



Highly Skilled Group Facilitators and Staff Assist Impaired Attorneys

The Lawyer Assistance Program comprises a clinical director, nine other case managers and 18 group facilitators.

Clinical Director

Pam Poley, MFT, CADC

Case Management Supervisor

Alex Yufik, JD, PhD

Case Managers

Michelle Baumann, LCSW
Southern California

Louis Buchhold, MFT, ATR-BC
Southern California

Carolyn Conner, MFT
Northern California

Doreen Diego, MFTI
Northern California

Robert Gastelum, MFT
Southern California

Anna Gray, MFT
Northern California

Gary Greene, CAARR
Case Management Intern

Kara Keane, LCSW
Southern California

Michael Richmond, MFTI
Southern California

Group Facilitators

Paul Booth, MFT, NCACII, CADC
Facilitates groups in Agoura

Elana Clark-Faler, LCSW
Facilitates groups in Beverly Hills

Larry Collins, MFT, CADC
Facilitates groups in Chico

Moe Gelbart, PhD
Facilitates groups in Torrance

Susan Gillespie, MFT
Facilitates groups in Oakland

Donna Gugliotta, MFT
Facilitates groups in Tustin and Laguna Niguel

Kim Haveson, LCSW
Facilitates groups in San Jose

Paula S. Heegaard, MFT
Facilitates groups in Palo Alto

Gail Hromadko, MFT
Facilitates groups in Palm Springs

Dean S. Janoff, PhD
Facilitates groups in Santa Barbara

Kim Nakae, MFT
Facilitates groups in North Hollywood, Pasadena, Tarzana and Woodland Hills

Kirby Palmer, LCSW
Facilitates groups in Claremont and Riverside

Doug Rolly, MFT
Facilitates groups in Fresno

Bryan Ryles, PhD
Facilitates groups in Woodland Hills

Lisa Spendlove, MFT
Facilitates groups in Seal Beach

Lee Ann Teaney, MFT
Facilitates groups in Los Angeles

Len Wegiel, MFT
Facilitates groups in San Diego

Tim Willison, MFT, CAADAC
Facilitates groups in San Francisco, Sacramento, and Davis ♦

What is the LAP?

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assistance from the LAP if necessary. The attorney meets with an Evaluation Committee (a physician, a clinician, and a local attorney experienced in recovery), which has reviewed reports from the Case Manager, Group Facilitator, evaluators, and treatment facilities. The individualized components of the participant's long-term recovery program are then determined, and the attorney signs a participation plan.

The Case Manager, Group Facilitator, and Evaluation Committee follow the participant throughout his or her program of structured recovery, and the Committee eventually determines when the participant has successfully completed the Program.

Short Term Counseling

The LAP offers all State Bar members short term counseling (up to three sessions free of charge) with a local therapist who specializes in working with legal professionals. ♦

3 Offices and 43 Meetings

To provide for geographic coverage of the state, the Lawyer Assistance Program has staff in three locations: Los Angeles, Sacramento and San Francisco.

The LAP provides 43 professionally facilitated support groups that meet weekly in the following locations throughout the state:

- Agoura Hills · Berkeley · Chico · Claremont · Culver City · Davis · Fresno · Laguna Niguel · North Hollywood · Palm Springs · Pasadena · Redwood City · Sacramento · San Francisco · San Diego · San Jose · Santa Barbara · Santa Rosa · Seal Beach · Tarzana · Torrance · Tustin · Woodland Hills ♦



STATE BAR OF CALIFORNIA LAWYER ASSISTANCE PROGRAM

LAP News & Views

Saving Careers, Saving Lives . . . One Attorney at a Time

Special "Get to Know Us" Issue

Volume 3 · Number 1

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What is the Lawyer Assistance Program?

The Lawyer Assistance Program (LAP) of the State Bar of California is a confidential resource for every California attorney whose personal or professional life suffers from substance abuse or dependence and/or other mental health concerns such as depression or anxiety. The LAP provides a comprehensive program of professional support and structure including expert assessment, arrangements for therapy or treatment, professionally facilitated support groups, random lab testing and monitored continuing care. The Program also offers free short-term counseling to all attorneys to address stress, burnout, or career challenges. The Program works with family members, friends, colleagues, judges and other court staff who wish to obtain help for an impaired attorney.

Entering the LAP

Attorneys may enter the LAP during a pending disciplinary proceeding or voluntarily by self-referral. All participation in the LAP is completely voluntary and strictly confidential. An attorney who calls the LAP is assigned to a local Case Manager who is a licensed clinician experienced in the areas of substance abuse and mental health. The Case Manager immediately addresses any life-threatening issues, handles medical needs and provides emotional support.

Cooperation exists between the LAP and complementary agencies. The State Bar Court Alternative Discipline Program refers attorneys with pending disciplinary proceedings and investigations related to the consequences of substance abuse or mental health issues to the LAP, with closely coordinated interaction between the two programs.

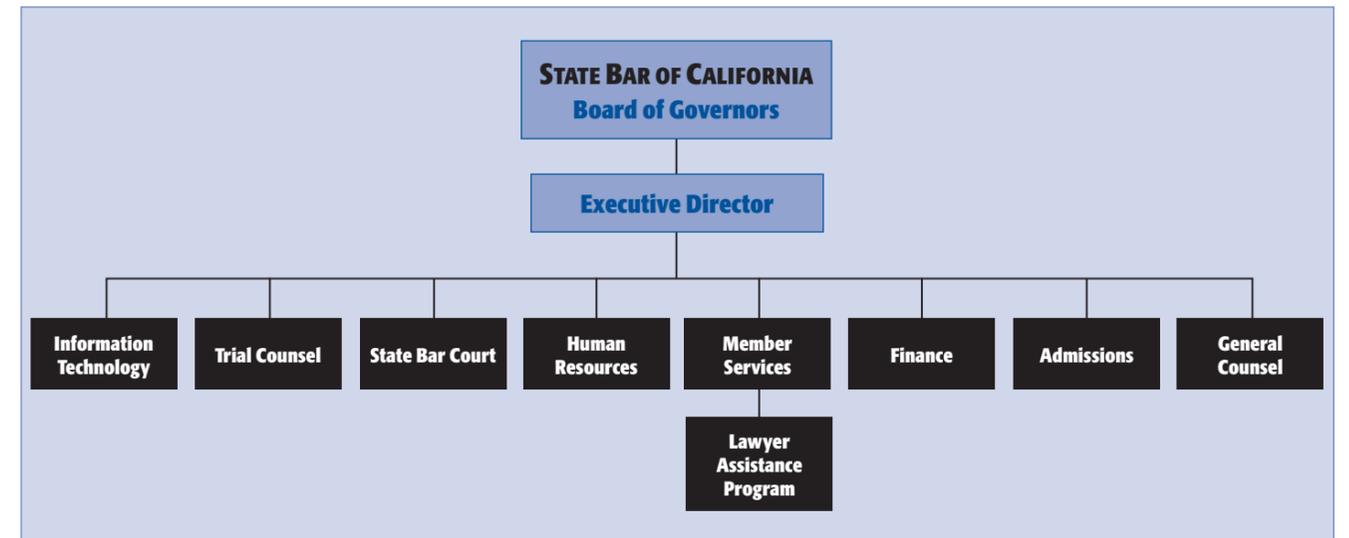
The LAP and the Other Bar also work together to provide a maximum level of service to all attorneys with substance abuse issues.

A Unique Recovery Process

A new participant immediately starts attending the closest professionally facilitated LAP support group and other local self-help programs as appropriate. Within a week the participant begins the LAP comprehensive assessment with the Case Manager. The newcomer is referred to medical and psychiatric professionals for evaluation if indicated.

The participant meets regularly with the Case Manager, weekly with a professionally facilitated support group, and more frequently with other self-help groups. Inpatient or outpatient treatment begins, if indicated, with financial

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The California Legislature established the Lawyer Assistance Program in 2001. It is managed under the Member Services Division of the State Bar.



Lawyer Assistance Program Maintains Confidentiality

The following information is based on questions that are commonly raised by attorneys considering entering the LAP:

How do I know that my participation in the LAP will be kept confidential?

Business & Professions Code § 6232 (d) states that "... (A)n attorney who is not the subject of a current investigation may voluntarily enter, whether by self-referral or referral by a third party, the diversion and assistance program on a confidential basis. Confidentiality pursuant to this subdivision shall be absolute unless waived by the attorney (emphasis added)."

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LAP News & Views

*Saving Careers, Saving Lives ...
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Richard Carlton, MPH, *Editor*

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What is expected of me while I am in the Lawyer Assistance Program?

While participants receive participation plans tailored to their individual needs, there are general similarities. Some common recommendations are:

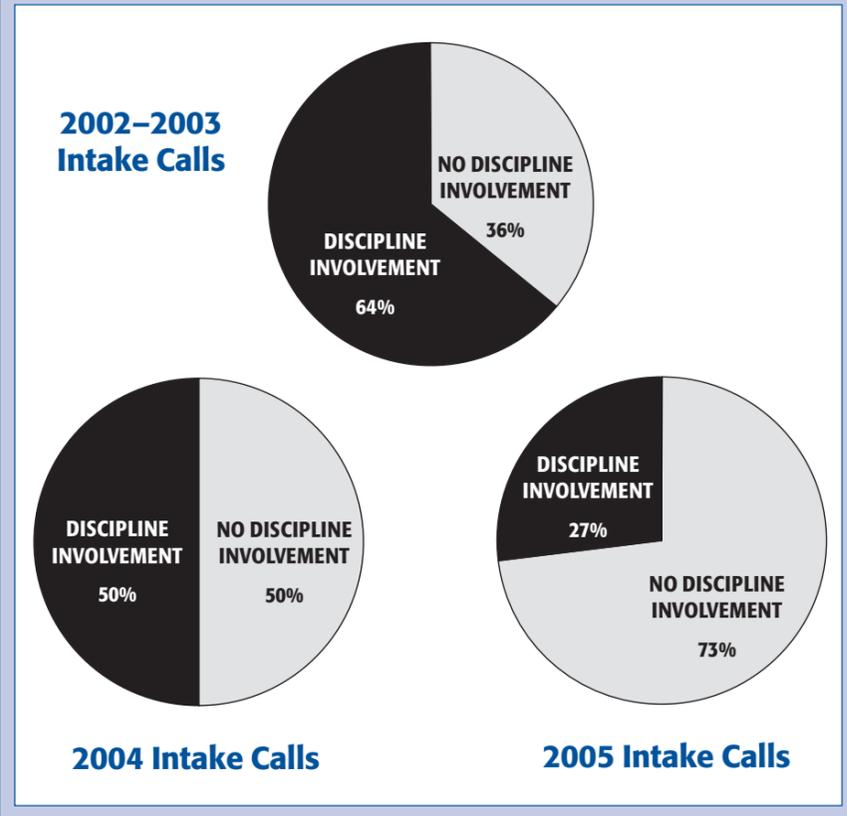
1. Attend several meetings of abstinence-based self-help groups (e.g., Alcoholics Anonymous, the Other

Bar) each week (for those with substance abuse disorders) or attend therapy sessions (for those with mental health disorders).

2. Begin or continue individual therapy with a therapist approved by the LAP.
3. Attend LAP group meetings each week. *(continued on page 3)*

Increase in Self-Referrals

Since the inception of the Lawyer Assistance Program there has been a steady increase in participation in the program by attorneys not facing disciplinary charges before the State Bar. The charts below show that the number of attorneys entering the program with no disciplinary involvement has increased from 36 percent in 2002-2003 to 73 percent in 2005.



Answers to Frequently Asked Questions

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4. Abstain from all drugs including alcohol.
5. Meet with the Evaluation Committee periodically.
6. Maintain regular contact with a Case Manager.
7. Participate in lab testing on a random basis (typically for those with substance abuse disorders).

There may be additional and more specific recommendations depending on the needs of an individual participant, such as inpatient treatment or counseling for a specific problem. Successful completion of the program may be achieved with five years of participation.

Are the Lawyer Assistance Program and the Alternative Discipline Program the same?

No, the State Bar Court Alternative Discipline Program (ADP) is only for attorneys with substance abuse or mental health issues who have disciplinary matters currently pending in State Bar Court. The LAP is for all attorneys with substance abuse or mental health issues, regardless of whether they have disciplinary matters. In order to be eligible for the ADP, attorneys must be enrolled in the LAP. Further information about the ADP can be found at http://calbar.ca.gov/state/calbar/sbc_generic.jsp?cid=13483&id=23390.

How long do I have to stay in the LAP?

Participants are free to participate for the length of time that they choose. The LAP will recognize and verify any period of successful participation; however, to achieve successful completion, participation for five years is necessary. It should be noted that attorneys involved in the State Bar Court ADP may need to participate in the LAP for five years in order to complete the Court program requirements.

How are LAP group meetings different from self-help group meetings like the Other Bar, and why do I need to participate in both?

Participation in self-help recovery

“It is well known that education and support can be of great significance to family members and to the long-term well-being of the family as a whole.”

groups is an essential element of recovery for many people. LAP groups are an important adjunct to the recovery process, rather than a substitute for participation in self-help programs. LAP groups are supportive groups that are facilitated by licensed mental health professionals. LAP groups differ from self-help groups by providing an individualized focus to the recovery process and more personalized support from the group, under the guidance of the group facilitator.

Why are attorneys with substance abuse issues and mental health issues combined in the same group meetings?

LAP groups do not focus on the specific treatment of each diagnosis. In addition, recovery from substance abuse and recovery from other mental health issues are similar in that a prescribed structure assists in recovery. Also, many LAP attorney participants are recovering from both substance abuse and

other mental health issues. Feedback from LAP participants confirms that benefits are derived from the combined group meetings.

What help is available to my spouse and/or other family members?

Family members are strongly encouraged to participate in family treatment programs that may be offered in conjunction with primary addiction or mental health treatment. These disorders have a powerful impact on families. It is well known that education and support can be of great significance to family members and to the long-term well-being of the family as a whole.

For the spouse of the chemically dependent person, we regularly refer to Al-Anon as the primary recovery resource. Adult children can benefit enormously from participation in an Adult Children of Alcoholics (ACA) or Al-Anon group. For younger children, Alateen is a great source of comfort and support. Increasing numbers of communities have groups such as Alatot for very young children. These can be found in your local telephone directory.

For family members of those with a mental health disorder, local mental health organizations provide many support groups. These organizations can be contacted through your local mental health association. The LAP is able to help establish contact with these organizations. ♦

LAP Addresses Mental Health Issues

The distribution of mental health and substance abuse diagnoses among participants in the LAP is shown in the chart at right. More than two-thirds of participants have a mental health diagnosis; this number continues to be much higher than originally anticipated. As would be expected, staff give a great deal of attention to mental health issues.

During 2005, thirty-seven (37) percent of participants had a substance abuse diagnosis without a concurrent mental health diagnosis. Thirty-five (35) percent of participants had a mental health diagnosis without a concurrent substance abuse diagnosis. Twenty-eight (28) per-

cent had both mental health and substance abuse issues (dual diagnosis). ♦

