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TIMELY TOPICS

SEPTEMBER 2009 Newsletter

Women and Relapse

By Suzanne Boylston Cusack, C.A.C

Self-Esteem

There is initially one common thread connecting chemically dependent women in treatment—guilt and shame over addiction in general and specifically over their “unladylike” actions while drinking or using other drugs. Most women find it easy to voice the fact that chemical addiction is an illness but have a very difficult time truly believing it in their hearts and minds. No matter what the American Medical Association says or what the best treatment center or counselor tells them, they feel deep inside that it was not “ladylike” to have acted and lived as they did.

Recovery is not easy for the young woman who was the victim of incest at age of fourteen, gave up a child for adoption at age sixteen, and supported herself as a prostitute until age twenty-one. How does she convince herself in a few weeks, or even months, she was “just sick,” and all is forgiven now? How does she raise her self-esteem and begin to command respect from the opposite sex? How does the recovering woman, married thirty years, accept the fact that her drinking husband may be sicker than she, and that his sickness as well as her own causes him to “set her up” to drink? When she tries to stay sober, what will he do? When she relapses, how much more difficult is it for her to find any hope?

Even if and when a woman manages to accept and deal with her addiction and forgive herself, she often runs in to the problem of her family’s lack of acceptance. They are ready to let her assume the guilt and remind her of her unacceptable behavior. Her family has a difficult time seeing her as a sick person with an addiction who can change and get well. I find this far more true with the female of any age than with the male. Men usually find that parents, spouses, girlfriends, boyfriends, or children forgive them once they show remorse.

The more relapses a woman suffers, the less support she receives. Most of the 26- to 30-year-old women who come to me with a history of three to five relapses have very little family involvement in their recovery. Children are usually with the ex-husband or parents. Parents have given up. No one wants these patients, and they are prime targets for “male dependency addiction,” which perpetuates their sickness and low self-esteem. Once a woman begins the relapse syndrome, regardless of her age, it appears she has very little hope of recovering unless she can be given the opportunity of a great deal of time in a controlled environment and with an extremely solid support system for aftercare.

Let us look at why relapse can be more dangerous to women than men, based on findings quoted in *Understanding Alcohol Understanding* by Jean Kinney and Gwen Leaton. Alcohol generally has a more debilitating effect on women than men simply because of the female’s hormonal makeup and overall metabolism. Women and men differ in relative amounts of body fat and water. Women have a higher proportion of fat and a lower amount of water, and alcohol is *not* fat soluble. So, a woman and man drinking the same amount of alcohol will have different blood alcohol levels. Hers will be higher because she has less water in which to dilute alcohol. The female will retain it for longer periods of time than the male. While the alcohol is in her system, the blood is constantly carrying it to all the vital organs in her body where it is not metabolized as quickly as with a man. Consider the women who have relapsed at least two and three times. Is it any wonder why, at age thirty, physical damage could be equated to that of a man ten years or more her senior?

Now that we have covered actual metabolic differences and determined the need to reexamine our treatment of women in relapse, let us go a step further and discuss another common thread running through almost every story—lack of support systems.



Lack of Support Systems

One of the most significant and prevalent differences in women who relapse, as compared to men, is their lack of support from family members or significant others. In my experience in working with relapsing females, I have rarely found a case where this is not true. Even in those cases where an apparent support system exists, it frequently exists for appearances only.

By comparison, it is not as difficult for a relapsing male to retain his support system. He may receive counseling through an employee assistance program, for example. He may also find it easier to gain support from his wife or significant other than a woman would gain from others. Parents are often more willing to overlook what their son has done in the past, seeing his escapades as part of a male growing-up phase. In contrast, while mothers are frequently the most supportive of a relapsing daughter, they find it difficult to accept inappropriate behavior caused by drug use.

This lack of understanding is evidenced in the difficulty of getting a female's family involved in her recovery program. They tend to withdraw rather than face the pain, rejection, and disappointment again. I have to call and insist, in most, that a parent, spouse, or child visit and get involved in family counseling.

Considering the double standard and lack of support, what can a woman expect when she goes home from a relapse? Let's look first at some problems according to age groups:

A retuning teenager often faces angry, fearful parents who may drink alcohol and use other drugs themselves, or to a single-parent home in which there may be little or no supervision. She may also return to her peer group, most of whom are into drugs and sex, and have little to look forward to.

A 25- to 40-year-old may return home to a jealous husband who will resent her going out to meetings where she may meet other men. He may claim, "At least when she drank or used cocaine, she stayed home." If she has young children, she will have to maintain the household, perhaps hold a job outside the home in order to help pay bills, cook and clean, and somehow time for meetings and herself.

A 40- to 60-year-old can be single, married, widowed, and divorced, sometimes with a "living-in" arrangement with either a male or female. Women often try, out of guilt, to "make up" for lost time and often overdo it at home, thus setting themselves up for further relapse.

The 60-year-old (or older) female is often characterized by "delayed drinking" or early senility. Delayed drinkers may not have started drinking until they were 40 or 50 years old, and they experience strong denial because they did enjoy years of controlled drinking. When they return home too soon, they have little to stimulate them. If they live in housing for the elderly, their children often leave them there to fend for themselves. Drinking in these situations is sometimes an accepted way of life and anyone living in that environment is a prime target to relapse.

In summary, we advocate that women need more time than men before and after relapse. We also believe many relapses could be prevented if both women and their families would recognize they will need more time and be patient about it. How much time? We don't want to be behold to a definite amount, but certainly a minimum of four to five weeks. Beyond that it should be determined by the individual, her counselor, and the extenuating circumstances.

Helpful Websites

Alcoholic Anonymous: www.alcoholics-anonymous.org
Narcotics Anonymous: www.na.org
Al-Anon/Alateen: www.al-anon.alateen.org
Women for Sobriety: www.womenforsobriety.com
Co-Dependents Anonymous: www.codependents.org
ABA Commission on Lawyer Assistance Programs:
www.abanet.org/legalservices/colap.home.html

WOMEN AND THE EFFECTS OF ALCOHOL

Women at Higher Risks for Serious Medical Consequences

By Buddy T, About.com

Updated: July 18, 2008

Women have higher risk than men for certain serious medical consequences of alcohol use, including liver, brain and heart damage, according to the National Institute on Alcohol Abuse and Alcoholism. A recent NIAAA [Alcohol Alert](#) reports that women achieve higher concentrations of alcohol in the blood and become more impaired than men after drinking equivalent amounts of alcohol. They are more susceptible than men to alcohol-related organ damage and to trauma resulting from traffic crashes and interpersonal violence.

Alcohol and Gender Differences

"We know that some of this risk is due to gender differences in metabolism; it also could quite possibly be due to gender-related differences in brain chemistry, in genetic risk factors, or to entirely different factors that are currently unknown," said NIAAA Director Enoch Gordis, M.D.

Women absorb and metabolize alcohol differently than men. Women generally achieve higher concentrations of alcohol in the blood after drinking equivalent amounts of alcohol.

Multiple Factors

The following are some of the areas in which women experience more effects than men who drink alcohol at the same rate as women:

[Liver Damage](#) -- Compared with men, women develop alcohol-induced liver disease over a shorter period of time and after consuming less alcohol. Women are also more likely than men to develop alcoholic hepatitis and to die from cirrhosis.

[Brain Damage](#) -- Women may be more vulnerable than men to alcohol-induced brain damage. Using MRI, researchers found that a brain region involved in coordinating multiple brain functions was significantly smaller among alcoholic women compared with both nonalcoholic women and alcoholic men.

A study in the May 2005 issue of *Alcoholism: Clinical & Experimental Research* addresses this gap in research, using computed tomography (CT) to examine brain atrophy in the brains of alcoholic men and women. The findings support and build upon a prior hypothesis that women develop alcohol-related brain damage more readily than men. "Telescoping" is a term that refers to the later onset and possibly accelerated negative effects that chronic alcohol consumption may have on the brain's structural and functional systems in women.

"Epidemiological studies have demonstrated gender differences in alcohol-consumption behavior and the course of alcohol dependence," said Karl Mann, full professor in the department for addictive behavior and addiction medicine at the University of Heidelberg and first author of the study. "Women typically start to drink later in life, consume less per occasion and are, in general, less likely to develop alcohol dependence. One could reason that women are less affected by alcohol. But there is, in fact, evidence for a faster progression of the developmental events leading to dependence among female alcoholics and an earlier onset of adverse consequences of alcoholism. This suggests that women may be more vulnerable to chronic alcohol consumption."

For this study, researchers examined 158 subjects: 76 women (42 patients, 34 healthy "controls"), and 82 age-matched men (34 patients, 48 healthy "controls"). All of the alcoholics were recruited from a six-week inpatient treatment program, and met Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition and International Classification of Diseases 10 criteria for alcohol dependence. Control subjects were recruited by advertisement. CT scans were performed twice among the patients – at the beginning and end of their six-week program – and once among the controls. Results confirm gender-specific differences in the onset of alcohol dependence. "We were able to confirm the telescoping course of alcohol dependence in women," said Mann, "meaning faster progression of the developmental events leading to dependence among female alcoholics and an earlier onset of adverse consequences."

Results also show that brain atrophy seems to develop faster in women. "We confirmed greater brain atrophy in alcoholic women and men compared to healthy controls," said Mann. "Furthermore, the women developed equal brain-volume reductions as the men after a significantly shorter period of alcohol dependence than the men. These results corroborate previous studies that have found other gender-related consequences of alcohol, such as cognitive deficits, alcoholic cardiomyopathy, myopathy of skeletal muscle, and alcoholic liver disease - all of which occur earlier in women than in men despite a significantly shorter exposure to alcohol." "The higher depression index in alcoholic women than men was also of interest," added Edith Sullivan, a professor in the department of psychiatry and behavioral sciences at Stanford University School of Medicine, "and may actually serve as a useful trigger to family members that 'something is wrong' with the affected individual.

The good news is that abstinence seems to partially reverse the brain atrophy, for both genders.

"Because of the 'telescoping' effect," said Mann, "early diagnosis and early prevention are even more important for women with alcohol problems than for men. Despite the fact that men, in general, drink more alcohol and are more likely to develop alcohol dependence, it is those women who consume alcohol who probably develop alcohol dependence and adverse consequences more readily than men."

Heart Disease -- Among heavier drinkers, research shows similar rates of alcohol-associated heart muscle disease (cardiomyopathy) for both men and women, despite women's 60 percent lower lifetime alcohol use.

Breast Cancer -- Many studies report that moderate to heavy alcohol consumption increases the risk for breast cancer, although one recent study found no increased breast cancer risk associated with consumption of up to one drink per day, the maximum drinking level reported by most women.

Traffic Crashes -- Although women are less likely than men to drive after drinking and to be involved in fatal alcohol-related crashes, women have a higher relative risk of driver fatality than men at similar blood alcohol concentrations. Laboratory studies of the effects of alcohol on responding to visual cues and other tasks suggest that there may be gender differences in how alcohol affects the performance of driving tasks.

More Research Needed

Researchers are currently attempting to identify gender-specific genetic factors whose interactions might contribute to differential sensitivity to alcohol's effects. "The alcohol research field has begun to recognize the importance of understanding gender differences in how alcohol is used, in the consequences of alcohol use, and in the development of alcohol dependence," said Dr. Gordis. "The more science can tell us about gender-related aspects of alcohol-related problems -- not only what they are but why -- the better job we will be able to do to prevent and treat those problems in all populations" he said.

Only a concerned person can help an alcoholic or drug abuser.

If you care, You're one of them



If you have a friend in the legal profession, a lawyer or a judge, who's in danger because of alcohol or drug abuse, you don't have an alternative. You're involved. And that's hard.

Because what truly helps isn't sympathy. You have to be firm. And tough. And now there's help for you—and your friend.

Call 1-877-LHL-INVA. Lawyers Helping Lawyers is a confidential program to assist those in the legal profession with any type of substance abuse problem. Call in *complete confidence* for advice, for referral assistance, or for individual telephone counseling.

But the program can't help until you call. Don't wait. If you're concerned for your friend, call NOW.

WHY WOMEN ABUSE SUBSTANCES

Sexual Abuse, Eating Disorders Are Risk Factors

By [Buddy T](#), About.com

Created: February 12, 2006

Women begin abusing alcohol and drugs for different reasons than men do and may have more situations in their lives that trigger substance abuse, according to research by The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

According to the book "[Women Under the Influence](#)," which is an exhaustive 10-year analysis of substance abuse among girls and women, girls and young women are likelier than boys and young men to abuse substances in order to lose weight, relieve stress or boredom, improve their mood, reduce sexual inhibitions, self-medicate depression, and increase confidence.

Women in substance abuse treatment are more than five times likelier than men (69 percent vs. 12 percent) to have been sexually abused as children and girls and women are likelier than men to suffer eating disorders, both of which are major risk factors for substance abuse, CASA reports. Women studied by CASA were more likely than men to say their heavy drinking followed a crisis, such as miscarriage, divorce, unemployment or recent departure of a child from the home. Older women are likelier than older men to self-medicate with alcohol and prescription drugs in order to deal with loneliness, financial insecurity or loss of a spouse.

Females Become Addicted Quicker, Easier

Compared to boys and men, girls and women become addicted to alcohol, nicotine and illegal and prescription drugs, and develop substance-related diseases at lower levels of use and in shorter periods of time, according to research by The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

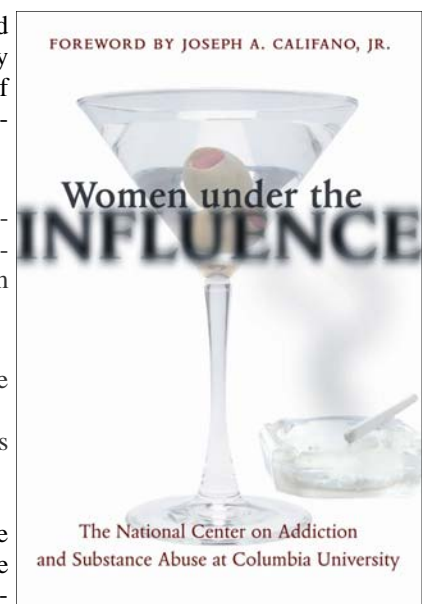
"Our failure to confront the special needs of girls and women with substance abuse problems is inexcusable. The one size fits all prevention and treatment approach, largely driven by male substance abuse, has condemned millions of girls and women to tragic episodes of abuse and addiction that have ruined too many lives," said Joseph A. Califano, Jr., CASA's chairman and president and former U.S. Secretary of Health, Education and Welfare. "This book reveals that substance abuse affects all kinds of women-rich and poor, young and old, urban and rural, professional and homemaker."

"Women Under the Influence is a call to lift the stigma that keeps so many women from seeking help," said Peter R. Dolan, a CASA board member and chief executive officer of Bristol-Myers Squibb Company. "It provides a template for parents, healthcare professionals, teachers, and public officials to recognize the special needs of girls and women and take action to address those needs."

According to the CASA research:

- Because their bodies contain less water and more fatty tissue and because of decreased activity of the enzyme (ADH) that breaks down alcohol, one drink for a woman commonly has the impact of two drinks for a man. Moderate or heavy drinking increases the risk of breast cancer. Among alcohol abusers, older women suffer memory loss and mental deterioration after fewer years of drinking than older men.
- At similar or lower levels of use, women develop more rapidly than men alcohol-related diseases like cirrhosis and hypertension, brain damage from alcohol abuse and Ecstasy, lung cancer and respiratory diseases like emphysema and chronic bronchitis from smoking.
- Women are likelier to develop depression, anxiety and eating disorders which are closely linked to smoking and alcohol and drug abuse. Women who use sedatives, anti-anxiety drugs and hypnotics are almost twice as likely as men to become addicted to such drugs.

Source: The above information is from the 292-page book, "[Women Under the Influence](#)," the result of 10 years of research by The National Center on Addiction and Substance Abuse (CASA) at Columbia University funded by the Bristol-Myers Squibb Foundation, is published by The Johns Hopkins University Press.



<http://alcoholism.about.com/od/women/a/blcasa060212.htm>

LIFETIME ACHIEVERS 2009:

GEORGE HETRICK

The American Lawyer

By Francesca Heintz

September 01, 2009



George Hettrick spent 25 years hammering out financing agreements and arranging new capital for clients at Richmond's Hunton & Williams. A top corporate finance partner, Hettrick worked mostly with Virginia Electric and Power Company, one of the firm's biggest clients at the time. But as his career flourished, his personal life faltered. "As my career went on, it became clear to me that I had a serious drinking problem and it continued to erode the quality of my life," Hettrick says. In 1989 he entered an alcoholism treatment program. After successfully completing rehab, Hettrick was approached by then-managing partner W. Taylor Reveley III and Thurston Moore, who was being groomed to succeed Reveley. "They wanted to institutionalize a pro bono practice at Hunton and asked me if I would take it on," says Hettrick. He became the chair of the firm's community service committee, devoting his practice fully to pro bono work.

Hettrick began by asking local judges, law school administrators, and others what kind of legal needs existed. An Episcopal priest in Church Hill, one of Richmond's poorest neighborhoods, recommended opening a community pro bono office, an idea that struck Hettrick as a way to attract lawyers to pro bono work. Hunton's Church Hill office opened in June 1990 with Hettrick as managing partner. It now has more than 90 Hunton lawyers on its rotating schedule; they serve neighborhood residents whose income is too high to qualify for legal aid. The office focuses primarily on family law, landlord-tenant issues, and guardianships.

Encouraged by the positive response to the Church Hill office, Hettrick established pro bono committees in 14 Hunton offices. Led by Hettrick, the firm also formed a partnership with the University of Virginia School of Law in 2005, opening a pro bono office staffed by Hunton volunteers and law school students who work with domestic violence victims and asylum seekers. "I don't do the big-headline, high-impact cases. I just make the judgment that these people need help, and they're not going to get it if we don't do it," says Hettrick, who still does most of the Church Hill office's intake work. "It's the age-old adage that in giving, we receive."

Outside the firm, Hettrick, 69, spurs Richmond's lawyers to view pro bono as an integral part of their practices. He revamped the Central Virginia Bar Foundation, which had been founded as a vehicle for lawyers to make tax-deductible contributions for judge's portraits, into an organization dedicated to pro bono. The newly named Greater Richmond Bar Foundation's biggest program is a clearinghouse that provides pro bono legal services to nonprofits.

Congratulations to our LHL Board Members

"George has developed a reputation in Richmond as a person you can call on if you need help," says John Oakey, Jr., a retired McGuireWoods partner who works closely with Hettrick at the bar foundation. "One thing he told me years ago was that he didn't care who gets credit for the work as long as it's done properly. And George makes sure that happens."

WEBB, WARNER RECOMMEND GIBNEY FOR FEDERAL COURT

Richmond Times-Dispatch

By [STAFF REPORTS](#)

September 30, 2009

Sens. Jim Webb and Mark R. Warner, both Virginia Democrats, today recommended John A. Gibney of Richmond for the judicial vacancy that exists in the U.S. District Court for the Eastern District of Virginia.

The senators made their recommendation in a letter to President Barack Obama.

Gibney, a partner in the Richmond law firm Thompson-McMullan since 2003, has practiced law for more than three decades in state and federal courts.

Gibney received the highest rating from the Virginia Bar Association.

Gibney is a Phi Beta Kappa graduate of the College of William and Mary, and received his law degree from the University of Virginia School of Law in 1976.



THE SPIRITUAL LIFE

10 Steps Toward Spiritual Growth

By Ashleigh Frank

Spirituality is a belief system in which a person seeks to relate to the rest of existence (whether that is God, humanity, the universe, nature or life itself). It is a pursuit of peace, love and understanding. Many people want you to believe that the secret to spiritual growth and development can be found in a book, a lecture or some other product that will magically unlock the doors to happiness. But the truth about spiritual growth is that it comes from within. It is all about *you* and the way that you view the world. Here are 10 steps to help you on your journey of personal spiritual growth, and none of them cost a thing.

1. Want Change

It may sound silly, but the first and most important step toward personal spiritual growth is the *desire* to grow. All of the self-help classes, spiritual gurus and inspirational books in the world won't make a lick of difference until you make a conscious decision to change. Spiritual growth and development is not a goal; it is a lifelong journey that requires time, energy and dedication. If you are looking for a quick fix or overnight results, you will be disappointed. When the novelty of your new spiritual growth technique wears off, you may be tempted to give up. It is much easier to let life carry you along as it pleases. The only difference between people who exist and people who really *live* is motivation. If you are properly motivated, keep reading.

2. Start Small

There are many spiritual practices out there, and information is readily available over the Internet. But don't make the mistake of trying to take on too much too soon. It is best to start with one new practice. Begin a meditation, prayer routine or yoga class at your gym. Attend a lecture on *reiki* at your local community college. Once you are comfortable with your new skill, add another element.

3. New Adventures

One of the great joys in life lies in learning new skills. If you never tried anything new, your life would grow stagnant. Take up an activity that you are curious or passionate about, such as writing poetry, practicing yoga or painting water colors. Enjoy the process of learning and improving your new skills. By embracing people and things that are outside of your ordinary routine, you open yourself to personal and spiritual growth, and you diminish your fear of the unknown.

4. Release the Past

The past is history, and there is nothing you can do to change it. Holding on to past events keeps you from experiencing new ones, and the emotional baggage will only weigh you down. Accept these past events, both good and bad, as learning experiences and move on with life.

5. Take Responsibility

Sometimes you cannot control the events that happen to you or the people who do them. But you *always* have control over how you respond. Focusing your attention on what or who caused a problem does not offer any solutions. Instead, concentrate on your response and what you can do to improve the situation and prevent it from occurring again.

6. Pause and Reflect

Life moves so fast that sometimes it is important to stop, take a step back and really examine yourself and what you are doing. You can do this by practicing meditation. Meditation allows you to quiet your mind and clear your thoughts. Through meditation, you can step outside yourself and observe your life. Are you using your time wisely? Are you taking proactive steps to reach your goals? Are you happy? These quiet moments of reflection, when performed regularly, can help you right yourself on your spiritual path.

7. Stay Open

From a young age we are taught to judge and label actions, thoughts, words and people as "good," "bad," "right" or "wrong." Whether we realize it or not, we are constantly judging others by how they look, what they say and more. But to feel connected to everything around you, first accept people and things as they are. It takes a conscious effort to stop looking through the lens of a critical eye, but if by looking for the possibilities and potential resources in life, you begin to grow spiritually. Consider the difference between these two life philosophies: "Everyone is out to get me" and "Everyone is doing the best they can." Imagine how much more stressful the first person's life must be? Allow others to be themselves around you. Treat their uniqueness with respect rather than criticism. Remember, love is the heart of spirituality.



Continued on Page 8

8. Appreciate the Present

It is easy to get caught up in a materialistic mindset and focus on wants, needs and desires. When you begin pursuing possessions, you lose sight of what you already have. The world becomes an obstacle, standing between you and what you desire. Increase your personal spiritual growth by developing what you already have. When you do this, the world becomes an ally in helping you achieve your goal.

9. Accept Unhappiness

We all know someone who seems perpetually happy. She is always smiling, and her can-do attitude never fails. You might envy this person or even resent her. You might think, *She's so lucky. I wish I could be that happy.* In reality, happiness is not a personality trait. It is not a gene that some people are born with and others aren't. Happiness is a choice. And unhappiness is a natural part of life.

Everyone has their good days and bad days. It is how you deal with those bad days when they come along that matter. You are quick to treat your physical ailments, so don't hesitate to treat your emotional and spiritual ailments (such as depression, insecurity, fear, mood swings and bad tempers). Use meditation, yoga, prayer or relaxation techniques to soothe your soul when you find yourself unhappy.

10. Don't Fear Mistakes

Mistakes and bad decisions are some of our greatest teachers. If you never did anything wrong, you would never learn anything new. Think of mistakes as opportunities to learn and grow, and give yourself full license to make them. We are all imperfect people. If you are able to embrace your imperfections and laugh at yourself, you will become more flexible and open-minded. Remember: We live in an imperfect world so that we can better understand perfection.

Have patience on your quest for spiritual growth. The process toward enlightenment is slow and unnoticeable at first, and you may feel compelled to give up. Just keep in mind that spiritual growth is a lifelong commitment to love, peace and understanding, and it is meant to be taken one day at a time. Like so many other things in life, spirituality is about the journey, not the destination. To quote the Buddha, "There are only two mistakes one can make along the road to truth; not going all the way, and not starting."

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Schedule of Events for October

- 5, 12, 19 and 26 – Substance Support Group in LHL Richmond Office from 6:00-7:00 p.m.
- 5, 12, 19 and 26 – Northern Virginia Substance Support Group from 5:30-6:30 p.m.
- 3, 17 and 31 – Roanoke Substance Abuse Support from 6:00-7:00 p.m.
- 10 and 24 – Roanoke Mental Wellness Group from 6:00-7:00 p.m.
- 4 and 25 – VA Beach Mental Wellness Group from 4:30-5:30 p.m.

NOVA Group Meeting Address:

12 South Alfred Street
Alexandria, Virginia

Roanoke Group Meeting Address:

308 Second Street, SW
Roanoke, Virginia

VA Beach Group Meeting Address:

629 Wesley Drive
VA Beach, VA

If you have any question please feel free to call our office at (804) 644-3212.



CARTER MOUNTAIN HIKE

Join LHL Staff & Others

On

October 16

**We will depart from LHL office in Richmond
at 9:00 a.m. Or meet us there! Call for more
information (804)644-3212**

<http://www.monticello.org>

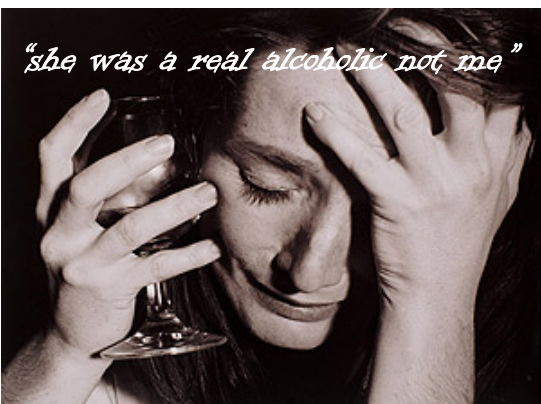
I'm A Mother and Attorney – I Can't Be An Alcoholic

I'm a 49 year old female, a mother, an attorney and an alcoholic. My last drink was 3 ½ years ago and I never imagined my life without alcohol could be joyous, happy and free. My life in recovery is so much more than I ever expected, deserved or imagined. It isn't perfect by any means (I'm a single mother with two teenagers) but I don't have to drink today to escape my feelings or emotions. Instead, I can walk through those feelings; I can experience them and know that I will be okay without turning to the bottle of wine to numb my emotions.

I grew up in a middle class family in Northern Virginia where cocktail hour was the norm. I experimented very little with drinking in high school since I really was a geek. After graduating valedictorian of my 550 member high school class, I attended a large Virginia university and enjoyed college life and school activities. I drank socially but not alcoholically until much later. I worked hard and played hard, and everyone I knew drank in college. I was goal oriented and focused. In law school I served as editor of the law review, finished in the top of my class and secured a federal clerkship and accepted an associate's position as a prestigious law firm in Richmond. During this time, drinking was my "reward" for working hard and achieving my goals. I was in the driver seat, or so I thought.

Once out of the academic environment, I had to deal with people and personalities and the reality of life that I didn't always get what I wanted. It was then that my intense feelings of inadequacy and "less than" started kicking into high gear. I felt I wasn't smart enough to play in the real world with the "big boys". This was in the mid 1980s and I thought female attorneys had to be confident, tough and aggressive. I was anything but tough. I was wrought with insecurities. I wasn't from "money" and I didn't have the family name. Simultaneously, I had a huge ego and an enormous inferiority complex. I was afraid people would see me for the fraud I was. Not smart, not attractive and certainly not an attorney. When I drank, however, I felt better. My ego was fed and I was more confident, smarter and of course better looking.

As a result of the disease of alcoholism, I tended to isolated from people for fear I would be discovered as a fraud. I also changed jobs A LOT. I rationalize each move as more money, better experience, or more time with the kids. However, if I'm honest with myself, I changed jobs because I couldn't find the serenity and peace in any of these workplaces. I always blamed work problems on others, (i.e. they aren't using me to my full potential, or I can't believe they want me to do THAT) little did I realize the problem was me. It was always about me and how I felt and I was always comparing myself to others. In the employment arena, I tried large firm, in house counsel, trusts, small nonprofit, chambers and large nonprofit all trying to find where I belonged. I even went back to school for my MBA thinking that would open up the perfect opportunity. All along I was placing the blame on others for my unhappiness when I was the problem, not my job, my husband or my family. During this time alcohol was the only steady comfort I had and I regularly turned to the drink for relief from my feelings of inadequacy, worthlessness and self pity.



Of course I married a man that drank like I did and the marriage gave me the opportunity to drink without being judged or condemned. At the end of the fourteen years of marriage, we only had the children and booze in common. In my 30s & 40s, I practiced "controlled" drinking. For example, I would only drink on the weekends, not drink in front of the kids, or only drink on a full stomach. I had always been in control of my life and my destiny and I truly believed I could control my drinking. I couldn't be an alcoholic...I was a woman, a mother and well educated, I had two graduate degrees! What a joke!

I found out through years of "controlled drinking" that once I took that first drink, I was off to the races and there was no stopping me. I craved another and another drink. The more I drank, the more distant and seemingly irrelevant were the values and morals I had. When I drank my moral compass faltered and I was a different person. Mornings after drinking, I would lie in bed with the shame and fear gripping me as I try to recount the night before. What did I say last night? What did I do? Who do I need to apologize to? Foggy memories of the previous night would slowly creep into my mind and I would promise myself I wouldn't do it again. I even met with a woman from my church who was in AA and listened to her story. She had DUIs and involvement with child protective services. In my mind she was a real alcoholic not me, I was a mother, a woman and attorney. How wrong I was!

Intellectually I knew I had to quit drinking because I was bound to have some serious consequences. I was fiercely self reliant and believed I had the will power, the strength and the fortitude to overcome this drinking issue. Inevitably, however, I would fail over and over again. Towards the end of my drinking, my children were noticing and objecting to my drinking, drinking was now an ever day occurrence and early in the day started "planning" how I was going to drink that evening. With a reckless disregard for the safety of others, I was also driving my children and their friends while I was drinking. But to the outside world, I was a role model. I attended church, did volunteer work and served as room mother for my daughter. Inside, I was a mess and a fraud.

I was seeing a mental health counselor to work through divorce & family issues. When asked how much I drank, I was truly honest unlike the lies I had told all the other doctors when asked about my drinking. This counselor knew the truth about my drinking and my shame. A year and half into counseling and me whining about how other people have “wronged” me...my former husband, my boss, my family, my boyfriend etc. The counselor looked at me and sternly but respectfully said, “I can’t help you until you stop drinking.” It hit me like a ton a bricks. The truth was out, I was at the end of my rope and I had to do something.

I walked out of that appointment on March 3rd and called that woman from church and told her I needed help to stop drinking. My life had become unmanageable and I was powerless over alcohol. She took me my first AA meeting where I picked up my white chip and surrendered. I’ve been involved with AA ever since.

I am sober today by God’s grace and the program of Alcoholic Anonymous. I am grateful that I found recovery. And, yes, I know many mothers, women and attorneys who are alcoholics.



September 2009 Services Report

19 Face to Face Meeting with Clients by LHL staff
4 Meeting of SA support group in Richmond
2 Meeting of Mental Wellness Support Group Roanoke
4 Meetings of SA support group in Northern VA
2 Meeting of Mental Wellness Support Group in Virginia Beach

3 Clinical Evaluations Performed (1 referral from LHL volunteer, 1 from VSB, 1 from VABBE Character & Fitness Committee)

156 Services related phone calls received/made during business hours

81 Current/Past Clients

35Volunteers/monitors

13 State Discipline/Board of Bar Examiners

7 New Attorneys/Law Students

9 Treatment Providers

11 testing company

3 Services related after hours calls to the toll free number

1 current clients/volunteers

2 inquiries about services

181 Emails were received dealing with services we are providing in Virginia and 147 were received from Laps around the country discussing various topics.

4 Referrals made to Treatment Providers

28 Current Contracts (approximately 281 volunteer hours and 51 professional staff hours utilized providing help for these contracts) 2 new contracts signed both SA and two successfully completed

Presentations

Appalachian law School (Jim Leffler)

CLE Charlottesville Albemarle County Bar (David Mercer & Jim Leffler)

Northern VA Volunteer Training (Jim Leffler)