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IN SIGHT *for Oregon Lawyers*

IMPROVING THE QUALITY OF YOUR PERSONAL AND PROFESSIONAL LIFE

PLANNING FOR THE NEEDS OF AGING PARENTS

Have you ever talked to your parents about how your family will deal with issues that may arise as they grow older? What if you think one of them can no longer drive safely, but they don't think there's a problem? Do you know where your parents want to live if there comes a time they can no longer live at home independently? Do you know whether they have made financial provisions for long-term care, if it should become necessary? Have you talked to them about executing a living will or other instructions for end-of-life care?

If you answered "no" to any of these questions, you're in the majority. Talking about old age in general is somewhat taboo in our youth-centered culture. Contemplating our own parents growing old is even more difficult, given our society's discomfort with mortality. Yet most parents and adult children would like to have this conversation with each other. Most families care deeply for one another and have the same goal – for the parents to live independently as long as possible. Much stress and pain could be avoided if families discussed the contingencies that might occur.

The ideal time to begin forming a plan for the future needs of aging parents is when the parents are still relatively healthy and living independently. Once a crisis occurs or an older adult's physical or cognitive functioning declines, parent-child relationships can shift, and parents may lose some of their negotiating power. Older adults may also become fearful and lose objectivity when they notice a decline in their health, making it difficult for

them to think rationally about their future. Nevertheless, planning for the future is still important.

How to Begin the Discussion

One of the biggest obstacles to a family discussion about aging concerns is how to raise the topic. I often hear, "I tried to talk to my parents (or children), and they just plugged their ears." Or, "I need the words. What do I say to even begin this conversation?"

Being honest and open is the best way to approach your parents or children. Share your reasons for wanting to have the discussion. If previous attempts at having this conversation were unsuccessful, let

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A free, nonprofit, confidential program for you.

20th Annual Dinner for Lawyers in Recovery

Celebrate recovery on Friday, April 18, 2008, at the 20th annual dinner at the Embassy Suites in downtown Portland. Our speakers, who have a combined 50 years in recovery, will share their experiences with recovery. For a request form or more information, call the OAAP at 503-226-1057 or 1-800-321-6227. Deadline to RSVP is April 15, 2008. Dinner is \$35 per person.



them know how this is affecting you. They may not know how important it is to you.

Set your expectations appropriately. Your parents (or children) may not agree to your request the first time you raise the subject. You've had time to think about this, but they might never have considered it before. Give them time to digest what you're asking of them, and bring it up again in the near future by asking whether they've given it more thought. Then make a specific request. "I'd like to set a date for us to sit down and talk. Do you have time this Sunday?"

Keys to a Successful Aging Plan

Successfully discussing and developing an aging plan requires being prepared to deal with negative or other intense emotions that may come up during the conversation. Here are some helpful tips:

- Before the discussion, think about various emotional responses you or family members may have and consider ways you might deal with them;
- Start by acknowledging that the conversation may not be easy;
- Depending on your family dynamics, you may want to discuss what to do if someone becomes angry, tearful, etc.;
- Use "I" and "we" statements; avoid using "you";

Seminars for the "Sandwich" Generation

Are you caught between the demands of caring for both your children and your elderly parents? The OAAP will be sponsoring two lunchtime seminars to help lawyers cope with the challenges of parenthood, as well as meeting the needs of their own aging parents. On May 14, 2008, Lynne Coon, MS, NCC, will provide resources for adults with aging parents. On May 21, 2008, Michael Gorsline, MA, will discuss how you can enjoy parenting. For more information, call the OAAP at 503-226-1057 or 1-800-321-6227.

- Speak only from your own perspective; and
- Do not assume; if you don't understand their reaction or why they've made a particular decision, ask.

Elements of an aging plan for a family to discuss:

- Legal, financial, and medical preparations;
- Details of these preparations that are relevant to family members who may need to carry them out (or that would be helpful for family members to know to avoid surprises later); and
- Care needs that may arise and how these costs would be covered.

Other considerations that are important to address:

- Whom to include in the discussion; identifying dysfunctional family members who are not capable of participating;
- Special circumstances, e.g., parents who remarry and have a second family or parents who remarry later in life after the kids are grown;
- Potential conflicts, such as inequity in the division of labor among family members;
- "Planning" for parents (or adult children) who won't discuss a plan or estranged parents for whom children do not want to assume responsibility; and
- Updating and implementing the plan.

Being prepared for this conversation can reduce the anxiety of parents and children and increase their confidence in discussing these sensitive but critical matters. These conversations often bring families closer, allowing them to feel more prepared to deal with the unexpected as well as the inevitable in the aging process.

Lynne Coon, MS, NCC

The author is a Portland-area counselor focusing on issues surrounding caring for aging parents. She can be reached at lynne@lynnecoconcounseling.com. She will be speaking at the OAAP's lunchtime seminar on May 14, 2008. (See the box on this page.)

THE ROAD BACK TO INTEGRITY

Like any addiction, it started slowly. I worked hard and was successful, but I used my work as a cover for depression and feelings of inadequacy. When stress and anxiety overwhelmed me, I looked for relief, even temporary relief. Lost momentarily in pornography, I thought I had found relief. It seemingly hurt no one. I was not really violating my wedding vows, I rationalized.

But over time, my reliance grew. Soon, I began to organize my day around pornography. After many years of justifying my habit, I lost my sense of right and wrong. By 2005, the Internet hosted more than 4 million pornographic Web sites and had grown into a \$13 billion industry. I was only one of 45 million men (and not a few women) who monthly looked at some of the 300 million pornographic Web pages.

An addiction grows; that is its nature. The addict seeks out more and greater highs, because old behaviors no longer generate the same euphoria. The brain needs more stimulation to produce the same chemical effect. Some addicts escalate by being drawn to the more than 100,000 Web sites that display images of minors, or by acting out in public places, or by having consensual sex outside of committed relationships. My addiction escalated to watching pornography more hours each day.

Instead of bringing me relief, the result of my pornography use was now indescribable guilt and shame. I could no longer work. I could not stop watching. I was racked with fear of discovery. Suicidal ideation was a

Divorce Support

The OAAP is forming a 10-week support group for lawyers experiencing the challenges and issues of divorce. The group will meet on Wednesdays from noon to 1 p.m. at the OAAP. If you are interested or for more information, call OAAP Attorney Counselor Shari R. Gregory, MSW, JD, at 503-226-1057 or 1-800-321-6227, ext. 14.

Sustainable Recovery

Are you interested in a recovery plan that works for the long haul? The OAAP is forming a six-week relapse prevention support group for lawyers in recovery, facilitated by OAAP Attorney Counselors Doug Querin, JD, MA, CADC I, and Meloney Crawford Chadwick, JD, CADC III, NCAC II. For more information, contact Doug Querin or Meloney Crawford Chadwick at 503-226-1057 or 1-800-321-6227.

constant companion. Legal consequences loomed, too. Like many addicts, it took a crisis to shake me out of my delusional fantasy world. One day, my wife discovered me watching pornography; it was not the first time. It was time to get help or lose everything that made life worth living.

First, I had to break through my denial by acknowledging I had a problem and seeking professional help. Then I had to understand the nature of the illness that I share with an estimated 15 to 20 million people in this country. I started my recovery with weekly visits to a certified sexual addiction therapist. Within a month of starting my recovery, I began attending a six-week session at a sexual addiction treatment center. After I returned home, I found 12-step groups that met daily to provide experience, strength, and hope for the recovering sexual addict. And I was blessed by a remarkable wife and family, some caring friends and supporters – such as the attorney counselors at the OAAP – a growing library of information, and the time to absorb and reflect on it.

I take things one day at a time now. I practice sexual sobriety. I wake each morning and express my gratitude to my higher power. I meditate and read recovery literature, which enriches my spirituality. Most days I attend a 12-step meeting, where I enjoy a culture of ongoing support. With a therapist, I continue to explore factors underlying my addiction and learn new coping skills. I try to do the next right thing. I volunteer to help others – something

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I never did when active in my addiction. I look for new work. I listen thoughtfully now to the wisdom of others and appreciate the blessings in my life, even if the glass is only half-full. I know I am not in control of anything but me.

My primary job now is to have the courage to change me, to restore my integrity, and to work on my recovery every day. I will always be an addict. There is no cure for my addiction. But there is a daily reprieve if I work for it. I have strung together more than 450 consecutive days of sobriety. That is the road I will travel in the future.

Eternally grateful for a road map

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DOUGLAS QUEBRIN + SHAWN R. GREGORY

A FREE, NONPROFIT,
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Reducing the Pressure

The Oregon Attorney Assistance Program and the Professional Liability Fund are sponsoring a free, lunchtime CLE series, "Reducing the Pressure," on Wednesdays in Portland:

- April 2, 2008 – Managing Stress Caused by Technology
- April 9, 2008 – Time Management
- April 16, 2008 – Stress Management
- April 23, 2008 – Working with Difficult People
- April 30, 2008 – Financial Strategies for Managing Debt

Look for a flyer in the mail. For more information, call DeAnna Shields at 503-639-6911 or 1-800-452-1639, ext. 440.

Sexual Addiction Resources

General Resources

- SAA (Sex Addicts Anonymous)
503-452-5961 • www.saa-recovery.org
Meets in Beaverton, Bend, Corvallis, Eugene, Medford, and Portland.
- Portland Intergroup for SAA
www.portlandsaa.org
- SA (Sexaholics Anonymous)
503-224-9840 • www.sa.org
- www.sexhelp.com
(Web site of Dr. Patrick Carnes, author of Out of the Shadows)

Resources for Spouses/Partners

- S-Anon local hotline • 503-299-4442
- S-Anon International Family Groups
www.sanon.org
- COSA • www.cosa-recovery.org

Treatment Centers

- Gentle Path Program at Pine Grove – Hattiesburg, Mississippi
(888-574-4673)
- The Meadows – Wickenburg, Arizona
(800-632-3697)
- Keystone Center – Chester, Pennsylvania
(800-733-6840)

MYTHS AND FACTS ABOUT METHAMPHETAMINE

Last year, television stations across Oregon participated in an unusual “media roadblock,” suspending their regular evening programming to simultaneously broadcast a documentary about the methamphetamine crisis in Oregon. The program, “Crystal Darkness,” aired on 25 stations across the state. Special hotlines were set up to provide information, counseling, and treatment referrals after the broadcast.

The unprecedented media blitz was an attempt to educate Oregonians about the impact of the drug throughout the West. Lawyers practicing family law or criminal law in many parts of the state are well aware of the wreckage methamphetamine has caused. At the same time, however, many people do not feel directly affected by the meth crisis. The only personal impact on many Oregonians is the inconvenience of having to get a prescription for their favorite cold medicine.

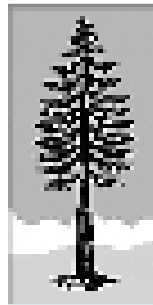
Has the “meth crisis” peaked? Is methamphetamine so different from other drugs of abuse? This article presents some facts – and busts some myths – about methamphetamine.

What Is Meth?

Methamphetamine (also known as meth, “crystal,” or “ice”) is a powerful central nervous system stimulant. Its predecessor, amphetamine, was widely used as a stimulant during WWII and a diet drug after that. Meth is much more powerful than amphetamine, distinguished by what one expert calls a “pharmacologic blast of euphoria.” The form of ingestion – the way the drug is taken into

Would You Like Event Information by E-Mail?

If you would like to be notified of upcoming events, such as the Lawyers in Transition speakers, recovery meetings, or OAAP workshops and seminars, call the OAAP at 503-226-1057 or 1-800-321-6227, or e-mail liisah@oaap.org.



Women’s Wellness Retreat

You are invited to join the OAAP and Oregon Women Lawyers for their spring retreat, *Relax, Renew, Recharge*. The retreat will be held at

the Heathman Lodge in Vancouver, Washington (www.heathmanlodge.com) This weekend is designed to help you strengthen your coping skills, nurture your sense of community with other women lawyers, and provide tips on how to discover and maintain inner peace while making the most of your life in the law. The workshop facilitators are Susan Marshall, JD, MBA, RYT (Registered Yoga Teacher); Carol Munson, JD, MAAT (Master of Arts in Applied Theology); Virginia Terhaar, MA, LPC; Meloney Crawford Chadwick, JD, CADC III, NCAC II, and Shari R. Gregory, MSW, JD.

The \$75 cost includes dinner on Friday and lunch on Saturday. A block of rooms is reserved at \$104 (plus tax) for Friday night, with the option to extend the stay at that cost on Saturday night. Room reservations at the block rate must be made by March 19, 2008. Visit www.oaap.org to download a registration form. For additional information, contact Meloney Crawford Chadwick or Shari R. Gregory at 503-226-1057 or 1-800-321-6227.

the body – affects the time of onset and the intensity of the high. Meth can be injected, snorted, smoked, eaten, or absorbed through a patch, with smoking or injection transporting the drug into the bloodstream most rapidly (within seconds).

How It Works

Meth penetrates the blood-brain barrier, which is a natural filter that protects the brain from harmful substances flowing through the bloodstream. Drugs of abuse, like methamphetamine, penetrate the blood-brain barrier by

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mimicking the natural chemicals – or neurotransmitters – created by the brain. Methamphetamine affects four important neurotransmitters:

- (1) Epinephrine, which regulates the amount of physical energy;
- (2) Norepinephrine, which boosts confidence and feelings of well-being;
- (3) Serotonin, which regulates mood, sleep, appetite, and self-esteem; and
- (4) Dopamine, which controls the reward-reinforcement pathway, creating repetitive behavior and the compulsion to use.

Meth floods the neural receptor sites with these “feel-good” chemicals and blocks uptake (absorption), keeping them in circulation longer. This creates a rush of pleasure and a more intense, longer-lasting high than some other drugs, such as cocaine. Eventually, the neurotransmitters become depleted, the receptor sites are overwhelmed, and the body shuts down from overstimulation (the “crash”). Fewer receptor sites for neurotransmitters requires the user to use more drug to get the same high – essentially building up a tolerance to the drug. Continued use permanently alters the brain’s ability to create these neurotransmitters on its own. In the long term, dopamine receptor sites are so damaged that they cannot accept neurotransmitters, producing an effect on the user’s motor skills and memory that resembles Parkinson’s disease.

Short-term effects of meth use may include mild hallucinations, paranoia, hypersexuality and increased high-risk behavior (leading to increased risk of HIV/AIDS and Hepatitis B and C), sleep deprivation, extreme rise in body temperature, and convulsions. Long-term effects

of methamphetamine may include psychosis, changes in brain function, memory loss, aggressive or violent behavior, mood disturbances, severe dental problems, and weight loss.

It may be difficult for non-users to imagine why someone would try a drug that carries the risk of such drastic short- and long-term effects. The initial “rush” of methamphetamine delivers an enhanced surge of pleasure up to five times the intensity of natural “rewards,” like food or sexual activity. And its effect on the central nervous system can create dependence in a very short time. Even intelligent people who are aware of the dangers are vulnerable to the powerful stimulant effects of meth.

Myths Busted

MYTH: *Meth is used mainly by gang members and long-haul truck drivers.*

FACT: Meth use spans socioeconomic barriers and has become an increasing problem for women – particularly professional women and homemakers, who are initially attracted to the drug as a means of losing weight and getting more work done. While addiction in women shows a pattern of “telescoping” – i.e., beginning later in life than males, but progressing rapidly – figures gathered by the Oregon Office of Mental Health and Addiction Services showed an alarming 57% increase (from 1999 to 2004) in methamphetamine use among girls 17 and under.

MYTH: *The “pleasure centers” in recovering meth users’ brains never return to normal function.*

FACT: Dopamine receptors can regenerate. However, a complete regeneration takes up to 24 months, and many

Want to Help a Lawyer Get Treatment?

The Oregon Lawyer Assistance Foundation (OLAF) is a 501(c)(3) nonprofit agency that has been formed to provide financial need-based grants or loans to Oregon lawyers to defray some or all of the expense of treatment for alcoholism, chemical dependency, mental health issues, or other impairment as may be recommended by the Oregon Attorney Assistance Program. Recovery reduces malpractice errors and discipline violations and by providing access to treatment, OLAF will benefit Oregon lawyers – and their clients.

Contributions to OLAF are tax deductible. For more information about OLAF or to make a donation, contact OLAF’s president, David Culpepper, at 503-416-6146 or e-mail him at david.culpepper@thede-culpepper.com.

For More Information About Methamphetamine

- View the “Crystal Darkness” documentary video on YouTube at www.youtube.com/watch?v=bKVROBT0at0
- Read the NIDA Research Report — Methamphetamine Abuse and Addiction at <http://www.nida.nih.gov/ResearchReports/Methamph/Methamph.htm>
- Call the OAAP at 503-226-1057 or 1-800-321-OAAP (6227).

users experience a profound anhedonia (lack of ability to feel pleasure) during the initial months of their recovery.

MYTH: *Meth eats holes in your brain.*

FACT: While brain scans of methamphetamine users seem to show “holes” in the brain, these are actually areas of impaired brain function, not literal holes. Cognitive impairments resulting from meth use include diminished capacity in the following areas: recall; concentration; the ability to ignore irrelevant information; the ability to make inferences; and temporal horizon – i.e., the ability to project into the future and persist through the initial stages of recovery.

MYTH: *Meth creates scabby sores on your face.*

FACT: The sores and scarring seen on the skin of meth users is related to formication: heavy stimulant use causes a rise in temperature, which creates the sensation of something “crawling” under the skin. Users compulsively scratch and pick, creating sores that get infected and scar.

MYTH: *The meth crisis has peaked.*

FACT: The regulations restricting the over-the-counter purchase of Sudafed (pseudoephedrine) reduced the number of “mom and pop” meth labs in 2006 by 89%. That has reduced meth labs in residential areas and cheap hotels and has also diminished the number of children exposed to toxic substances when those labs were literally

run by mom and pop. However, the overall meth supply hasn’t really diminished; the supply source has just changed. Unfortunately, meth use continues.

MYTH: *Meth addicts can’t recover or get clean.*

FACT: Treatment works. However, meth addicts who are working on their recovery must tackle depression, unclear thinking, intense craving, lack of self-control, preexisting or drug-induced mental problems (e.g., paranoia), and a desire to use to mask negative emotional states like grief and shame. Recovering meth users benefit from specialized, long-term treatment. Treatment facilities and other resources are available. If you or someone you know is using meth, contact the OAAP for help.

Meloney Crawford Chadwick
OAAP Attorney Counselor



Hooked by Chemical Dependency?

Free Yourself...

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LAWYERS IN TRANSITION CALENDAR

Lawyers in Transition is a networking, educational, and support group for lawyers making job or career transitions. A guest speaker is featured the first Thursday of each month at noon in the OAAP office at **520 SW Yamhill, Suite 1050, Portland**. In addition to these monthly presentations, the OAAP offers career workshops to assist lawyers and law students in identifying satisfying job and career opportunities. These workshops typically meet one evening per week from 5:30 to 8:00 p.m. for six consecutive weeks.

The following speakers are scheduled for Lawyers in Transition. If you would like additional information about the Lawyers in Transition program or the OAAP career workshops, call Mike Long, Shari R. Gregory, Douglas Querin, or Meloney Crawford Chadwick at 503-226-1057 or 1-800-321-6227.

April 3, 2008	Sandra Hansberger	Law professor to executive director of the Campaign for Equal Justice
May 1, 2008	Mike Kuykendall	Deputy district attorney to vice president of Downtown Services/ Central City Portland Business Alliance
June 5, 2008	Helen Hierschbiel	Legal aid to private practice to OSB Client Assistance Office to OSB deputy general counsel
July 10, 2008*	Christine Meadows	Private practice to OHSU equal opportunity compliance officer
August 2008	Summer Break	

* Second Thursday of the month

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Newsletter of the Oregon Attorney Assistance Program

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