

# ***Practical Advice On Achieving High Recovery Rates For Attorneys***

## ***What Law Firms and Judges Need to Know When Facing Alcohol or Drug Dependence in Colleagues or on the Bench***

### **INTRODUCTION**

Education about alcohol and drug addiction is commonplace at CLE programs regarding professional development and quality-of-life issues for lawyers and judges. With estimated alcohol/drug abuse rates at 18 to 20 percent within the profession, addiction plays a major role in many performance and competency concerns within firms and on the bench.<sup>1</sup> While the educational effort to increase awareness about addiction is to be applauded, the far more challenging problem is recovery: what to do when a colleague or employee is addicted to alcohol or drugs? Often the response is “treatment,” yet, few attorneys or their human resource departments are familiar with what leads to successful, sustained recovery.

Many in the legal profession exercise self-discipline and personal restraint as the hallmark of their legal career. Therefore, the concept of “losing control” of one’s life over alcohol or drug use is not only foreign to them, but frustrating on many levels. Often when people are faced with this behavior in a colleague (or in a client’s business, or family member), they have little understanding of what it means to be addicted and how people stop drinking or using drugs.

When looking for solutions, treatment is usually the answer. The addicted attorney is given the opportunity to go to treatment and remain abstinent as a condition of continuing in the firm. However, if he/she relapses, job termination is the usual result, with the attendant loss of income, client base, and reputation. Obviously, there is a lot riding on treatment, but for lawyers who pride themselves on evaluating risks and knowing their options, it’s surprising their careers are endangered with so little prior knowledge about what works for treatment. On the other hand, this ignorance is understandable given that physicians routinely report receiving only eight to sixteen hours of class time in medical school on this topic even though chemical dependency is acknowledged as a disease. Given this information, why would there be any expectation that other professionals would have knowledge about chemical dependency, treatment or recovery?

In response to this situation, we decided to write this article to provide the legal profession with information about treatment outcomes and what works for recovery, starting with two key facts:

- The most common outcome of treatment is relapse.
- Pilots and physicians have first time recovery rates in excess of 85 percent.<sup>2</sup>

### ***Treatment Outcomes: Low Success Rates***

Before discussing what works for recovery, it is important to know the data regarding success rates for in-patient treatment. The reality is that treatment outcomes are poor. As addiction specialist Sid Goodman states:

*From all the studies I have read, the success rates for 30-day treatment centers leave much to be desired. Less than one-third of all clients remain clean and sober in the first year after “graduation,” much less for the rest of their lives.<sup>3</sup>*

This outcome information contradicts rates reported by many treatment centers. A well-known commentator in the addiction field reports:

*Some claims of treatment success rest on no scientific foundation and instead represent everything from honest estimates to self-serving fabrication.*

A 2001 review of outcome studies reported an average one-year continuous abstinence rate of 24 percent.<sup>4</sup> The abstinence rate falls even lower at three years. Despite these low rates, we are firm believers in effective treatment, because without treatment, recovery rates are said to be as low as two percent.

### ***Misinformation Jeopardizes Careers***

Unfortunately, there appears to be more marketing than statistical rigor in many outcome claims reported by treatment centers. In our experience, misleading marketing contentions often lead to overconfident and unrealistic expectations for recovery. Firms, families, and patients hear about high success rates and think twenty-eight days of in-patient treatment is all that is needed to take care of active addiction. Misplaced reliance on over-inflated claims jeopardizes careers, harms attorneys (and their families), and increases the potential for malpractice claims occurring from relapses. When ex-patients return to drinking or drugging (or both), law firms and family members are often surprised and turn to the treatment center for answers. They are understandably frustrated by responses such as “alcoholism is a chronic disease” and “relapse is to be expected.” In our view, it would be far better for concerned persons to be told that sustained recovery is not a likely outcome for loved ones entering in-patient treatment so as not to be surprised when relapse occurs.

Because we have seen how destructive addiction is to colleagues, we think the legal profession should consider a new approach to recovery – one that builds off the physicians’ and pilots’ programs with their very high success rates. In this article, we provide information and suggestions on how to support long-term recovery for lawyers who struggle with addiction.

**Section one:** We explain how to set the stage for sustained recovery.

**Section two:** We describe treatment components leading to successful outcomes.

**Section three:** We discuss the critical role firms and families can play in the recovery of their colleagues or loved ones.

**Section four:** We point out how bias against lawyers is a major barrier to recovery.

Because addiction is so prevalent within the legal profession, it’s time to take a hard look at what can be done to improve recovery rates. The question to ask yourself is:

***Why continue to risk treatment failures when there are known roadmaps to success?***

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# SECTION ONE

## Setting the Stage for Successful Recovery

### 1.1 Create Motivation for Recovery by Using Therapeutic Leverage

Motivation plays a large role in recovery and can take two forms: external pressure (therapeutic leverage) from others to change and internal pressure from within oneself.

#### External Motivation (created by others)

The vast majority of people enter treatment due to external pressure or external leverage (therapeutic leverage) of some kind. Addiction experts stress that:

*Chemically dependent patients, free of co-existing mental illness, with intact jobs and families, tended to do well in rehabilitation programs **if therapeutic leverage and support were applied** by families and employers.<sup>5</sup>*

Outside pressure is key to building and sustaining recovery. Patients who say they entered treatment on their own, on close examination, are in fact, entering due to outside influences. Knowing those influences aids in understanding what will work for effective leverage.

#### Internal Motivation (created within the addict)

Internal motivation is a more powerful predictor of recovery than external motivation. Moving from external to internal motivation is a long process. Therefore, **it is critical for external pressure to continue** until the transition is fully underway, if not complete. The failure to follow this advice is a major cause of relapse.<sup>6</sup> Pressure can be modified or relaxed over time as recovery progresses by demonstrated behavior and favorable reports from counselors.

#### *Reasons for High Recovery Rates for Pilots and Physicians*

Unlike the general public, pilots and physicians are subject to regulatory oversight when entering treatment for alcohol and drug dependence. Pilots and physicians have professional oversight boards that force their employees to stay active in programs of recovery for several years and are very involved in their treatment progress. If pilots and physicians do not follow the rules enacted by these oversight boards, their employment is likely to be terminated. With consequences in place, physicians and pilots have enhanced incentives to stay clean. Lawyers do not have these same rules and consequences, and as a result, they do not have as high of success rates. This means that law firms must play the same role as the oversight boards do for pilots and physicians in order to approximate the same outcome rates.

#### *Three More Observations About Lawyers:*

1. In contrast to pilots and physicians, the Minnesota Lawyers' Board performs a minimal oversight role. For example, five lawyers were required to attend A.A. and subjected to random drug tests in 2003, while only two lawyers were required to do so in 2004.<sup>7</sup> Moreover, the Board's probation program omits important elements of the pilots' and physicians' oversight programs.

2. The same oversight program for pilots and physicians can be used by law firms for their attorneys, but it must be implemented by the firm, as the Lawyers' Board is rarely involved in monitoring recovery by attorneys from alcohol or drug dependence.

3. Attorneys work to limit legal and other consequences of alcohol or drug use. From a recovery perspective, avoiding consequences is a negative activity, not a positive one.

**Advice on Applying Pressure:**

External pressure to enter treatment can take many forms, including potential termination of employment, cutting off access to funds, modified relationships, and so forth. Several key points on using pressure are:

***Pressure is Less Effective the More Often it is Used***

While pressure can be very effective, it tends to work only the first or second time it is used. After that, the intended patient figures out ways to avoid pressure. Many times, long-term pressure is only applied after several treatments. By then, it can be too late to be effective.

***Keep the Outcome in Mind, Not the Costs***

Do not turn the problem over to the HR department or the insurance carrier because their interests are in minimizing costs. The firm's interest should be obtaining the best outcome, not the least costly one. Treatment selection is a professional decision to be overseen by firm leadership, assuming the goal is to retain a recovered, valued colleague.

***You Pick the Recovery Programs***

Do not let the intended patient pick his or her recovery program. Treat this occasion as the one opportunity for recovery; take charge and find the right treatment resources.

**Practice Tip: Use Professional Help**

The bottom line is that successful outcomes are dependent on the consistent use of therapeutic leverage over time, individually tailored for each person. Applying pressure is not easy and is very difficult for those close to the addict. In addition, since the addict is likely to react negatively to leverage, being able to point to an outside authority as a source of advice helps defuse these adverse feelings. Obtain knowledgeable assistance from licensed addiction professionals, and use it.<sup>8</sup>

**1.2 Make the Disease Real by Creating Consequences™**

A second influential factor for improved recovery is the severity of one's experience with drugs or alcohol. The more severe the experience, the greater likelihood of recovery. Negative experiences make the addict believe he or she has a serious problem. Those who continue drinking are said not to have "suffered enough" and may need to "lose everything" in order to want to quit. Programs for pilots and physicians are geared toward early intervention before significant consequences occur. However, these groups know what will happen if they are not fully engaged in treatment and do not comply with all post-treatment requirements. It is the potential negative action for non-compliance that creates much of the initial external motivation to enter and participate in treatment. For attorneys, the lack of external consequences is a barrier to taking recovery seriously. Much of what is discussed in this article makes the disease "real" for the addicted attorney.

**Negative Experiences Increase Awareness of the Disease**

The lack of severe negative experiences with drugs or alcohol has several implications for successful outcomes. Treatment must move away from emphasis on the external consequences and focus on the emotional, mental, and spiritual impacts the disease has on the addict and his or her relationships.<sup>9</sup> Addicted lawyers' wealth, profession, connections, position, and so forth, allow them to avoid consequences common to the less well-off, which can lead to the belief that problems are absent. Once

the addiction has progressed over time, the emotional and mental components of the disease make it difficult for the alcoholic or addict to learn a sober lifestyle. Outsiders can see the severity of the illness, but the attorney is not aware of the progression in his or her addiction. Often times, the external consequences do not come until the disease has advanced. An example of this would be job termination, at which point the disease becomes very real.

Creating consequences is a critical component of the pilots' and physicians' programs where consequences are imposed by oversight boards. In A.A. parlance, creating consequences is similar to bringing the "bottom up" for those who have not lost everything (see below). To do so, find counselors with the expertise, knowledge base, and empathetic willingness to understand and work with attorneys in terms of their experience with addiction. Standard treatment programs must be individualized (often an impossibility for insurance driven treatment centers) to take into account the attorney's lifestyle and environment. By exploring these experiences with addiction and his or her environment, the impact of the disease will become more easily identifiable to the attorney.

### **Practice Tip: Behavior Changes Help Make the Disease Real**

As in maintaining leverage, individualized focus on the realities of alcohol or drug use is a second area where persistence over time is key. However, in this instance, persistence should be focused on behavioral changes so the alcoholic or addict comes to believe he or she has a disease that needs to be taken seriously.

## **1.3 Know Why Recovery Takes Much Longer Than 28 Days**

Recovery is not complete after in-patient treatment. It takes a long time to treat emotional, spiritual, and co-existing mental health aspects of the disease. Even though the attorney's life may appear normal, in all other aspects, his or her disease will not be stabilized in just 28 days. This is one reason why outside input (and yes, even control) is so important for months, if not years, after leaving treatment.

### **Addiction Involves Much More Than the Physical Consequences of Using Drugs or Drinking**

The hierarchy of recovery is the opposite of the progression of the disease. The disease occurs in this sequence: spiritual, emotional, mental, physical. Recovery starts with the physical and ends with the spiritual. For example, research shows that in the brain, heavy drinking and drug use modifies circuits that transmit pleasure and pain between neurons and even the thought of alcohol can generate a knee-quaking compulsion to drink. Alcohol doesn't just elicit subjective responses – over time, it shapes those responses.<sup>10</sup>

Continuous abstinence is required for responses to return to normal or be managed in healthy ways, which is why episodes of abstinence between relapses is not considered a period of recovery. From the brain's perspective, little has changed.

In treatment, detoxification and physical recovery happens within 10 to 15 days for most alcoholics and addicts. Common exceptions are those with severe liver damage, permanent cognitive impairment, or benzodiazepine withdrawal, which can take two weeks or more. The patient's thinking process improves as a result of detoxification. The addict/alcoholic says to him/herself, "I am feeling better, I must be cured. It's time to go home and get back to work." While these feelings may be genuine, the conclusion is incorrect. The attorney decides what is needed after treatment with impaired insight as to his or her true status. This damaged insight is due to partial recovery and distorted thinking from post acute withdrawal symptoms (PAWS).

## **PAWS**

Thinking is distorted from PAWS (Post Acute Withdrawal Symptoms).<sup>11</sup> PAWS is a brain dysfunction occurring in 75-95 percent of recovering alcoholics and addicts tested. Symptoms appear from seven to fourteen days after abstinence and subside in six to twenty-four months. The characteristics of PAWS are:

- Inability to think clearly
- Memory problems
- Emotional overreactions or numbness
- Sleep disturbances
- Physical coordination problems
- Stress sensitivity

The most recognizable symptom is the inability to solve simple problems. Needless to say, the attorney in early recovery is susceptible to poor decision making but will want to appear normal by making his or her own choices as to post-treatment activities. This misconception is another reason why firms need to participate and oversee the lawyer's activities after they leave treatment.

### **Practice Tip: 28 Days Does Little for Emotional or Spiritual Recovery**

Law firms and their HR departments are usually unfamiliar with the stages of recovery and the corresponding need to continue leverage until the patient's emotional and spiritual condition stabilizes. Premature assumptions by patients regarding the pace of recovery is another major reason for relapse. Because emotional and spiritual issues are outside the domain of most firms' expertise, the attorney's addiction counselor is the best person to turn to when assessing progress in these areas.

## **1.4 Implement a Written and Structured Post-Treatment Plan**

As mentioned at the outset, the most effective use of pressure during recovery is at the post primary or 28 day in-patient stage. Most people (including attorneys) leaving treatment will not voluntarily agree to follow the type of plan outlined in these sections. Therefore, the law firm or other sources of leverage must insist these standards be met as a condition of continued employment. Following the suggestions in this article mean little if there is not a comprehensive and implemented recovery plan in place when leaving treatment. The preferred plan is the physician's model, if available in your state. If not, use the next two sections as a guide to follow regarding post-treatment plan content.

### **Purpose: Behavior Modification**

The purpose of a structured after care program is to channel negative behavior into positive behavior by engaging in recovery activities. If lawyers fail to attend post-treatment activities by making rationalizations or justifications, they are not facing their problems. ("Trying is lying"- an A.A. slogan). Given the profession's focus on rationalizations and intent, lawyers find it difficult to understand that performance is what counts. Missing meetings and counseling sessions is unacceptable.

### **Goals: Developing Internal Motivation/Consequences in Case of Relapse**

After treatment, attorneys must stay active to convert external motivation to internal motivation and learn new behaviors. This can take at up to a year or longer. In addition, the written document should include a plan in case of relapse (consequences for negative behavior) and a comprehensive program of activities to participate in after treatment.

## **Create an Effective Written Plan**

Here is what Chuck Rice, a counselor at Hazelden, has to say in this regard about lawyers leaving treatment:

*My experience with attorneys tells me that long-term outcomes are dramatically improved when lawyers can be monitored and when there is an accountability system with a fair amount of external support. This means ongoing continuing care groups, ongoing contact with a treatment professional, and access to other recovering attorneys.<sup>12</sup>*

### ***Be Comprehensive***

Make sure the post treatment program includes all activities needed to support and sustain recovery. There is a good chance the program will be comprehensive if the assessment and treatment plan is tailored to the individual, and there is adequate communication with firms, families, and professionals (See below). The pilot/physician programs are useful templates for the core elements.

### ***Have Accountability***

There should be an “accountability system” in place. Such a system involves at least one knowledgeable person able to engage in effective oversight to assure the alcoholic or addict in early recovery is following his or her program. The person who will hold the addicted attorney accountable for his or her actions should understand drug/alcohol abuse and the culture of the patient (i.e. law firm, corporate, governmental, or judicial setting). Using the attorney’s legal assistant or associate are proven recipes for disaster.

### ***Use External Support***

External support means both counseling support and leverage (pressure) to follow through on engaging in identified activities in the post-treatment plan. Structure, support, and accountability keep the lawyer engaged in the group and individual therapeutic process long enough to gain insight into the underlying drivers of addiction. Because the addict is used to quick fixes, regular attendance at groups and individual counseling will need to be monitored closely. It is very helpful for the patient to receive two or three visits while in treatment from an attorney in recovery who can serve as a mentor or temporary sponsor. These visits help the patient understand that external support paves the way for recovery.

### **Practice Tip: Put the Post-Treatment Plan in Writing and Have the Attorney Sign It**

Make sure the post-treatment plan is in writing and have it signed by the patient prior to leaving treatment (as do pilots and physicians). Adhering to this agreement is another reason why these groups have such high recovery rates. Moreover, written post treatment activities and agreements promote accountability and communication between participants. Often times, a lawyer in early recovery will say, “I never agreed to do that!” Written agreements breach this line of defense.

## **1.5 Identify Relapse Prevention Strategies**

An additional component of post-treatment planning is relapse prevention. Some treatment centers do not discuss potential relapse issues with their patients, believing it is better to think positively. We disagree. The addict’s default status is to use, not abstain. Once physical detoxification is complete,

addiction is a disease of the mind. It is one's thinking and emotions that need to be managed for successful recovery. Without ongoing intervention, the mind will "think its way back to a drink."

Since relapse is always a concern, the better course of action is to help attorneys identify potential relapse issues and work with them on ways to successfully address vulnerable areas. Remaining in remission requires active intervention in the disease. Knowing when relapse can occur helps people identify situations to avoid until recovery is solid. For example, research shows that prior to resuming drinking or using:

- Men report positive feelings, tend to relapse alone, and avoid groups.
- Women report negative emotions and personal interactions and tend to relapse with a romantic partner or female friend.

Paying attention to this information means consciously avoiding these danger spots.

### **Environmental "Cues"**

The people, places, and objects associated with drinking or using are triggers at an emotional and unconscious level for the addict. They are conditioned by the connection between the environmental event and the drink or the drug. Author Steve Olson, in an article on binge drinking said:

*After a while, people tend to associate certain places and feelings with alcohol. In fact, social expectations can be so strong that they affect biological processes, meaning that people can begin to crave alcohol simply when they walk into a bar.<sup>13</sup>*

There are many examples that can act as triggers for lawyers and other professionals. Examples include:

- Going to the country club, playing golf, and the "19th hole."
- Socializing after work.
- Discussion with partners about billed hours.

The addict in early recovery must avoid these situations until he or she learns how to change his or her response to these cues or learns coping mechanisms for uncomfortable feelings. Some people are not able to change their responses to certain environments or interactions and therefore, cannot safely be in those situations again.

### **General Relapse Factors**

Post-treatment plans need to take into account three general areas leading to relapse:

#### ***Declining Motivation after In-patient Treatment***

After in-patient treatment, motivation to continue recovery activities decreases. In fact:

*Treatment compliance is the biggest cause of relapses for all chronic illnesses, including asthma, diabetes, hypertension, and addiction.<sup>14</sup>*

The problem of course, is that many lawyers will not attend continuing care groups, keep appointments with counselors, or otherwise engage in recovery activities. As stated previously in section 1.4, missing meetings and counseling sessions is unacceptable.

### ***Resuming Activities***

Upon leaving treatment, many patients want to resume normal activities to show they are “okay” by simply not drinking. Others feel they must make up for lost time, generating as much income as possible. “Workaholism” may become the new addiction.

### ***Stress***

Stress can lead to relapse. What generates stress for professionals is often individualized and situational, although there may be common patterns known to the experienced counselor. Lawyers must be able to identify stressful situations to avoid in early recovery. Managing a stressful lifestyle is one area where contact and support from other attorneys with similar backgrounds and groups like Lawyers Concerned for Lawyers are helpful in providing guidance, as their experience is an invaluable resource. However, **outside pressure is far more effective for compliance with post-treatment activities than personal support.** The highest priority for at least six months after treatment is to attend recovery activities, limit workloads, and avoid stressful situations.

### **Practice Tip: Expect Resistance by Treatment Centers**

Talk to treatment personnel (upon intake) who oversee clinical treatment and post-treatment planning and communicate your expectations regarding the firm’s involvement these areas. Such expectations include the patient signing a full release to the firm, or the firm’s designee, regarding the services and plan.

## SECTION TWO

### Understand What Leads to Successful Treatment Outcomes

#### 2.1 Importance of Quality, Therapeutic Relationships

Select treatment centers that place importance on the therapeutic relationship.<sup>15</sup> This means choosing a center with experienced counselors who are allowed to spend time developing a trusting relationship with their patients.

#### Trust Leads to Change

By gaining confidence in the counselor, the patient will listen and begin to understand that a new way of living is possible. Tian Dayton, an expert on trauma recovery, writes:

*I view the counselor/patient relationship as another key component in the recovery process. It is through the **patient gaining trust** in his or her counselor that the patient is willing to try new behaviors and to look at life experiences from new perspectives.<sup>16</sup> ...research finds again and again that it is the quality of the relationship between client and therapist that emerges as the most primary part of the healing process.<sup>17</sup>*

Some treatment centers support the therapeutic relationship and regard it as a significant factor in the healing process. Others do not and place more emphasis on an informational approach using educational materials.

#### Experienced, Empathetic Counselors

Counselors for lawyers and judges must be experienced and willing to work with this population group. For example, lawyers tend to have their own unique sense of shame about losing control and recognizing how their use might have affected their clients. In addition, counselors must be able to adjust and match their counseling skills to the learning styles and psycho-social attributes of their patients. Here's an example of a good way to understand and approach lawyers during a counseling session:

*Lawyers need fairly sophisticated counseling...they don't react well to the old-school, just do it kind of approach. They're pretty detail-oriented. They're trained to analyze. They intellectualize. They tend to come across as argumentative, when in fact that's how they process new information. You need to be more willing to engage in a dialogue with them.<sup>18</sup>*

Many facilities have interns, training programs, or other student body acting in a counseling capacity. Firms must communicate with treatment center staff the need for "seasoned" counselors to work exclusively with attorneys. If a student works with an attorney at any level, it is imperative that the counselor of record maintain close watch and monitoring and participate in all interactions with the patient.

#### Practice Tip: Ask for Specific Counselors Known for their Experience with Attorneys

Finding treatment centers with the right counselors is difficult when low insurance reimbursement results in high staff turnover and low pay. Yet, this must be done for recovery to take hold. Turning again to pilots and health care professionals, their referents request they be assigned to specific counselors who have the skills, experience, and demeanor necessary to establish a trusting relationship with their patients.

## **2.2 Address the Clinical Needs of Attorneys**

A major flaw in treatment is the failure to validate the clinical needs of attorneys. Many treatment centers view lawyers as having service needs – i.e. being demanding or needing special treatment – but not having emotional vulnerabilities unique to their experiences as lawyers and judges. While there are many clinical considerations in treating addiction, keep two in mind: first, whether the assessment includes issues related to the legal profession and economic status, and second, whether clinical issues are addressed during or after treatment.

### **Comprehensive Assessments Must Include Clinical Factors Unique to the Legal Profession**

The assessment process at some treatment centers overlooks key information regarding personality traits, economic relationships, family interactions, dependencies, and upbringing. This may be the result of inadequate assessment tools or unwillingness to ask the right questions. However, lawyers do share enough similar traits to warrant specialized treatment approaches.

*Lawyers who enter substance abuse or behavioral health treatment often present with a familiar constellation of clinical issues.<sup>19</sup> The very skills that make us good lawyers make us terrible, terrible patients.<sup>20</sup>*

As to this latter point, in our experience, many attorneys are familiar with the clinical dimensions of a chemical dependency assessment due to frequent contact with clients or adverse parties who have been through assessment, treatment, and follow through. Because of their familiarity with assessment criteria, it is important when assessing attorneys to obtain information from outside sources for accurate history, diagnosis, and identifying treatment needs.

Normal assessments include social, medical, educational, sexual, vocational, family, substance use and criminal history. Family members and colleagues must take the initiative and provide additional information on intake and if needed, throughout treatment regarding economic and practice concerns. The reason for this is that attorneys commonly omit negative information regarding how their alcohol or drug use impacted their clients and relationships within the firm.

Some treatment centers only want patients to talk about their addiction. Patients who try to raise other concerns relating to their professional lives, finances, or upbringing may be told by their counselor not to talk about them. Not only does this response limit understanding of what underlies the addiction, but it can also reinforce the patient's negative feelings about those concerns.

## **Sequencing Therapy for Underling Conditions Driving the Addiction**

One approach in treatment is to stabilize the addiction and work on underlying conditions later on. Another approach is to work on stabilizing the addiction, while gaining insight into the drivers at the same time.

*For many patients, the uncovering therapy and acquisition of recovery skills needs to happen simultaneously. These patients require a treatment plan aimed at understanding the core issues that drive the addiction.<sup>21</sup>*

This is not merely an argument over which approach is better. Many people can't get sober unless underlying conditions are addressed in treatment since these conditions trigger relapse. If a treatment center postpones looking at underlying conditions until after treatment, a patient needing to do so will experience difficulty in recovering, particularly with a poorly written or implemented post-treatment plan.

### **Practice Tip: Make Sure your Attorney's Clinical Needs are Identified and Addressed**

The clinical needs of pilots and physicians are identified and addressed in treatment and in post-treatment plans. In fact, this is considered so important to their recovery that they have specialized groups that meet during treatment. While we are not suggesting special groups are necessary for lawyers, it is imperative that they not leave treatment with clinical needs overlooked and untreated - another cause of relapse.

## **2.3 Treat the Underlying Drivers of Addiction in an Integrated Model**

Outcomes are improved when treatment centers identify and treat the underlying drivers of addiction together with the addiction in an integrated model. Some treatment centers focus primarily on the physical component of addiction, viewing the goal of treatment as reducing or eliminating the use of alcohol or drugs. Others segregate addiction treatment and mental health treatment. The focus in this section is on a comprehensive approach to addressing underlying conditions in treatment together with the addiction.

### **Addiction Has a Strong Psychological Component**

Addiction is more than just physical dependence on a drug. It has a very strong psychological element as well. A noted addiction expert on this issue states:

*My experience says that addiction to alcohol or any other drug is hardly ever just physical – like a disease – but involves a psychological component as well. What drives the addiction is significant.<sup>22</sup>*

The “biopsychosocial” model is the biological, psychological, and social model of addiction disease. The “drivers of the addiction” are the psychological and social components of this model, as distinguished from the physical need for the drug or drink. As discussed above, to be thorough, assessments must identify underlying drivers, including clinical issues unique to attorneys (as they do for pilots and physicians).

### **Know Which Model the Treatment Center Uses**

Cessation of alcohol or drug use is the first priority for any model of recovery. The more comprehensive models incorporate underlying drivers during treatment. This works better for attorneys. Focusing on the physical element may not result in long-term change. For example,

*One should be wary of models that tease apart the “bio,” “psycho,” and “social” aspects of addiction to the exclusion of the other parts. This is strategically important for avoiding buying into the patient’s delusional system that protects their personal responsibility for change. For example, the media has tended to oversell the biological basis of alcoholism as holding hope for a “cure.”<sup>23</sup>*

Knowing which approach is used by a treatment center is a significant step towards treating what originally made alcohol or drugs a “solution for problems” and for future relapse prevention strategies. The underlying drivers of addiction approach identifies vulnerabilities and includes them in planning for recovery during and after inpatient treatment.

### **Overcoming Hopelessness**

Without considering underlying causes of addiction, lawyers who return to alcohol or drug use often feel helpless despite their best intentions when entering treatment. This cycle of hopelessness can lead to overdoses or suicide because during the treatment process, the addict has received little or no understanding of the forces driving her or his addiction and how difficult it is to recover. Consequently, the relapsing lawyer reaches the erroneous conclusion that treatment does not work and his or her situation is hopeless.

In our experience, insight into underlying causes increases motivation to recover because cognitive understanding (even if limited) helps lawyers open up, become vulnerable, and engage in new behaviors. While this may seem a somewhat dry and abstract analysis of relapse, to see lawyers struggle because they don’t grasp this aspect of recovery is truly disheartening and painful.

### **Practice Tip: Recovery is About Treating Underlying Conditions**

Select treatment centers using comprehensive, integrated models for addressing addiction and underlying conditions. Ask these centers to identify how they implement the integrated model for each patient.

## **2.4 Effective Treatment for Patients *Without* Major Co-Existing Mental Health Issues**

Attorneys without significant co-existing mental health disorders still need to engage in a process of changing addict attitudes and behaviors to recovery attitudes and behaviors. For those alcoholics and drug users without trauma, depression, or personality disorders, problematic behaviors can be explained as part of their addiction. When solidly sober and following aftercare plans, their behavior changes and they begin acting responsibly. Research has shown that:

*Employed, middle-class patients...with intact families, jobs, and who were relatively free of mental disorders tended to do well after rehab if they followed their aftercare plans. In these settings, the patient’s problematic behaviors were viewed as stemming almost exclusively from the progression of their addictive disease. ... For the vast majority of addicted people, when they sober up and find a way to stay sober, they*

*change their values and become human beings again. They start using the ethical codes that they should.*<sup>24</sup>

Most people are unfamiliar with what it means to “recover,” focusing on the use or non-use of drugs and alcohol as the measure of success. While abstinence is important, even more critical for long-term sobriety are the internal dynamics of recovery. These include alterations in attitude and mood as well as the changing values noted in the preceding quote. For the unfamiliar, there are several key elements to be aware of, which will be described below.

### **Sobering up with Self Revelation, Awareness, and Acceptance by Peers**

To assist in gaining self-awareness and changing values, treatment incorporates specific steps to help the patient identify and acknowledge negative actions. In doing so, feelings of remorse, guilt, and shame are common due to the realization that past conduct violated ethical standards, hurt others, or led to economic and interpersonal losses. However, the patient is not left for long at this emotional “bottom.”

*The real cure for shame is a gradual willingness to expose to others what you are most ashamed of, and the discovery that you will not be cast out for making your shameful self known—that you are still a member in good standing of the human community. You are acceptable for who you are.*<sup>25</sup>

The hoped for outcome from such self-revelation, often occurring in telling one’s story through heart-to-heart interactions with patients (peers), is being accepted by your peers for who you are regardless of past conduct. This begins the transformation to recovery.<sup>26</sup>

The process described in the preceding paragraph is the critical component of the first step to recovery. In talking to patients returning to treatment, the failure to self-reveal is one primary cause of relapse. They never make an honest connection with other alcoholics. One reason why treatment takes 28 days is so the patient has the time to learn how to trust people enough to tell his or her story – to self-reveal. This can be very difficult for attorneys because they are extremely reluctant to self-disclose. In addition, lawyers are accustomed to putting their clients in the most favorable light and are apt to do so for themselves when in treatment – the opposite of what is needed.

A measure of progress in treatment is whether the lawyer’s counselor reports that his or her patient is making an honest effort in communicating with peers and professionals. In this regard, there are treatment activities that provide a factual basis for assessing progress.

### **The Illusion of Status and Material Well-Being**

One barrier to insight and self-revelation is that attorneys tend to have higher status due to their profession and public prominence in comparison to the general population. For lawyers, this status can create the illusion that resources or attributes minimize or cure the addiction. This illusion is easily reinforced by the reactions and attitudes of other patients and staff who believe that an advanced degree and a good income reflect a life without many underlying problems.

Another counseling task is to help the patient see how success, money, and/or fame can easily become a self-image, or part of who one is, and relied on in ways that prevent the self-examination necessary for recovery. Reliance on professional standing or economic achievements as reasons for contending progress is being made in treatment is a sure sign of trouble.

### **Success and Low Self-Esteem**

Even with enormous success, almost all addicts have very low self-esteem, which must be acknowledged, identified, and addressed in treatment. Here's what one writer, Sue Erickson Bloland, said about her famous father:

*Fame is not a successful defense against feelings of inadequacy. It only appears to be.*<sup>27</sup>

Similarly, for those in a high status profession, inadequacies become glaringly self-apparent during the first few days in treatment. At this time, most patients realize the tools learned in law school are not helpful for recovery and they turn to their counselors for direction. (Let's hope the counselors are available to respond.)

### **Professional and Social Traits as Recovery Barriers**

Attorneys, as a rule, don't trust colleagues or friends to be understanding. They feel they must solve problems on their own. Useful therapeutic interventions focus on the patient learning to trust and seek the advice of others, while being less self-reliant. Highly skilled, experienced, and self-confident counselors are critical to this change process.

### **Recovery is about Relationships**

One way to measure progress is improved relationships with peers in treatment, because authentic interpersonal encounters lead to real self-esteem. Again quoting Bloland:

*If enormous success like my father's is not a reliable cure for feelings of inadequacy, then what is the road to self-esteem? I would propose that self-esteem is experienced in the context of authentic interpersonal encounters in which the self is revealed and acknowledged rather than obscured by idealized self-images. This is the model of a truly intimate interpersonal relationship.*<sup>28</sup>

Aside from peer interaction, contact with respected and successful recovering attorneys is extremely helpful in promoting improved self-worth, as this is another way to build relationships.

### **Overlooked Depression and Trauma**

A significant percentage of lawyers suffer from depression or other behavioral disorders.<sup>29</sup> Others may have experienced trauma as children or adults. There may be certain elements of the practice or individual cases that are so stressful and difficult for an attorney that they become triggers for use. These elements, along with depression or trauma can be undiagnosed because the patient may feel that it is not important or that it's just part of the profession (something attorneys are taught to endure in law school).

### **Practice Tip: Check in with the Counselor on Progress**

Recovery is a process of self-examination and establishing self-worth through authentic relationships. In our experience, attorneys as a whole are adept at the "direction" of others as part of their professional demeanor. Many have a tendency to put themselves in this position in treatment centers within their peer group. Attorneys then focus on their peers' issues and disclosures, rather than their own. Therapeutic staff and peer group members must help the attorney develop "humility" so as to be less in charge and more able to take feedback and direction from others who would like to be supportive.

## 2.5 Effective Treatment for Patients *With* Major Co-Existing Mental Health Issues

Over fifty percent of addicts have significant co-existing mental health issues, which can also be described as Axis I and Axis II disorders:

- **Axis I:** *Co-existing Clinical Disorders (Mood, Anxiety, Dissociative, Eating, ADD, PTSD, Learning, etc.)*
- **Axis II:** *Personality Disorders*

Patients with significant co-existing disorders are often treatment resistant, relapse prone, and have poor outcomes. Fortunately, there is a treatment approach that works for dual disordered addicts. However, describing this approach is beyond the scope of this article. For information about this successful protocol, refer to the article by Goodman and Levy referenced in the footnote or our website.

In determining whether the addicted attorney has a major co-existing mental health issue, he/she must enter a treatment center that does thorough testing for both Axis I and Axis II disorders *and* has the personnel in place to do so. The latter point is significant because the treatment center may be understaffed, and therefore unable to complete the necessary testing. Assuming the attorney consents to a release of mental health information, the next step is for the firm to have the information reviewed by a qualified professional. Once the mental health status of the attorney is assessed, treatment planning can be modified in the event the attorney has one or more co-existing mental health disorders.

When assessing co-existing mental health disorders, treatment centers must be aware that attorneys frequently work with entities that administer and interpret mental health testing and assessment. They can become very familiar with the instruments used, as well as clinical parameters leading to diagnosis. In our experience, some attorneys attempt to influence testing results to achieve different conclusions and resulting treatment plans. As an example, one attorney had an MMPI with results and diagnosis inconsistent with how he acted in treatment and with his reported preadmission behavior. After consultation with other disciplines and confronting the patient with this history, he admitted reviewing the results of "a thousand MMPI's," and deliberately distorting his answers to make himself look good. Upon further testing, he ended up with an entirely different diagnosis.

For treatment, the emphasis is on the psychological - social model of treatment and the patient's individual experience, rather than a medication, symptom identification approach. It's much more than finding the right therapeutic drug! These patients require intense clinical care over a substantially longer period of time.

### **Practice Tip: Maintain Therapeutic Leverage for Successful Outcomes**

Therapeutic leverage must remain in place for a long time to assure treatment compliance. When maintained, law firms can have increased confidence in the recovering attorney's stability and continued ability to contribute to the firm.

## SECTION THREE

### The Importance of Effectively Including Law Firms in the Recovery Process

#### 3.1 Law Firms are Powerful Allies in Fostering Recovery

Pilots and physicians have high success rates because their employers have active and constructive involvement regarding treatment and post-treatment. Similarly, lawyers need treatment personnel to effectively communicate with the attorney's supervisor, HR personnel, and addiction professionals. Communication is critical to sustaining recovery.

*Families neither cause or cure addiction. However, they can be powerful allies in fostering recovery. It is an essential part of the clinical mission to draw families into treatment planning and execution.*<sup>30</sup>

The same holds true for law firms. Firms and other influential people in the patient's life can only be "powerful allies" if they are incorporated in the process. In addition, family members, colleagues, and assistants are resources for assessment and treatment planning, particularly as to information the patient may be reluctant to disclose. In our model, firms must be included in post-treatment planning when they are either funding recovery or controlling patient access to resources or re-employment.

#### The Involvement of Families in the Addict's Life

Here is how Susan Cheever, a biographical writer, describes the family's role when dealing with an addicted loved one:

*The balance that creates a successful family around an alcoholic is trickier than the balance of a tightrope artist on a bicycle. Families of alcoholics must both separate themselves from the alcoholic and involve themselves intimately with the alcoholic, and they must do so at the same time.*<sup>31</sup>

Substitute the words "law firm," or "partner," for "family" and the same prescription applies. The key word here is *create* because the sought after balance is a learned phenomena, on-going, and evolving. What is needed at day one, is different at day 10, 20, 30, and so on. Ideally, learning how to interact with an addicted firm member occurs with the support of a therapist specializing in addiction.

As with virtually all people entering treatment, the attorney's relationships with others are likely to be strained and tenuous. The firm must communicate clearly to the attorney during the early stages of treatment that his or her job is secure if he/she successfully completes treatment and follows recommendations. In our experience with pilots and physicians, we find face-to-face communication works best to allay fears regarding career impact and employment status and has the added benefit of increasing motivation to engage in treatment. For an attorney whose position in the firm may be less secure, his or her counselor can assist in ascertaining the attorney's job status, what may be done to improve the situation and help the attorney manage anxieties regarding employment.

#### Few Treatment Centers Actually Include Outsiders in Treating the Addict

Regrettably, while every treatment center promotes outside involvement and communication, few actually perform as promised. The following comment reflects contemporary practice:

*Alcoholism/addiction has been characterized as a “family disease” since the mid-20<sup>th</sup> century. **That rhetoric continues today, but there is little evidence that such beliefs permeate clinical practice.** If we really believed that addiction was a family disease, we would not assess, treat, and provide continued support services to individuals in isolation from their families, we would instead deliver family-oriented models of engagement, assessment, treatment, and continuing care.<sup>32</sup>*

Again, the same observation applies to law firms. Unfortunately, communication by treatment center personnel with family members, employers, and even outside therapists is often perfunctory. When it does occur, it usually happens well into the treatment process when information provided by outsiders has almost no influence on treatment planning (which happens within three or four days of entering treatment). In contrast to existing practice, counselors at centers treating pilots and physicians must effectively communicate with employers and oversight boards at regular intervals.

**Practice Tip: Be Assertive Regarding Communication**

Only use treatment centers that clearly articulate their commitment to communication and are willing to set up specific times to do so, such as phone dates. If communication is poor, call marketing representatives and the administration to complain. However, before doing so, be sure to let the counselor know of your dissatisfaction, so he/she has a chance to improve the situation.

**3.2 Why “Letting Go” or “Doing Nothing” is Dangerous**

Our advice regarding the active and constructive involvement of family members flies in the face of information given to families and advisors by treatment centers, therapists, Al-Anon, and other well-meaning people. Families are often told that they are “powerless over their loved one’s addiction” and must “let go.” Similarly, concerned persons are also told their loved one must “hit bottom” before wanting to stop, enter treatment, or attend A.A. This advice can lead to at least three negative results:

**It Takes too Long to “Hit Bottom”**

Often, attorneys and other well-off professionals take a long time to “hit bottom.” They can use or drink and fail to see the consequences because their position and money mask problems. Firms and family members cannot wait for the addicted attorney to “hit bottom” because, by then, it could be too late.

**Support Systems Continue in Place When They Should be Cut Off**

Many times the professional alcoholic or drug user is able to maintain his or her job because assistants, colleagues, and family members step in when things go wrong or assume responsibilities previously performed by the addict. These support systems must be identified, acknowledged, and ended, rather than simply remaining in place, the hoping the situation will change on its own.

**Harm to Self, Others, and Wasted Assets**

The failure to intervene at an early stage in the disease decreases the ability to recover, hurts others such as children, and wastes resources. Take action before the progression leads to economic and personal harm and decreased ability to grasp the emotional and spiritual elements of recovery.

**Practice Tip: Distinguish Between Emotional Involvement and Using Tangible Leverage**

One common theme throughout this paper is an explanation of how and where “power” can be appropriately and effectively exercised when intervening in the disease process. We recognize the

importance of decreasing emotional enmeshment with the alcoholic/addict when using or in early recovery. We wish to contrast this lessening emotional enmeshment with the advice here, which is about using tangible leverage, consequences, and rewards to encourage positive behavior.

### **3.3 Obtaining Consents for Release of Information**

A common reason given for the failure to communicate is the patient's unwillingness to sign a release of information. While the treatment center is obligated to not communicate without a release, the lack of one can be overcome by using outside pressure or persuasion by the patient's counselor to sign a release. Law firms and advisors have legitimate therapeutic and economic reasons for open communication between themselves and the patient's counselor.

Because addiction, secrecy, and dishonesty go hand in hand, concerned persons must insist their relationship with their recovering loved one be based on honesty and disclosure. This is of utmost importance where a profession, money, children, or other resources and relationships are involved. Concerned persons also need to be aware of how treatment is progressing for oversight purposes because there may be other dependencies warranting communication. For example, people in treatment are vulnerable adults. Patients may be adults in age and appearance, but because they are dependent on the firm for continued employment and are likely to have psychological deficits, they are not self-sufficient.

To reiterate, pilots and physicians must sign consents to release information from the treatment center to their employers and oversight boards. These consents allow for communication as to treatment progress and post-treatment requirements to the family or employer. Failure to do so results in continued license suspension and employment termination.

#### **Practice Tip: Be Resolute Regarding Access to Information**

For the lawyer in treatment, consents for releases of information must be signed as a condition for returning to the firm in good standing, access to resources, and employment.

## **SECTION FOUR**

### **Recognizing Bias Against Attorneys as a Recovery Barrier**

#### **4.1 “Attorneyism:”™ Biased Misconceptions by Patients and Staff About Lawyers**

From personal experience in treatment and working with patients, preconceived ideas e about lawyers are a major obstacle to recovery. When it’s not safe to talk about what is really going on, men and women will find ways to protect themselves by isolating or accommodating to group norms. The focus is on survival, not taking the risks to develop the intimacy skills and relationships needed to recover. Patients leave essentially untreated, but tell themselves they have been through treatment. We examine four area concerning bias:

##### **Attorneyism - Patients**

While most groups are off limits in terms of jokes and negative comments, it is still open season on lawyers. When this hostility is directed toward the affluent, the term used is *Wealthism*.<sup>33</sup> We will use the term “Attorneyism” to describe bias against attorneys. It includes actions or attitudes that dehumanize or objectify lawyers, commonly expressed in jokes. In open society, lawyers come to expect negative comments and are usually well guarded. However, in treatment, feelings are exposed and bias by peers is hurtful and reinforces defense mechanisms. The problem is worsened when the attorney is successful economically and also feels the sting of bias against the affluent.

##### **Attorneyism - Staff**

Many counselors have unresolved issues regarding attorneys and are unable to effectively counsel lawyers, particularly those who are successful. The inability to be therapeutic includes withholding of counseling skills to intercede when expressions of bias appears in groups and peer settings. Helping affluent attorneys set boundaries with peers is a crucial part of the counseling process. This becomes a particular concern when other patients are asking for loans of money or other assistance from lawyers. Without the affirmation and support of an empathetic and supportive counselor, the attorney patient can feel isolated, alienated, and afraid to ask for help.<sup>34</sup>

##### **Safe Environments are Needed to Allow Change to Occur**

Successful recovery is dependent on talking about personal experiences and feelings in an environment clear of judgment. Addiction specialists, Goodman and Levy agree that:

*A vital part of the therapeutic process is the admission of past behaviors for which one carries guilt and shame, and facing both the facts and the painful emotions associated with them. This is the spiritual part of recovery and is practiced by most addiction programs whether they make use of 12-Step recovery principles or not.*<sup>35</sup>

For alcoholics and addicts, this process first occurs in treatment with counselors and members of his or her treatment group (peers). However, if the patient does not feel it is safe to reveal information, he or she will be reluctant to be fully forthcoming, partially disclose or make up an acceptable story line. Research shows that a positive therapeutic milieu promotes recovery.<sup>36</sup> The message here is clear. Fear generates resistance; trust generates risk taking.

##### **Being Accepted for Who You Are**

Why is it critically important for lawyers to be in a low bias environment? Because being accepted for who you are is the beginning of recovery. Keep in mind that the essence of recovery is the telling

of deep personal experiences with alcohol or drugs to other alcoholics/addicts and being accepted for the person you are. These experiences are primarily internal, emotionally based, but occur within the context of each person's life (facts matter).

The relationships needed for strong recovery depend on intimacy. Once trust is established between the patient and his or her peers, they are able to talk freely amongst one another, which creates relationships. After all, others can't tell what a person is thinking without communication. Intimacy is also spelled "in-to-me-see." Self-revelation lets others know what is going on inside.

A goal of recovery is to lose the "I" and embrace the "We." A.A. is a "We" program as emphasized by the first step: *WE admitted we were powerless over alcohol and our lives were unmanageable.* Alcoholics and addicts recover together, not by themselves. This means being able to transform one's identity from "attorney" to "alcoholic" in order to integrate into a group that is recovering.

**Practice Tip: Look for Treatment Centers that Work Well with Lawyers**

This is one area firms do have control over. Sending attorneys into a high-bias setting is a recipe for failure. While selecting treatment centers with supportive environments seems like a straight-forward concept, implementing it is often difficult. The ideal setting is where bias is acknowledged by program supervisors and counselors as a valid concern, while patients receive support regarding clinical issues relating to disclosures and patient reaction.

**4.2 "High Bottom" Patients: Inadequate Treatment and Staff Hostility**

In this article we started off by talking about the need to convert external motivation to internal motivation in order for long-term recovery to take place. We did not explicitly describe what long-term recovery looks like. It turns out that along with the best possible assessment and discharge plan and a clean and sober life, research indicates that stable recovery is dependent on many traditional activities associated with A.A.<sup>37</sup> These include 12-Step work, attending 12-Step meetings, A.A. sponsorship, and spirituality. While these A.A. activities are off-putting to many attorneys, they are, in fact, effective and cannot be dismissed out-of-hand because rejecting A.A. is a recipe for disaster. Therefore, encouraging attorneys to participate in A.A. related activities is another critical counseling task.

One barrier to participation in A.A. is best described by my experience as a patient in treatment and as an intern in training at a treatment center. Not only have I observed bias against attorneys, but I have also seen intolerance against patients who still have lives partially or fully intact (high-bottom patients). This prejudice is exhibited both in the lack of suitable programming and by staff.

**Programming**

The thinking when A.A. first started was that alcoholics had to lose everything in order to want to stop drinking. In treatment most of the patients have indeed suffered serious consequences. During nightly A.A. speaker meetings, the predominant theme was how the presenter had to lose everything to want to recover. This was not my experience, and I found the stories frustrating on many levels. I wanted to feel a connection with my peers and share my story without being judged or looked upon in a resentful way. Looking around at my fellow patients, I saw what were in essence, "train wrecks." It was easy to be empathetic with my treatment "peers," but difficult to relate to them in terms of results from our alcohol and drug use. Similarly, the material I was given to read, including personal stories in the book Alcoholics Anonymous, were all about people who went through a lot of suffering before finding their way to recovery.

## **They Stopped in Time**

About six months after leaving treatment, I came across the preface to the second edition of the Alcoholics Anonymous book. This edition has an additional set of seventeen stories, with the heading, “They Stopped in Time.” Only when people who had not lost everything joined A.A., did the founders realize that they needed to incorporate stories from these A.A. members. When I read the following passage from the second edition, I finally felt I found information that reflected my experience with addiction. The preface reads:

*Among today’s incoming A.A. members, many have never reached advanced stages of alcoholism, though given time, all might have...Why do men and women like these join A.A.?*

*They saw that they had become actual or potential alcoholics, even though no serious harm had yet been done. They realized that repeated lack of drinking control when they really wanted control, was the fatal symptom that spelled problem drinking. This, plus mounting emotional disturbances, convinced them that compulsive alcoholism already had them; that complete ruin would only be a matter of time.*

*Seeing this danger, they came to A.A. They realized that in the end alcoholism could be as mortal as cancer; certainly no sane man would wait for a malignant growth to become fatal before seeking help. Therefore, these seventeen A.A.’s and hundreds of thousands like them, have been saved years of infinite suffering. They sum it up like this, “We didn’t wait to hit bottom because, thank God, we could see the bottom.*

*Actually, the bottom came up and hit us.<sup>38</sup>*

This passage is quoted at length because it shows that early intervention in the disease process is feasible and can be successful. The contents also describe how high functioning alcoholics can recover by looking at loss of control, emotional disturbances, and projecting the future (seeing the bottom). This passage is also quoted because it is the type of program information that would be very helpful for attorneys who still are employed and have intact lives, yet this and similar material is almost never given to them to read as part of their treatment plans. It is also information that helps attorneys understand that A.A. can be a powerful resource for recovery in the early stages of the disease.

## **Counselor – Patient Disconnect**

One reason for inadequate treatment for “high bottom” addicts is that some counselors did indeed lose everything and are biased towards those who still have a job, house, and family. Other counselors may not have the personal experience or professional training to know how to assist the patient in “seeing the bottom,” i.e. what elements in the patient’s life would help make the disease real. The end result in both cases is that if the attorney is seen as not responding to standard treatment programs, a common response from counselors is to say he/she needs to suffer more to “want recovery.”

Rather than adjusting treatment to the attorney’s life experience, the attorney is expected to conform to treatment expectations. Having seen the effects of this “disconnect” first hand, my observation is that it takes a highly motivated lawyer to focus on recovery and to overcome negative counselor attitudes. If negative attitudes persist, the patient will likely have an unwillingness to participate in recovery or A.A.

There can also be another kind of disconnection in the transition from treatment to continuing care and community oriented, abstinence based, recovery groups. Feeling isolated when returning home is

even a greater problem than in treatment. It is important to minimize this potential disconnection while still in treatment . In order to ease this transition, encourage ongoing communication with secondary care providers, have the attorney meet and communicate with an active A.A. member, identify A.A. meeting times and places that are easy to attend, and consider developing active sponsorship while still in treatment. Both the pilots and physicians programs follow this process.

**Practice Tip: Do not be Afraid to Look for Treatment Centers with Staff able to Meet the Counseling Needs of Lawyers**

Both bias and lack of experience/training may make it difficult for the attorney patient to feel heard and helped by treatment staff. Firms should not shy away from asking what may be perceived as sensitive questions regarding staff experience, attitudes and qualifications.

## Conclusion: The Enormous Power of Addiction

### Example: Bill Wilson (Lawyer, Investment Banker and A.A. Co-founder)

Many firms and family members and advisors underestimate the power of alcohol and drugs over the addict. Because I have seen good men and women succumb despite their best intentions, I want to offer up a helpful reminder: Susan Cheever's description of A.A. founder (and attorney), Bill Wilson's drinking history:

*In the years between his first and last drink, the years between when he was a twenty-year-old army officer and when he was a down-and-out drunk, Bill cycled through an entire alcoholic career, from the first euphoric moments to the last desperate beers. If the story of these years has a theme, it is the enormous power of alcohol over an alcoholic. **Most alcoholics can't stop, ever.** Most alcoholics die of alcohol-related accidents and diseases. Bill Wilson was an extremely intelligent man, a man with a great deal of personal experience with alcoholism and its path of destruction. He knew at first hand what drinking could do, and as a result, he had often said he would never drink. Yet he drank. When he began drinking, he saw almost at once what a toll it took on his young marriage. In a family of doctors, he was often told what the effects of alcohol might be on his brain, his liver, and his ability to hold a job. He lost job after job. Yet, he drank.*

*His wife's misery, her heartbreaking ectopic pregnancies, his mother-in-law's death, the Great Depression – all came and went as he promised again and again to stop drinking, and yet went on drinking. Bill knew as well as anyone can know how insidious and fatal one stop at a speakeasy could be. Yet he kept on drinking. His pledges in the family Bible became a joke; his morning-after promises were laughable. He did everything he could to hold a job. His work in the stock market had become his identity. Even after he had signed a contract with partners promising that if he drank he would lose everything, he reached for that jug of Jersey lightning.<sup>39</sup>*

### ***Most Alcoholics (and Addicts) Can't Stop, Ever***

Yet, look at the recovery rates for physicians and pilots! In applying many of same principles to recovery for lawyers, while taking into account factors unique to attorneys, recovery rates can be improved dramatically. It takes persistence, knowledge, professional cooperation, and skilled, willing treatment centers, but it can be done. Using the information in this article, we hope law firms will learn how to help colleagues with alcohol and drug dependencies and maximize their opportunities for recovery. We can and must do a much better job of addressing addiction issues in our profession.

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- <sup>18</sup> Rice (2004), 3.
- <sup>19</sup> Friedman (2004), 42.
- <sup>20</sup> Friedman, 42, quoting Michael Cohen, Director of Florida's Lawyer Assistance Program
- <sup>21</sup> Goodman and Levy (1997), 6.
- <sup>22</sup> "Biosocial Model of Addiction," COUNSELOR, The Magazine for Addiction Professionals. Vol 4, No. 5. September, 2003.
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- <sup>25</sup> Sue Erikson Bloland, "Fame: The Power and Cost of a Fantasy." The Atlantic Monthly. Vol. 284, No. 5. November 1999, 61.
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- <sup>28</sup> Ibid.
- <sup>29</sup> Friedman (2004), 43.
- <sup>30</sup> Goodman and Levy (1997), 15.
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- <sup>32</sup> Davis (2005), 37.
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- <sup>36</sup> Gordon (2003), 19.
- <sup>37</sup> Michael Weiner, "Are the Basics More Important than Innovation?" Addiction Professional, March/April, 2006, 58
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