



# Targeted Residential Treatment for Impaired Lawyers: *At Your Back Door*

By Link Christin, JD, MA, LADC

## Introduction

Like most times, the personal informs the professional. In my case, this is especially true. A high-functioning alcoholic civil trial lawyer for most of 25 years, I held onto my career and met my professional responsibilities at the cost of all other aspects of my life. As I drank heavily daily (but not during the day, until the end) I permitted key elements of my life to slide away: relationships, hobbies, exercise, diet, sleep, balance. My self-esteem was tied to my identity as a lawyer, and as long as I sustained this persona I was able to deny to myself that I had a drinking problem. Or, at least rationalize that I was able to control it when necessary, allowing me to identify and normalize the hard-working/hard-playing culture of law school and my profession.

This all came crashing down in 2004, when after months of personal turmoil, drinking during the day, and black outs, I found myself alone and hopeless. My wife had left, I had totaled my car, my assets had been removed from my control, and I had been fired from my job. I lay alone, in my empty house, on the floor with a half gallon of vodka and a portable DVD player. At that moment, I made the threshold decision to ask for help, and after months of residential treatment and sober living I began the climb back. It was during this journey that I made a career choice to help other lawyers who were on the same path or in danger of joining me. I entered a Masters program at the Hazelden Betty Ford Graduate School of Addiction Counseling and, after obtaining my degree, started the first national Legal Professionals Program there in 2010.

In August of 2016, at the invitation of Caron, I packed my car and moved to Pennsylvania to serve as the executive director of the first major legal professionals program on the East Coast. This was especially timely because more than one-third of the nation's lawyers practice within the geographically small corridor from Boston to Washington, D.C. Combined with recent studies which had concluded that lawyers were at least twice as addicted as other highly-educated populations and more than four times as depressed as the general population, this was the next logical step. With the overwhelming support of Caron and its vast clinical and regional resources, I was able to hit the ground running in September with the program described herein.

## The Nuts and Bolts of the Caron Legal Professionals Program

First and foremost, this program is supplemental to the full Caron residential treatment services, which have been in place for nearly 60 years. With its main campus in Wernersville, PA, an entire team of specialists — including a primary counselor — treat the patient and family for substance abuse and co-occurring disorders, while providing psychiatric, psychological, mental health, medical, chronic pain, spiritual, and recovery resources. The legal program joins a number of other specialized Caron addiction programs — including health care professionals, older adults, and executives — which focus on specific demographics and recovery issues.

The legal program is customized treatment for attorneys, judges, law students, and paralegals, addressing their unique addiction and behavioral health issues (an article for another day). Lawyers who no longer practice (or graduated from law school but never practiced) are also eligible to participate.

A summary of the program itself, and the services that I or my trained staff provide, are as follows:

### Pre-Entry

- Pre-admission calls with the executive director of the legal program to answer questions, provide suggestions, discuss specifics of the program
- Streamlined admissions process
- Discussion of specific professional needs while in treatment to assure no disruption in practice

### Residential Treatment

- Legal program executive director coordinates with treatment team for treatment planning
- Customized Educational materials for the legal professional
- Weekly one-on-one meetings with the executive director
- Facilitated weekly legal professionals group meetings
- Group trips to lawyers-only AA meetings in Philadelphia
- Exposure to outside lawyers in recovery
- Guest speakers on topics of relevance to legal profession

- Upon request, communication with third parties and stakeholders to plan work and family reintegration

#### Post-Treatment/Aftercare

- Customized recovery, reintegration and relapse prevention plan
- Alcohol and drug monitoring available
- Communication established (when authorized) with family, employer, licensing board or disciplinary board
- Access to Director and aftercare services, including My First Year of Recovery, extended care, outpatient treatment, and sober living
- Alumni Support network
- Referral to state lawyer assistance programs

Of these services, I have found over the past seven years that the pre-entry calls with the impaired lawyers themselves are often the most critical. They almost uniformly do not think they can leave their practice and their home for 28 days (the typical length of stay, although seven-day residential assessments are an option). They will lose their clients. There are obligations only they can handle. Their reputations will be compromised. The world will, literally, end.

Most of my suggestions at this point are practical (how to cover cases, how to postpone matters, what flexibility I can permit them while in treatment) as well as long-term. The fact is, if they do not treat a disease that is chronic and progressive — similar to cancer, diabetes, etc. — they will continue their downhill

plunge. They will get sicker. They will lose their practice, their relationships, their money. And, they will die. Treat the disease now, like other chronic diseases, and actually emerge better than ever, for the remainder of their career and life.

I have also found that the work we do on the back-end of treatment in terms of maintaining their career or making necessary changes based on new purpose in recovery is invaluable. Lawyers leaving treatment, left to their own devices, predictably wish to hit the ground running. They want to show the world, and especially their partners and clients, they are “fixed.” They are worried clients have deserted them and they have lost income and billable hours. They are guilty that others have had to cover for them.

But this instinct is incompatible with recovery from addiction, which is not reached with only a 28-day stay in the “bubble” of residential treatment. Recovery is gradual and requires a tempered and structured healing. Going back to work or changing careers slower rather than faster is essential, or relapse is predictable.

#### Some Representative Patients

Over the past year, we have treated every kind of legal professional, from law students to retired attorneys. A few examples might illustrate how strategic attention to professional issues can assist recovery.

1. Sarah is a 28-year-old heroin addict who has had a solo practice for two years. She is single and her parents have

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been concerned about her and helped nudge her to treatment, especially in view of a recent overdose. She has had a boyfriend since law school who brought his own heroin addiction into her life.

As part of pre-entry conversations, we were able to assist Sarah in obtaining help to cover her professional obligations while she was gone, something she believed was impossible given her solo practice. During treatment, she was permitted limited use of the phone and computer (not to actually practice law daily) to check in and also be notified of any problems. We also focused on her addiction and the impact of trying to practice alone (isolation is a common breeding ground for addiction), and she began to consider other means and venues for practicing which may not be as stressful or overwhelming to a new lawyer.

Upon release, Sarah followed our recommendations and moved to a sober house for other female professionals, in part to relate to peers and in part to disentangle from her boyfriend. She chose to close her firm and wrapped matters up with the support of her sober community and legal counsel suggested by our team. At the same time, she prepared a new resume and contacted others — including a headhunter — in order to change the nature and stress level of her practice. She was referred to her state LAP in order to utilize their services and also agreed to a random drug monitoring program in order to provide accountability to herself and her parents. Other support was put into place by Caron, including contact with an attorney alumnus as well as a therapist to see weekly.

2. Stan is a 48-year-old alcoholic whose drink of choice was vodka. He is a partner in a 16-lawyer personal injury firm and the most productive income-producer. He was going through a difficult divorce. He had one daughter, a 19-year-old who was pushing him to go to treatment for his increasingly erratic and dangerous behavior when intoxicated. Stan, by his own words, was “burnt-out” and no longer liked practicing law or putting in the 75+ hours per week which he had for over 20 years. His only pleasures in life were his daughter and playing sax on weekends with a jazz band.

During my pre-entry call with Stan he resisted coming to residential treatment, but we discussed his professional obligations and he realized he had only one trial pending (which he could postpone) and no other trials for another 90 days. He informed his partners, who were relieved he was doing so and were happy to cover his matters while he was gone. During treatment, he acknowledged that his addiction had spilled over into drinking during the day and that it was closely aligned with his increasing dissatisfaction with his career.

When he left treatment, he followed recommendations to live in a sober house for professional men while easing slowly back into practice (three mornings a week, then three days a week) while building a recovery program. He also created a new resume and obtained counsel to help him with an orderly exit from his firm. At the same time, he began to explore

other means by which he could utilize his legal experience without working the same hours or trying cases (including using a recommended coach specializing in helping lawyers in transition). We also referred him to his state LAP and connected him with legal alumni in his area — as well as providing a means to voluntarily participate in an alcohol-testing program to create accountability.

3. Sheila is a 56-year-old Federal Judge referred by her fellow judges. We had discussions with her Chief Judge prior to admission and outlined the program as well as our confidentiality protocol. Her fellow judges executed a “soft” intervention and convinced her to commit to residential treatment. She denied she had a problem, but admitted that her nightly drinking had increased since the death of her husband 11 months ago.

During treatment, we focused on the new isolation Sheila faced at home, but also the isolation inherent in serving as a judge. Having treated several judges over the years, the common theme and professional issue with them is their isolation and loneliness. Often, they have come to the bench from the practice of law, where they experienced the daily professional camaraderie of peers, as well as the social interaction which accompanies practice. As a judge, they are often removed from this social environment, and routinely not permitted to have conversations *ex parte* (by themselves) with attorneys. Sheila loved being a judge and wanted to continue, but isolation had disrupted the natural balance of her life and she began to abuse alcohol to fill the void.

As a result of these conversations and group sessions, she knew that isolation was her natural enemy to creating a sober and robust life. We connected her to a therapist, a recovery coach, and two legal alumni in the area to help support her recovery. She agreed to write out and adhere to a daily schedule which would include more social lunches with peers, an intense recovery program, a grief group of other widowed individuals, and additional activities she had abandoned over the past year (such as golf, the symphony, playing piano). Sheila also agreed to alcohol monitoring which would make her directly accountable to her Chief Judge.

## Conclusion

Our profession is on the brink of a substance abuse crisis. This article has only described one resource in the battle we must mount. It is my hope that our profession will further address these issues through education and a change in professional culture. ■

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