitably in a state of perpetual transition and evolution; they are living systems. Within this ever-changing environment, individuals hopefully learn healthy life skills, such as the ability to effectively communicate with others, form meaningful relationships beyond the family, effectively manage emotional needs, and cope with disappointment and loss. Understanding the family as a dynamic system, continually reshaping itself in response to events and circumstances, is vital to understanding how substance abuse impacts the family and how the family, often unknowingly, tends to respond in unhealthy and unproductive ways.

Substance abuse often occurs gradually, beginning as isolated or periodic episodes that progressively increase in frequency or intensity, not uncommonly over the course of many months or years. Like the proverbial frog in the pan of water that is unaware of its plight because the heat on the stove is being turned up very slowly,

family members experiencing the subtle and progressive effects of substance abuse by one of their own are often similarly unaware of the trouble that is brewing.

As the addicted family member is increasingly drawn to the use of his or her substance of choice, increasingly larger amounts of time and energy are devoted to seeking, using, or recuperating from the addictive substance. In a very real sense, *another relationship* – that between the addicted member and his or her drug of choice – has become part of the existing family system. The other family members may be vaguely aware that things have changed but are often unable to identify exactly what is happening. They only know that home is no longer a safe place; that tension and stress have replaced safety and predictability; and that the person they once knew is now chronically irritable, short-tempered, or too tired or disinterested to interact in a healthy way with the rest of the family.

### The Family's Response

In response to the changes, each member develops, often unconsciously, his or her own coping strategies that over time become an integral part of the emotional and behavioral fabric of the family. The non-substance-abusing spouse, partner, or children are often forced to ignore their own needs, as well as the needs of other members, as they seek, for example, to avoid confrontations with the addicted family member, to excuse or cover up the problematic behaviors of the substance abuser, or to deal with the financial consequences of substance abuse. Family rules

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that formerly provided safety and predictability are no longer working, and new rules gradually emerge. Supported by these new rules, family members both consciously and unconsciously develop new behaviors to adapt to and lessen the impact of the addiction. These rules and behaviors grow to eventually become a central organizing feature of the family system impaired by substance abuse.

Spouses and partners of the addict typically react in a variety of ways. They may:

- Take over chores or duties that were previously the responsibility of the addict;
- Try to hide and sometimes even deny the existence of a family addiction problem;
- Feel that everything in the family would be fine if only the addict would stop or control his or her use;
- Feel guilty or responsible in some way for the addiction problem;
- Develop feelings of resentment and anger toward the addict;
- Gradually withdraw socially and reduce contacts with friends and colleagues outside the family;
- Lose their sense of self-respect and self-worth.

Children with a substance-abusing parent are also affected by the unhealthy family dynamics. They may:

- Avoid activities with friends, especially in the family home, out of shame or fear;
- Stay away from the family home because of the unpredictability of the addict;
- Feel deprived of emotional and physical support;
- Develop negative ways of dealing with their own problems and of getting attention from parents and others;
- Feel torn between parents, feeling loyalty toward one and anger toward the other;
- Feel a diminished sense of self-worth as a valued member of the family;
- Experience confusion and a sense of loss of the person they once knew;
- Develop an inability to trust others.

When alcohol or other drugs are abused in a family, each member is affected in his or her own way. To some degree, however, each *will* invariably be affected and each *will*, in turn, affect others both in and outside the family. For example, the wife who has taken on added family and financial responsibilities due to her husband's substance abuse feels guilty about having to ignore the needs of her children, who are themselves showing signs of lack of parental attention; mom's drinking requires dad to leave work early so that their

## Substance Abuse – Additional Resources

### Readings:

- *It Will Never Happen To Me*. Black, C.A. (1987). Random House.
- *Growing Up Again: Parenting Ourselves, Parenting Our Children*. Clarke, J.I. (1998). Hazelden.
- *Another Chance: Hope and Health for the Alcoholic Family*. Cruse, S.W. (1989). Science and Behavior Books.
- *Facing Shame: Families In Recovery*. Fossum, M.A., & Mason, M.J. (1989). W.W. Norton & Co.
- *Beyond the Influence: Understanding and Defeating Alcoholism*. Ketchum, K., & Asbury, W.F. (2000). Bantam Books.

### Web sites:

- National Council on Alcoholism and Drug Dependence (NCADD): [www.ncadd.org](http://www.ncadd.org)
- National Institute on Alcohol Abuse and Alcoholism (NIAAA): [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- National Institute on Drug Abuse (NIDA): [www.nida.nih.gov](http://www.nida.nih.gov)
- Oregon Partnership: [www.orphnership.org](http://www.orphnership.org)

### OAAP:

- [www.oaap.org](http://www.oaap.org)
- 503-226-1057; 1-800-321-6227

child is safe at home after school; the family no longer invites friends over to the house for fear of embarrassing substance abuse incidents. Addiction in the family creates a complex network of unhealthy actions and reactions.

Successful recovery of the family means considerably more than mere abstinence by the substance-abusing member. For months and often years, the family challenged by substance abuse has been functioning in an unhealthy manner to accommodate the disease. Members will need to unlearn coping mechanisms that evolved to adapt to the disease and learn new healthy thinking patterns, emotional responses, and behaviors. The next issue of *In Sight* will discuss Part II of this series – how recovery for the family offers much-needed hope and healing when it addresses substance abuse as a family disease.

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## SUBSTANCE ABUSE AS A FAMILY DISEASE

### Part II: The Family in Recovery

When an addicted family member finally enters recovery, the rest of the family often breathes a collective sigh of relief. For months or years, they have likely experienced many emotional responses to the chaos of substance abuse – anger, fear, embarrassment, frustration, disappointment, and helplessness. With the addict’s sobriety, the family members sense that the nightmare is over, the painful feelings are in the past, and their loved one will rejoin the family as a fully participating member. At long last, the family can now return to normal.

Such hopeful anticipation is common, but it fails to consider that family dysfunction has become the norm during the period of substance abuse. The void created by removing the problematic substance is not automatically filled with healthy feelings and behaviors. Non-addicted spouses and partners may continue to experience lingering resentments, find it difficult to engage in conversation, and feel uneasy about reestablishing a close relationship with their newly recovered family member. Children may have found alternatives to home as a place of safety, continue to suffer from the previous absence of parental involvement, or simply have grown up and lost the opportunity to experience the presence of a parent kept unengaged by substance abuse.

Families need to recognize that recovery is a process, not an event. The family’s working dynamics, previously skewed by substance abuse, will essentially need to be dismantled and reconstructed. Achieving sobriety is the first step – a courageous act to be regarded with gratitude, respect,

and acceptance of the addiction as a disease. All family members who are willing to become involved must then commit to maintaining an ongoing recovery lifestyle, which requires leaving behind old, unhealthy patterns of relating to each other. Recovery requires respect for the interests and rights of other family members, willingness to explore new ways of interacting as a family unit, and communicating legitimate needs without fear of rejection or ridicule. Each family will experience its own pace of recovery.

### Early Recovery

By the time the substance-abusing family member first gets into recovery, the family has often existed in a state of denial about the addiction for some years. They have unwittingly created an illusion that all is well, or at least tolerable, and that they are a functioning family, if not a particularly happy one. Family members have often expended significant energy trying to ignore the elephant in the room, when possible, and work around it when necessary.

Personal self-care is a frequent casualty of substance abuse for both the substance abuser and the family. Given the attention paid to the substance abuser, other family members often ignore their own physical, social, and emotional needs. Attending to one’s self may seem to jeopardize the person’s role as protector or may feel self-indulgent. Similarly, poor lifestyle practices by the substance abuser are often difficult habits to break.

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Healthy, effective communication also usually suffers with substance abuse. During early recovery, family members may find it difficult to express their feelings or constructively address normal tensions. Family interaction, previously characterized by either strained silence or heated arguments and accusations, can be challenging. The threat of relapse and a return to the chaos of the past is an ever-present and often unspoken fear that creates an uncertainty and tentativeness in how family members deal with each other.

The primary task of early recovery is for each willing family member to individually heal from the past and develop the skills to enhance his or her own well-being. Family members now need to attend to their own individual growth – to become reacquainted with themselves and their own needs. Without developing healthy self-care and communication practices in the early stages of recovery, family members will find it more difficult to address the inevitable recovery challenges they will face in the future.

Individual therapy, 12-Step or other recovery support meetings, professional association programs such as the Oregon Attorney Assistance Program, and the extensive alcohol and addiction literature available are among the vital resources that family members in the early recovery process should look to for much needed information and support. These resources will aid the family in:

- Learning about and accepting alcoholism and addiction as a disease;
- Understanding the impact of alcoholism and addiction on the family system;
- Learning to accept responsibility for one's own actions and feelings;
- Developing a support network of others with similar experiences;
- Learning coping skills to address life issues without alcohol or drugs; and
- Learning to ask for help.

During the typical one- to two-year period of early recovery, family members must each seek the personal knowledge, healthy behaviors, and support system that will sustain them in the future stages of recovery.

## Middle Recovery

During early recovery, committed family members focus their energies on their own personal growth, hopefully learning that they do not have the power to change others; it is only their own thoughts, feelings, and behaviors they can control. They learn that recovery for the family begins with recovery for the family members. Capitalizing on these and other awarenesses, the primary tasks of the middle stages of recovery are:

- Developing the ability to openly discuss past hurts and grievances;
- Developing a willingness and ability to share concerns and fears about recovery;
- Learning to recognize and respectfully communicate individual needs;
- Developing sensitivity to the impact of one's actions on others;
- Learning to respect the recovery needs of other family members;
- Developing a positive vision of a life in recovery; and
- Continuing to develop resources that support willing family members.

The overarching goal of middle recovery is for family members to progressively integrate healthy change into each of their lives, building a foundation for change within the entire family system. There will, of course, continue to be periodic individual and family tensions and disruptions, some related to recovery and some not. Using the new tools and skills acquired, families in recovery will be able to meet and manage life's challenges without reverting to old unhealthy behaviors and unproductive emotional responses.

## Ongoing Recovery

Following the middle stage of recovery, the family will likely have established a reasonably stable environment in which ongoing recovery is the norm. Family members individually and collectively will by now hopefully view themselves as genuinely in recovery. They are creating a new legacy of sobriety and family recovery that includes new relationships, new patterns



of communication, and new skills allowing for open discussion about hurts from the past and hopes for the future. The tasks of ongoing recovery include:

- Understanding and respecting the power of addiction;
- Recognizing individual and family recovery as a lifelong process;
- Appreciating the need to focus on one's own recovery, rather than that of others;
- Having the courage and willingness to let go of resentments; and
- Maintaining a consistent commitment to physical and emotional self-care.

When families commit to recovery and fully engage in the ongoing process, they are richly rewarded with an enhanced health and vitality that allows them to experience a new beginning and ultimately the successful restoration of their family.

### **Additional Notes About Recovery**

One of the greatest challenges for families in recovery is to avoid the temptation to blame all problems on the addicted family member; the inclination is to believe that once he or she is sober, these problems will suddenly vanish. Rarely is this the case. Removing the addictive substance alone will not magically correct the dysfunctional behavior patterns of either the addict or the family. Recovery requires the commitment and involvement of each of those within the family willing to participate.

The principles of recovery apply regardless of the participation of the addict. If the substance-abusing family member refuses to abstain from using, the other family members can nevertheless move forward in their individual recovery efforts. Therapy, support groups (e.g., Al-Anon), and relevant literature are available resources and need to be accessed. To the extent possible, family members should establish explicit boundaries and rules making clear what behaviors will and will not be tolerated from the non-recovering addict. These actions should be taken not as retaliation, but instead as the family's legitimate concern for the health and well-being of its members.

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## Substance Abuse Part II – Additional Resources

Numerous resources are available to assist individuals and families in meeting the challenges of alcoholism and addiction.

### Books:

- *Everything Changes: Help for Families of Newly Recovering Addicts*. Conyers, B. (2009). Hazelden.
- *Codependent No More: How to Stop Controlling Others and Start Caring for Yourself*. Beattie, M. (1996). Hazelden.
- *The Courage to Change*. Wholey, D. (1984). Grand Central Publishing.
- *Broken: My Story of Addiction and Redemption*. Moyers, W.C. (2006). Penguin Group.
- *Passages Through Recovery: An Action Plan for Preventing Relapse*. Gorski, T.T. (1997). HCI.
- *Facing Codependence: What It Is, Where It Comes From, How It Sabotages Our Lives*. Mellody, P. (1989). HarperCollins.

### Web sites:

- 12 Step Programs: [www.12step.com](http://www.12step.com)
- Al-Anon/Alateen: [www.al-anon.alateen.org](http://www.al-anon.alateen.org)
- Alcoholics Anonymous: [www.aa.org](http://www.aa.org)
- Marijuana Anonymous: [www.marijuana-anonymous.org](http://www.marijuana-anonymous.org)
- Nar-Anon: [www.nar-anon.org](http://www.nar-anon.org)
- Narcotics Anonymous: [www.na.org](http://www.na.org)
- National Association for Children of Alcoholics (NACoA): [www.nacoa.net](http://www.nacoa.net)
- Rational Recovery: [www.rational.org](http://www.rational.org)
- Women for Sobriety: [www.womenforsobriety.org](http://www.womenforsobriety.org)

## Helping a Colleague in Recovery

*“I’ve known Jim for some years and know he’s in early recovery. I’d like to be supportive, but I don’t want to say the wrong thing. Maybe I should just say nothing and pretend like I don’t even know that he is in recovery. Anyway, I’m no expert in drug and alcohol recovery and maybe I should just leave these conversations to professionals or close friends and family. But, like me, Jim’s a lawyer, a professional colleague. I’d like to be supportive and maybe I could be of some help.”*

We are often perplexed when we want to support a colleague in recovery from problematic substance use because we don’t know how. There is no simple formula for what to say or how to say it. Every situation is different and, for every recommendation, there are usually exceptions. Let’s start, however, with some general principles that can be helpful to keep in mind.

- People in recovery, especially early recovery, differ in their degree of comfort in talking about it. Some may be very open about their recovery, while others may be more reticent. Certainly, if the person in recovery openly comments about it, they would probably appreciate an offer of support. If the person seems reluctant to talk about or disclose his or her recovery, use discretion. Offering support or assistance in this case, while still perhaps helpful, should be more measured and carefully timed to avoid embarrassment or triggering feelings of shame or guilt.
- People in early recovery are generally much more in need of the support of well-intended others than those in healthy long-term recovery. The latter group has generally managed to develop and take advantage of a supportive community. The former group probably has not. An exception is when the person in long-term recovery has relapsed and is now struggling to regain what is lost. This person is, practically speaking, not unlike the early recovery person; offers of support can be equally valuable to this person.
- You do not have to be a medical professional, professional therapist, or drug and alcohol expert to offer support to those in early recovery – any more than you need to be an expert in chronic medical conditions to be a supportive resource for someone struggling with those conditions.

Three fundamental tools for effectively helping a colleague in recovery include (1) nonjudgmental communication, (2) genuine caring, and (3) healthy boundaries.

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**NONJUDGMENTAL COMMUNICATION.** The primary purpose of offers of support is not to advise, persuade, or convince, but simply to convey concern and availability in a clear, simple, and sincere manner. Some examples:

*Heather, I really respect what you are doing in your recovery efforts. If there is anything I can do to help you, please let me know.*

*Bob, while I don't know much about recovery issues and certainly am no expert, please know that I am available to you if you ever want to have coffee and just talk.*

*Jerry, I've had my own challenges with substances in the past. If you ever want to just talk sometime about your recovery, please feel free to let me know. I know it can be difficult at times.*

Listening is an essential part of good communication. Often, we can be most helpful by just listening nonjudgmentally. The colleague in recovery has likely received an abundance of advice, both solicited and otherwise. If the person wants advice, it may be best to wait for him/her to ask for it. Effective listening requires truly focused attention and demonstrated interest in what is being said, the absence of distraction, acknowledgement of the message, awareness of the emotions that may be behind what is being said, reflective feedback (e.g., What I'm hearing you say is . . .), and appropriate questions (e.g., That sounds really challenging. How are you doing with that?). In this context, effective listening says: I care about how you are doing and am available for you.

**GENUINE CARING.** Offering to be of assistance can depend in part on the parties' prior relationship. If there has been no previous relationship or personal contact, it may be not only awkward but counterproductive to suddenly express interest in a colleague's well-being. However, there are two im-

portant exceptions. If the colleague in early recovery has few, if any, significant social connections (e.g., no immediate or extended family, living alone, few friends, and/or absence from 12-step or community support meetings), his/her success in recovery may be problematic. In this instance, it may be especially helpful to reach out to this colleague in a supportive way (e.g., *Nancy, I'm aware we don't know each other well, but I understand you are in early recovery. I know recovery can be challenging. I just wanted you to know that if I can ever be of any help or you would like to have coffee and talk sometime, please know that I'm available.*).

The second exception is when the person offering help is in longer-term recovery. This fact often transcends the lack of prior relationship. It represents a unique connection that can be especially helpful to someone in early recovery (e.g., *Bob, I know we don't know each other well, but I heard you are in early recovery. I'm in recovery, too, and have been for some years. If you'd like to have coffee sometime, I'd enjoy it very much. Or, maybe we could go to a meeting together. I know some really great meetings.*).

Regardless of prior relationship, sincerely wanting to help is essential to offering meaningful assistance. Often it means no more than being a supportive friend or someone to turn to so the common challenges of recovery can be lessened by simply having someone available to talk with.

**HEALTHY BOUNDARIES.** There are many things one can do to support a colleague in early recovery, including:

- Be available to just talk, listen, and be present (often this is the most valuable support that can be offered);
- Be supportive and encouraging;

## 31ST ANNUAL DINNER FOR LAWYERS AND JUDGES IN RECOVERY

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- Be appropriately curious and interested in what your colleague is experiencing in recovery;
- Have coffee with your colleague;
- Help with transportation (e.g., doctor appointment, support meeting);
- Include your colleague in healthy social events;
- Help your colleague reintegrate into work and social environments;
- Introduce the person to other colleagues;
- Introduce the person to others known to be in recovery;
- Be willing to share one's own recovery story;
- Be sensitive to the fact that your colleague may have shame, guilt, and/or embarrassment surrounding recovery issues;
- Learn about addiction and recovery issues; and
- Remind your colleague about the Oregon Attorney Assistance Program (OAAP). OAAP attorney counselors provide confidential, voluntary, and free resources to all Oregon attorneys, judges, and law students. The OAAP makes available four recovery meetings every week to our legal community, both those new to recovery and those who have been in long-term recovery. Visit [www.oaap.org](http://www.oaap.org) or call 503-226-1057.

A major challenge when helping a colleague in early recovery is seeking to be a helpful resource without being an unhealthy enabler. As a general rule, it is wiser to help your colleague resolve financial issues than to lend money; help find housing rather than offer your own house; help find legal resources rather than represent him/her; help think through employment and/or relationship difficulties rather than personally intervene. Again, there is no fixed formula. Each situation is different, and there can certainly be exceptions.

The personal and professional consequences of problematic substance use can be extensive; the person needing help may face major life challenges, especially in early recovery. For those in the legal community wanting to be supportive, the natural instinct as problem solvers and advocates can often be to put on our lawyer hats and jump into the fray. What your colleague in early recovery needs most is not unhealthy enabling, but rather to learn for oneself to deal with life's difficulties without resorting to

unhealthy substance use. This is exactly why having personal connection with others is so essential – to let your colleague know there are others who truly care and, within healthy boundaries, are present and available to help navigate life's challenges without drugs or alcohol.

Keep in mind these additional healthy boundary considerations.

- Use discretion in sharing with others the conversations and information learned from a colleague in recovery. The colleague's willingness to accept help generally presumes confidentiality in the relationship.
- The best way to find out how to help a colleague is to ask; get clarity about exactly what kind of help is being requested.
- Be clear about what assistance you are willing and prepared to provide. If the help sought is beyond your ability or, on reflection, would not be appropriate under the circumstances, respectfully decline.
- When you offer assistance to a colleague, it is important to follow through. For example, if you promise to call the person on a certain day, keep the promise. Dependability and reliability are essential to maintaining the helpful relationship.
- Remember that the ultimate responsibility for maintaining healthy recovery belongs to the recovering colleague. It is not the responsibility of others – spouses, friends, or colleagues. This is a fundamental tenet of recovery. Well-meaning others can be immensely valuable and make the process easier, but success or failure rests with the recovering person.

Healthy social connections are a vital part of successful recovery and help to lessen the stigma that is often attached to chronic substance use. And, importantly, social connections facilitate the transition from an unhealthy lifestyle to a healthy one. Well-intentioned offers to assist a colleague let that person know that others care and are available. With assistance based on nonjudgmental communication, genuine caring, and healthy boundaries, the colleague in early recovery is best positioned to achieve success in that person's recovery efforts.

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