Addiction in the Law Office:

Recognition, Impact, and Response

Caron Accreditation Program

Supplemental Handbook

(A partnership of Caron Treatment Center and Decipher Investigative Intelligence)

The following is a supplemental that includes material from the power point presentation as well as added material for reference post-presentation.

A Little Data:

- 1 in 13 working adults has an alcohol use disorder.
- 1 in 3 lawyers has an alcohol use disorder.
- $74 billion is lost every year in reduced productivity due to absences, reduced output, premature retirement or death, and reduced earning potential
- Employees with an alcohol problem miss an average of 35% more days.
- Employees with an alcohol problem have 16% more employment turnover every year.
- Healthcare costs for employees with an alcohol problem are estimated to be twice the amount as for those without an alcohol problem.

Objectives:

Understand the data on and impact of substance and alcohol abuse

Learn about the disease of addiction

Review the ethics opinions and implications (including self-identification and reporting)

Instruct stakeholders on the warning signs of addiction

Discuss how to confront actively impaired attorneys or staff members

Understand treatment options

Review return to work protocols

Educate all stakeholders on recovery and balance

Section 1

Addiction and Its Impact

Lawyers are more likely to suffer from alcohol use disorder:

- A 2016 study of nearly 13,000 practicing lawyers conducted by the American Bar Association Commission on Lawyer Assistance Programs and the Hazelden Betty Ford Foundation presented the issue quite clearly: 36% of lawyers in the survey were classified as active problem drinkers, and between 19% and 28% were struggling with stress, anxiety, or depression.
- These results are far higher than those seen in other professions—including doctors, whose addiction rates top off at 15%—as well as the general public (around 12.5%).

In a 2021 follow up study:

- Sample of 2,863 licensed attorneys from the California Lawyers Association and DC Bar
- 30% of the sample screened positive for high risk/hazardous drinking
- More women than men reported high risk/hazardous drinking (34% vs. 25.4%)
- 80% of attorneys considered themselves current drinkers
- By contrast, it is estimated that 55% of the general population drank in the past month
- Workplace permissiveness towards alcohol was a primary factor in predicting of risky drinking

Some Data:

- 1 in 13 working adults has an alcohol use disorder.
- 13% of men and 5% of women binge drink at least once per week.
- $74 billion is lost every year in reduced productivity due to absences, reduced output, premature retirement or death, and reduced earning potential

Possible Workplace Contributors

- High stress
- High demand, low control situations
- Low job satisfaction
- Long or irregular hours
- Fatigue
- Periods of inactivity or boredom
- Isolation

- Lack of opportunity for advancement
- Easy access to substances
- Repetitious duties
- High performance standards

The Market Place and the Pandemic

- 2021 AmLaw 100 Performance
- 14.8% avg. growth in gross revenue
- RPL up 12.5%
- PEP up 19.4%
- Hours rose 5.7%
- Net income rose 35.9% since 2019
- Goodwin closed a deal every 8 hours
- Latham/Kirkland closed a deal every 12 hours
- Average AmLaw 100 lawyer billed 3.9% more hours in 2021 (Equivalent to 2 extra weeks of work)
- 31% of Associates are experiencing depression
- 13% of Associates admitted to drug or alcohol problem
- 25% of women contemplate leaving the legal profession over mental health concerns
- 17% of men contemplate leaving the legal profession over mental health concerns
- 28% of attorneys reported symptoms of depression
- 23% of attorneys reported having mild to severe stress
- 21% of attorneys engaged in problematic drinking to combat stress

The Cost:

The costs of inaction: absenteeism and presenteeism

- An estimated 70% of employer expenditures on employee mental health issues are for lost productivity due to presenteeism
- Employees with an alcohol problem miss an average of 35% more days.
- Healthcare costs for employees with an alcohol problem are estimated to be twice the amount as for those without an alcohol problem.

The costs of inaction: replacement and attrition

- 44% of associates leave within 3 years of hire
- 75% of associates leave within 5 years of hire

- Estimated that it costs $200k-$500k to replace an associate
- Associate attrition in a 100 associate firm is estimated to be $5.6 million annually

2021 Partner and Associate moves

- 59% Associate moves
- 15 % Partner moves
- Why Associates move
    - 60% of AmLaw 200 Associates said they would leave their current law firm for a better work-life balance
    - 27% of AmLaw 200 associates said they would leave their current law firm for higher compensation

<u>Impact:</u>

- Judgment, alertness, perception, motor coordination, or emotional state
- After-effects of substance use: withdrawal and hangovers
- Absenteeism, illness, reduced productivity
- Preoccupation with obtaining/using substances
- Reduced productivity and effectiveness
- Illegal activities
- Increased likelihood of having trouble with other co-workers
- Tardiness
- Theft
- Poor decision making
- Loss of efficiency
- Lower morale and physical well being
- Training of new employees
- Disciplinary procedures
- Drug testing Procedures
- Medical/rehabilitation/EAP

<u>Addiction and Lawyers: Identifying signs of trouble</u>

- Changes in behavior/habits, mostly subtle (not DWI/Grievances), like showing up late, missing deadlines, not returning calls, making excuses, and poor grooming.
- Attorneys have great hiding skills (skilled at concealment).
- Arsenal of excuses/denial.
- History of credibility they draw from to persuade others (they were always showing up/not found in the gutter).
- Hard to monitor attorneys (vs. Pilots/Doctors).

- Attorneys work autonomously, frequently in isolation.

Warning signs at the firm:

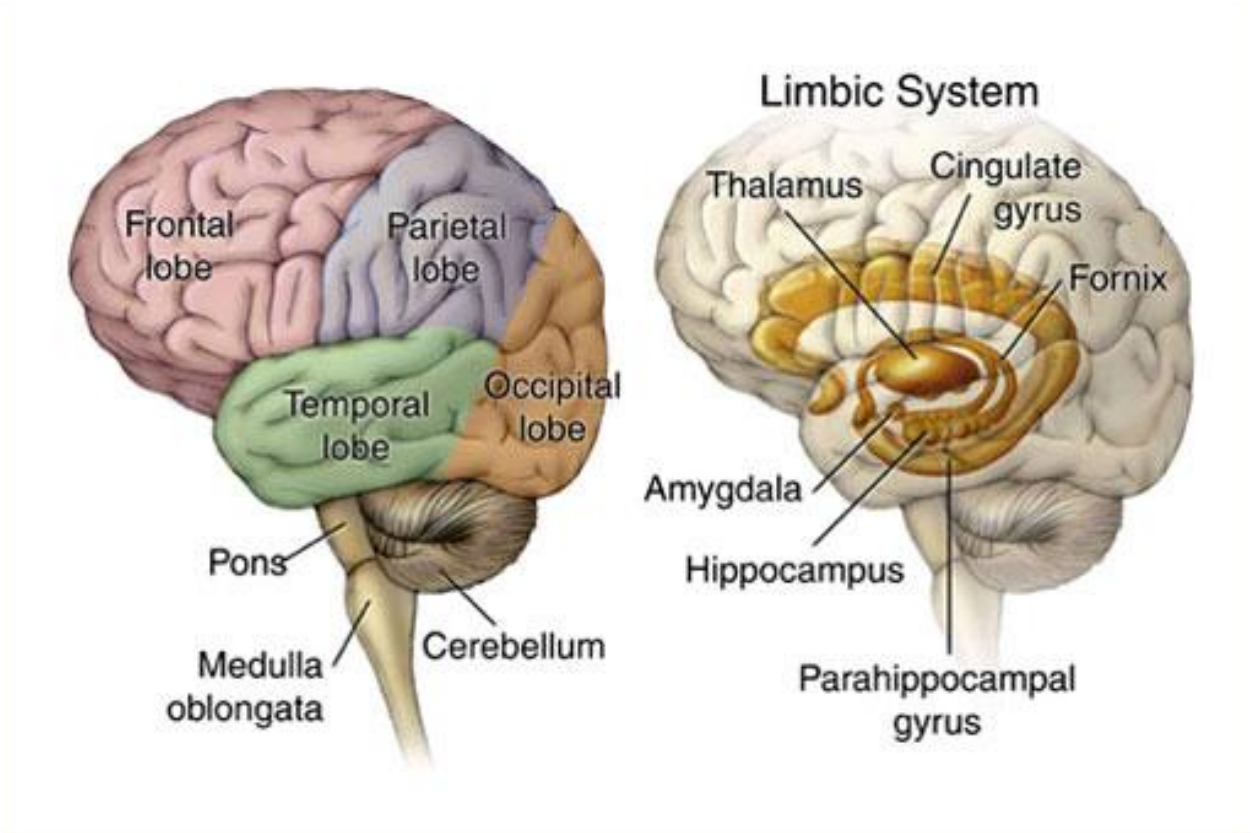
- Isolation behavior
- Change in regular patterns
- Disappearing at unexpected times
- Lots of excuses for unexplained issues
- Change in physical appearance
- Significant weight gain or loss
- Red eyes
- Lots of breath mints or mouthwash
- Becoming defensive when not appropriate
- Change in behavior: advent of fast talking, loud talking, loud laughter, extended periods of silence
- Mood swings
- Lateness
- Decreased productivity
- Confused thinking
- Forgetfulness
- Being tired all the time
- Looking tired
- Extended breaks, lunches
- Leaving early, working from home
- Strained relationships with co-workers
- Increased irritation
- Borrowing money
- Unplanned "emergencies"
- Missed deadlines
- Unsteady gait
- Strange breath; smell of alcohol or something different
- Lack of concentration
- Misses work on Mondays or leaves early on Fridays
- Avoids interactions
- Door that was always open is now always closed
- Inappropriate episodes of sweating

Section 2

The Disease of Addiction: The Brain and Substances

What is a disease?

- Disease is defined as a pathological condition of a part, organ, or system of an organism resulting from various causes such as infection, defect, stress, and is characterized by identifiable symptoms.



Typical symptoms of addiction:

Tolerance

Withdrawal

Prone to relapse

Cravings

Isolation

Obsessive and compulsive thoughts and behaviors (chapter 8 of the NA Basic Text)

Distorted thinking ("insanity", steps one and two)

Affects mental, spiritual, and physical well-being

American Society of Addiction Medicine

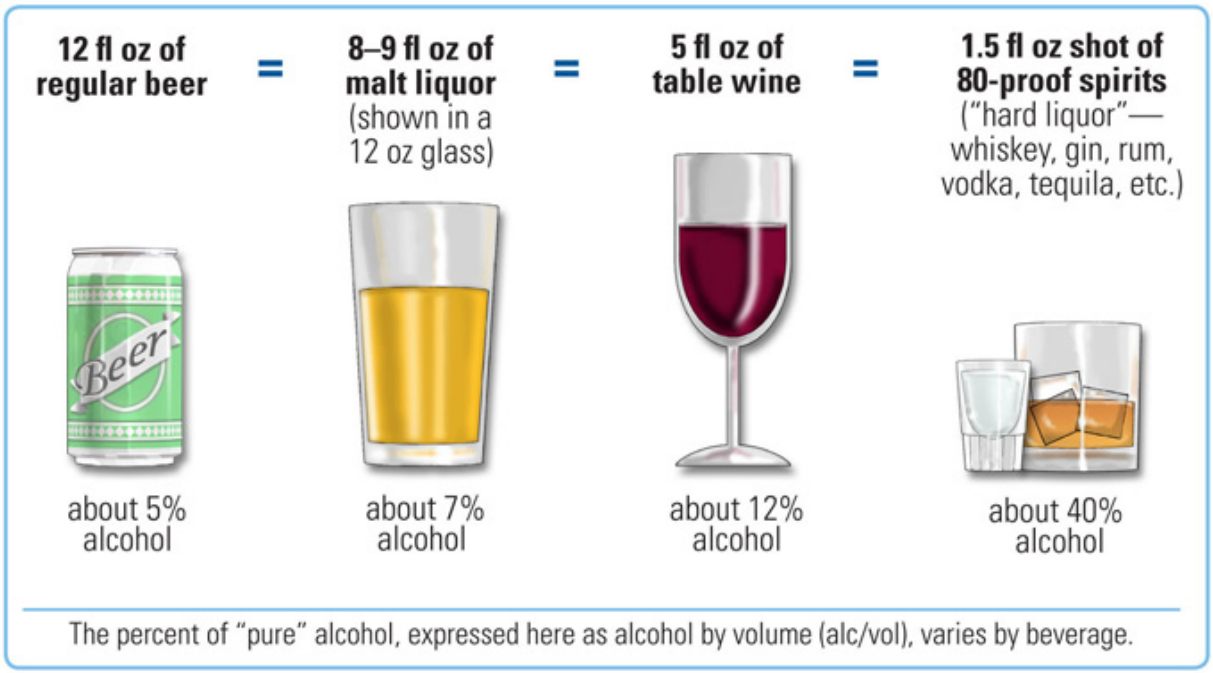
- Addiction is a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

- Addiction is characterized by the inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

Overview of Substances

Alcohol

- Ethanol (ETOH)
- Depressant
- Affects Central Nervous System (CNS)
- In the brain, it raises dopamine levels, and suppresses serotonin levels
- Initially creates feelings of calm and euphoria
- Kidneys eliminate 5% of alcohol consumed
- Lungs exhale 5% of alcohol (think Breathalyzer test)
- Liver processes remaining 90% of alcohol consumed
- Can cause cirrhosis, scarring in liver, build up of fatty tissue
- Blood Alcohol Content (BAC)
- Will increase when consumption surpasses body's ability to process alcohol
- Typical adult will process about one drink per hour



Blood Alcohol Content (BAC)

.03 to .12 – euphoria

.09 to .25 – excitement

.18 to .30 – confusion

.25 to .4 – stupor

.35 to .50 – coma

Past .5 – usually respiratory failure

Withdrawal can include:

- Delirium tremens
- Heightened anxiety
- Confusion
- Cognitive distortions
- Seizures
- Detox protocol may include anti-seizure meds, typically a benzodiazepine (Librium used at Caron)

Hangover symptoms may include…

- Constitutional: fatigue, weakness, thirst
- Pain: headache, muscle aches
- Gastrointestinal: nausea, vomiting, stomach pain
- Sleep: decreased sleep, decreased deep sleep
- Sensory: vertigo, sensitivity to light
- Cognitive: decreased attention and concentration
- Mood: depression, anxiety, irritability
- Sympathetic Hyperactivity Symptoms: tremor, sweating, increased pulse and high blood pressure

Benzodiazepines

- Originally developed as anti-convulsion drug in 1955
- Available as Valium in 1963
- Work on GABA receptors in CNS
- Same action as barbiturates and alcohol
- All have related actions, hence cross tolerance and synergistic effects
- Long term use and high dosage can cause decrease in efficacy of GABA-a receptors, hence tolerance development
- The following Benzos are in the "Top 100 Prescribed Drugs":
    - Xanax (alprazolam)
    - Klonopin (clonazepam)
    - Valium (diazepam)
    - Ativan (lorazepam)

Prescribed for:

- Anxiety
- Insomnia
- Convulsions
- Pre-surgery anesthetic

Symptoms of early recovery/barriers to treatment can include:

- Many are prescribed to a taper for safe withdrawal measures
- Heightened anxiety when taper discontinues
- Have tendency to "Hit a Wall" about two weeks into treatment due to Protracted Withdrawal Symptoms
- Need for Sleep Hygiene
- Need for Coping Skills and Stress Management Techniques
- Can remain a high risk to prematurely leave treatment

Opioids

- Heroin
- Morphine
- Codeine
- Hydrocodone
- Oxycodone
- Fentanyl

Symptoms of early recovery/barriers to treatment can include:

- Difficulty accessing emotions (i.e. emotional “numbness”)
- Co-morbidity with pain is frequent
- Lower pain threshold
- Continued chills, sweats and irritability
- Difficulty sleeping and staying asleep

Marijuana/Cannabis

- Comes from the buds and leaves of the Cannabis Sativa plant
- Typically smoked, though can be infused in foods or teas
- Delta 9 tetrahydrocannabinol (THC) is the psycho-active ingredient
- When smoked, THC moves from the lungs into the blood stream, the brain, and acts upon the cannabinoid receptors in the brain and the brain stem

Symptoms of early recovery/barriers to treatment can include:

- Heightened anxiety
- Sleep disturbance
- Appetite disturbance (irregularities)
- Difficulty with self-diagnosis
- Tendency to "compare out"

Rx Stimulants

- Typically used for treating ADHD/ADD
- Adderall – mixture of four amphetamine salts
- Ritalin and Concerta – methylphenidate

Adderall releases dopamine and norepinephrine

Methylphenidate increases the release of dopamine to improve concentration in people who have dopamine signals that are "weak"

Cocaine

- Strong CNS stimulant
- Smoked, snorted, or injected
- Affects brain by significantly increasing levels of dopamine released in the brain, then prevents the brain from re-uptake of dopamine in the synapse, amplifying feelings of euphoria
- With repeated use cocaine can cause long term change to the brain's reward system, affecting the shape and function of receptor sights for dopamine

Symptoms of early recovery/barriers to treatment can include:

- Poor affect regulation (difficulty managing emotions)
- Heightened irritability
- Trouble with concentration
- Difficulty with impulse control
- Sugar cravings
- Heightened occurrence for Addiction Interaction Disorder

Methamphetamine

- CNS stimulant
- Listed as a schedule II drug, can be prescribed by doctor for short periods
- Prescribed for ADHD and exogenous obesity
- Prescribed doses are much lower than the normal "abuse" dosage
- Most abused meth is produced in illegal laboratories throughout the United States, not Rx
- Affects brain by increasing release of dopamine and also blocking the reuptake of the dopamine in the synapse
- The rapid release of dopamine is known as a "rush"
- Chronic use affects how brain functions, including changes to functions of motor skills and learning

Designer / Club drugs (GHB, Ketamine, Rohypnol)

GHB (gamma hydroxybutyrate)

- CNS depressant approved in 2002 for treatment of narcolepsy
- Acts on GABA-b neurotransmitter
- At high doses induces sedative effect and may result in sleep, coma, or death

Ketamine

- Dissociative anesthetic, used in veterinary practices
- More recently being used for treatment resistant depression
- Distorts perceptions of sight and sound
- Produces feelings of detachment from environment
- At high levels can cause dreamlike states and hallucinations; can also cause delirium and amnesia

Rohypnol

- "Roofies"
- Benzodiazepine
- Legal in Europe but not the United States
- Commonly known as "Date Rape" drug
- Can cause anterograde amnesia

MDMA (Methylenedioxy-methamphetamine)

- Taken orally in capsule, pill, or tab form
- Increases activity of serotonin, dopamine, and norepinephrine
- The large release of serotonin results in a large release of the hormones oxytocin and vasopressin
- These neurotransmitters play large role in feelings of trust, love, sexual arousal, and other social experiences

Section 3

Process Addictions: Gambling, sex, work, food

Gambling

- 2 types:
  - Action Gambling – games of skill
    - Poker, sports betting, etc.
  - Passive Gambling – games of chance
    - Slot machines, lottery tickets, etc.
- 6 types of gamblers:
  - Casual social
  - Serious social
  - Relief and escape
  - Pathological
  - Antisocial
  - Professional

Online gambling is on the rise

- Poker industry is up 43% since April 2020
- 70% of all gambling revenue in 2020 was generated on a mobile device
- First time online poker players increase 225% since 2020
- Advertising is on the rise
- 2019: $10.7 million/year
- 2020: $154 million/year
- 2022: $15 million/month from each of the major platforms ($720 million)
- Largest share is during news
- 7.3 million fantasy bettors have an estimated $780 billion (Which averages to about $106,000/person)

Gambling:

- Prevalence with Alcohol and Drugs:
- Among pathological gamblers…
- 73.2% have an alcohol use disorder
- 38% have a drug use disorder
- 49.6 have a mood disorder
- 10-15% of people with SUD have a gambling problem

Sex

- People in romantic love, who are attracted to each other, crave to be with each other, are exhilarated in each other's presence, are experiencing a surge in several neurotransmitters . . .
    - Dopamine and Norepinephrine
    - Serotonin, Oxytocin, Vasopressin
- Concerns:
    - Pornography
    - Adultery
    - Strip clubs
    - Escorts

Work

- "Workaholism" first coined in 1971 by Wayne Oats in Confessions of a Workaholic
- "Uncontrollable need to work incessantly"
- "Person whose need for work has become so excessive that it creates noticeable disturbance or interference with his bodily health, personal happiness, and interpersonal relations, and his smooth social functioning."
- The average American worker receives 13 vacation days every year, but 34% of workers don't take a single day of that vacation in any given 12 month period.
- Even when people do take vacation days, 30% of people say they worry constantly about work while they are trying to relax.
- Between 1970 and 2006, the average number of hours in a working year for the average American worker increased by a total 200 hours.
- 86% of those who admit to workaholic tendencies state that they feel like they must rush through their day in order to get work done effectively.
- More than half of all workaholics end their work day feeling like they weren't able to accomplish as much as they could.
- 34% of American adults don't take their vacation days.
- Workaholic marriages suffer disproportionately more than others
- Burnout: Psychological syndrome that follows a prolonged response to stress and specifically involves the chronic strain that results from a misfit between worker and job.
    - Three dimensions of burnout:
        - Exhaustion
        - Depersonalization (cynicism, distant attitude towards work)
        - Inefficacy (overwhelming demands result in feelings of inadequacy and worthlessness)

Food

- Proper nutrition is essential in maintaining sobriety
- Eating disorders and disordered eating
    - Eating disorder
        - Any of a range of psychological disorders characterized by abnormal or disturbed eating habits (such as anorexia nervosa, bulimia nervosa, binge eating disorder, unspecified feeding or eating disorder)
    - Disordered eating
        - Some of the same behavior as those with eating disorders but at a lesser frequency or lower level of severity
- Some facts:
    - Up to 50% of individuals with eating disorders abused alcohol or illicit drugs, a rate five times higher than the general population
    - Up to 35% of individuals who abused or were dependent on alcohol or other drugs have also had eating disorders, a rate 11 times greater than the general population
    - Eating disorders and substance abuse share a number of common risk factors, including brain chemistry, family history, low self-esteem, depression, anxiety, and social pressures. Other shared characteristics include compulsive behavior, social isolation, and risk for suicide
    - It is common for individuals to struggle with proper eating in both active addiction and early recovery.
    - Drugs take precedence over food and may alter hunger and satiety.
    - The gut is damaged and unable to properly digest, absorb and utilize nutrients.
    - Body craves empty-calorie, highly palatable foods, which are sweet, salty and high in fat. These are easy for the body to digest and engage the reward pathway in the brain, feeding the body much-needed dopamine and serotonin the body becomes accustomed to with substance abuse.
    - In early recovery, individuals often experience a ravenous appetite as the body is trying to absorb as much nutrition as possible. Gut hormones are altered which can lead to increased hunger and delayed satiety.
    - Unwanted weight gain often results
- Proper nutrition is essential in maintaining sobriety
    - Not only for physical wellness but also mental and emotional wellness
    - Can help stabilize mood, reduce cravings & promote feelings of well-being
    - A diet lacking in one or more nutrients may result in chemical imbalances, depression, irritability and low energy.
    - Brain chemicals (dopamine & serotonin) important to mental health and mood are synthesized from nutrients found in food.
    - These neurotransmitters can become more or less active depending on availability of nutrients in the diet

Addiction Interaction Disorder

- Looks at the complexity of how addictions interact and complicate recovery.
- "Addictions do more than coexist. They in fact interact, reinforce, and become part of one another."

- Withdrawal Mediation
  - One addiction is used to moderate, relieve, or avoid withdrawal from another.
  - Interaction occurs when one addiction is used to stop another.
  - Example: Eating replaces smoking cigarettes.

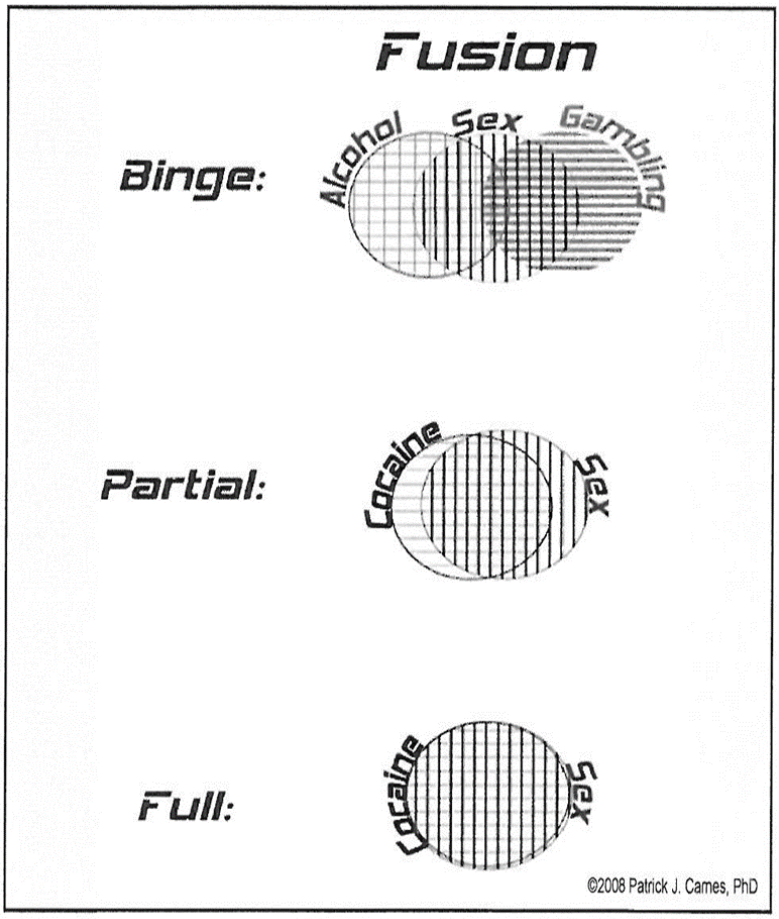
- Replacement
  - One addiction replaces another with most or all of the same behavioral features.
  - Replacement happens after withdrawal subsides.
  - Example: Gambling replaces drug use. Lying, secretiveness, denial, unmanageability continues . . .

- Cross Tolerance
  - Two or more addictions increase the addict's ability to engage in more addictive behavior.
  - Tolerance can be high with added addictions.
  - Examples: Cocaine can provide an addict with more energy/arousal to have sex, work, make high risk investments, etc. Using certain meds can increase tolerance for other drugs.

- Alternating Cycles
  - Addictions cycle back and forth in a patterned systematic way
  - Examples: Alcoholism is put into remission, food addiction becomes out of control. Drinking resumes and out of control eating subsides. Over and over

- Rituals
  - Addictive behavior of one addiction serves as a ritual pattern to engage another.
  - Activates the pleasure center of the brain.
  - Example: Cruising, buying, and preparing drugs

- Fusion
    - Two or more addictions are used simultaneously and become one entity



Law Firm Policies

- Does your firm have a policy around substance use in the office or while on firm time?
- Does your firm have a policy for helping employees seek help if needed?
- Sample:
- Persons who have difficulty in meeting professional codes of conduct or work performance standards or who jeopardize the firm's reputation due to alcohol use will be asked and supported by the firm to be assessed by a qualified healthcare professional and to follow intervention or treatment recommendations.
- For judging whether a performance issue is "due to alcohol," some employers articulate a reasonable suspicion standard.
- Any disciplinary measures related to alcohol use may be suspended pending the outcome of treatment. If treatment is unsuccessful, or if an employee refuses or neglects to accept or comply with assessment, advice and/or treatment, disciplinary measures will be applied, which may include dismissal.
- Some employers explicitly retain the right to immediately terminate employees for performance issues due to alcohol use. Note that some states restrict employers' ability to terminate employees for first-time offenses (e.g., Iowa, Minnesota, Rhode Island, and Vermont have special rules)
- In 2019, the Policy Committee of the ABA Commission on Lawyer Assistance Programs (CoLAP) and the ABA Working Group to Advance Well-Being in the Legal Profession developed a template to provide suggested guidelines to legal employers for responding to an employee who is experiencing impairment due to a substance use disorder, mental health disorder or cognitive impairment.

https://www.americanbar.org/content/dam/aba/administrative/lawyer_assistance/well-being-template-for-legal-employers-final-3-19.pdf

Section 3

Warning Signs and Intervention

- Intervention/Timing: Whether and When To Do Something
    - The time to do something is ASAP - the question is not whether to do something, it is HOW!
    - Addiction is a chronic, progressive disease - act, and the sooner the better.
    - Lawyers are ethically, if not morally, bound to call out the problem.
    - Major adverse risk/impacts, even life and death.
    - How to help- Like anything else, get experts (we lawyers are not usually good at this stuff).
    - Have a plan in place because these things WILL HAPPEN. We have plans for everything else

- Confronting Your Impaired Colleague
    - If there is not a crisis, you may wish to approach the individual in a relaxed and compassionate manner and express concern or ask questions. Based on the response you can consider the next step
    - Remember you are not diagnosing – only trying to ascertain if the behavior is temporary and being appropriately treated, or, if more serious, that resources can be accessed to address the issue.
    - In general, you will often be weighing a number of considerations, including the firm's well-being, as well as your own ethical and professional responsibilities. If the behavior of the impaired attorney places your own personal credibility or stability at risk, you will want to obtain additional feedback or support.
    - The only thing you can do wrong is to do nothing at all. Ignoring the situation only permits the individual's disease to worsen and assures far more damage to the individual, the family, the law firm, the client, or your professional standing.

- Suggested Crisis Protocol
    - Get the person to a secure and private place
    - Have at least two people involved
    - Make sure the individual is mentally, medically, and psychologically safe
    - Do not allow the individual to drive home
    - Have a plan as to who to involve and notify and to whom to release any information about the event
    - Make sure confidentiality is paramount
    - Document everything
    - Suspend the individual with pay if appropriate

- Intervention
    - Substance abuse places stress on all facets of our society. Tangible costs include medical care, premature death, unemployment, criminal justice issues and addiction recovery treatment. This does not consider the less tangible costs on the physical, financial, and emotional burden of substance abuse on loved ones of the addicted person, or their medical needs, the pain caused by alcohol and drug related criminal behavior, or the loss of what might otherwise be productive and healthy lives.
    - Recovery from addiction is a process involving long term change in behavior/lifestyle in both the addicted person and their loved ones.
    - Families can offer powerful resources to motivate a person with substance use disorder to enter and complete treatment. Contrary to popular belief, they typically maintain a surprisingly close connection with their suffering loved ones. There are several methods within which interventions can be conducted. The two methods most often used are the Johnson Intervention and the ARISE Intervention

- Resources for Help
    - EAP
    - Lawyer Assistance Programs
    - Interventionists
    - Treatment Programs – local, regional, national

Section 4

Treatment, Return, and Recovery

ASAM 6 Dimensions

- Acute intoxication and/or withdrawal potential
- Biomedical conditions
- Emotional, behavioral, cognitive conditions
- Readiness to change
- Relapse potential
- Recovery environment

- Levels of Care
    - Level 0.5: Early Intervention - Education based for someone who is at risk to develop a substance-related problem.
    - Level 1: Outpatient Services - Designed to help individuals achieve permanent changes in their behaviors that involve the pathological pursuit of reward or relief.
    - Level 2: Intensive Outpatient/Partial Hospitalization - Services that meet the complex needs of addiction and co-occurring conditions.
    - Level 3: Residential/Inpatient Services - Housing in permanent facilities that are staffed 24 hours a day due to need to be kept safe while in treatment.
    - Level 4: Medically Managed Intensive Inpatient Services - 24 hour medically directed evaluation, care, and treatment.

- What does treatment look like?
    - Outpatient
        - One to two times per week in group and/individual setting
    - Intensive Outpatient
        - Three hours of group, three to four times a week, with at least one individual session, plus substance use screens.
    - Inpatient
        - 28-31 day residential care
        - daily group sessions
        - weekly or bi-weekly individual sessions
        - lectures, activities, and recreation

- What to look for in a good treatment program
    - Evidenced based modalities
    - Medically sound practices
    - MAT management
    - Avoiding addictive medications to manage co-occurring issues
    - Mind, body, and spirit
    - Family involvement
    - Work involvement (or not)
    - Aftercare planning
    - Return to work plan

- Recovery Programs
    - Alcoholics Anonymous
    - Narcotics Anonymous
        - The 12 Step Programs
            - Step 1: We admitted we were powerless over alcohol—that our lives had become unmanageable. (Honesty)
            - Step 2: Came to believe that a Power greater than ourselves could restore us to sanity. (Hope)
            - Step 3: Made a decision to turn our will and our lives over to the care of God as we understood Him. (Surrender)
            - Step 4: Made a searching and fearless moral inventory of ourselves. (Introspection)
            - Step 5: Admitted to God, to ourselves, and to another human being the exact nature of our wrongs. (Integrity)
            - Step 6: Were entirely ready to have God remove all these defects of character. (Acceptance)
            - Step 7: Humbly asked Him to remove our shortcomings. (Humility)
            - Step 8: Made a list of all persons we had harmed, and became willing to make amends to them all. (Renewal)
            - Step 9: Made direct amends to such people wherever possible, except when to do so would injure them or others. (Forgiveness)
            - Step 10: Continued to take personal inventory and when we were wrong promptly admitted it. (Maintenance)
            - Step 11: Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out. (Contact)
            - Step 12: Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs. (Service)
    - SMART (Self-Management and Recovery Training)
    - Recovery Dharma

Qualities of a good lawyer:

- Logic
- Analytical skills
- Discipline
- Public speaking
- Intellect
- Interpersonal skills
- Creativity
- Good writing
- High energy
- Sustained focus
- Perseverance
- Resiliency
- Problem solving
- Calm and composed under pressure
- Competitiveness
- Attention to detail
- Good communication
- Trustworthy judgment
- Credibility/honesty
- Fearlessness

Questions for a lawyer in recovery:

- Will they lose their edge?
- Will their mojo disappear?
- Will they lose their aggressiveness?
- Will being "rigorously honest" compromise their performance?
- Will they suddenly become "soft?"
- Will all the time in self-help and recovery activities preclude the time commitment required to successfully practice?
- Will they be viewed as damaged goods?

Returning to work

- Things to consider:
  - Hours to be worked
  - Time frame which one is expected to work
  - Billing and productivity requirements
  - Support available within and without the firm
  - Reasonable time frame as to when back to full speed and what that means to be able to maintain balance
  - It's not back to normal because normal is not usually good

- Treatment and Recovery Obstacles
    - Lawyers must make room for recovery. It can be a full-time effort for the first year, like treatment for any disease (think about treating cancer).
    - Going away for treatment is counterintuitive.
    - Lawyers return excited, "better than ever" – will move too quickly back to work.
    - Lawyers take on too much - recovery becomes second fiddle to work.
    - Billable hours requirements may interfere with recovery.
    - Entertaining/social obligations can be distracting and interfere with recovery (hard at first).
    - Perception of stigma leads to hiding recovery, and isolation.
    - Owning recovery as a badge of honor can be helpful.
    - Honest connection with others is the best antidote.
    - Relapse can be a part of recovery, though not a requirement

- Recovery
    - Support meetings (AA, NA, SMART Recovery, Dharma Recovery, etc.)
    - Working with a sponsor
    - Working with a counselor in a group and/or individual basis
    - Developing work/life balance

- Tangible Benefits of Recovery
    - Additional free hours each day – more time
    - Restored and enhanced cognitive function and clarity
    - Restored and enhanced energy
    - Improved health and balance
    - Heightened level of honesty and integrity
    - New priorities in line with wellness and life goals
    - Changes to selected aspects of life
    - Loss of regret, guilt, shame
    - Improved personal and professional relationships
    - Serenity and stability
    - Ability to be present and engaged
    - Embracing of spirituality
    - Connectiveness with the world
    - Self-love/self-esteem
    - Shift from self-absorption, narcissism
    - Financial stability
    - Overall general happiness and satisfaction
    - Return of confidence
    - Authenticity
    - Real fun. Music. Laughter. Intimacy.
    - Gratitude

The Firm's Ethical Responsibilities

ABA Ethics Opinion 03-429 focuses on three areas of concern:

1. Obligations of a partner or supervisory lawyer to take steps to prevent an impaired lawyer in the firm from violating the Rules of Professional Conduct.
2. Whether lawyers in the firm have an obligation to inform the appropriate professional authority or the impaired lawyer's clients or prospective clients that the impaired attorney has violated the Rules.
3. The obligations that lawyers in the firm may have when the impaired leaves the firm.

ABA Ethics Opinion 03-431

- If the lawyer's impairment raises a substantial question as to the lawyer's fitness to practice, lawyers may have an obligation to report impairment under 8.3 and, if applicable, obtain client's consent under Rule 1.6. If appropriate, consider consulting a mental healthcare professional or Lawyers Assistance Program to determine the manner in which to proceed.

Rule 1.16

- When an attorney's mental health, substance use or symptoms of other issues are seen in the workplace, the attorney's problems are usually at an advanced stage.
- 1.16(a)(2): A lawyer shall not represent a client or where representation has commenced shall withdraw from representation if the lawyer's physical or mental condition impairs the lawyer's ability to represent the client.

Rule 5.1

- (a)A partner in the law firm, and a lawyer who individually or together with other lawyers possesses comparable managerial authority in a law firm, shall make reasonable efforts to assure that all lawyers in the firm conform to the Rules of Professional Conduct.
- (b) A lawyer having direct supervisory authority over another lawyer shall make reasonable efforts to ensure that the other lawyer conforms to the Rules of Professional Conduct.
- (c) A lawyer shall be responsible for another lawyer's violation of the Rules of Professional Conduct if:

1. the lawyer orders or with knowledge of the specific conduct ratifies the conduct involved; or

2. the lawyer is a partner or has comparable managerial authority in the law firm in which the lawyer practices and knows of the conduct at a time when its

consequences could be avoided or mitigated but fails to take reasonable remedial action.

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- The firm's paramount obligation is to take steps to protect the interests of the clients.
- The first step may be to confront the impaired lawyer with the facts of his impairment and insist upon steps to assure that clients are represented appropriately notwithstanding the lawyer's impairment.
- Other steps may include to forcefully urge the impaired lawyer to accept assistance to prevent future violations or limiting the ability to handle matters or deal with clients.

Rule 8.3

- A lawyer having reliable information that another lawyer has committed a violation of the Rules of Professional Conduct that raises a substantial question as to the lawyer's honesty, trustworthiness or fitness as a lawyer shall inform the appropriate professional authority.
- "This Rule does not require disclosure of information otherwise protected by Rule 1.6 or information gained by a lawyer or judge who is a member of an approved Lawyer's Assistance Program, or who is otherwise cooperating in a particular assistance effort, when such information is obtained for the purposes of fulfilling the recognized objectives of the program."
- If the partners in the firm and the supervisory lawyer reasonably believe that the previously impaired attorney has resolved a short-term psychiatric problem that made the lawyer unable to represent competently and diligently, there is nothing to report. Similarly, if the firm is able to eliminate the risk of future violations of the duties of competence and diligence under the Model Rules through close supervision of the lawyer's work, it would not be required to report the lawyer's violation.
- If a lawyer's mental impairment renders the lawyer unable to represent clients competently, diligently, and otherwise as required by the Model Rules and he nevertheless continues to practice, partners in the firm or the supervising attorney must report the violation.

Rule 1.4 (Communication)

- The firm may have an obligation to inform an existing client of the circumstances surrounding the impaired lawyer's withdrawal but must be careful to limit any such communications to those for which there is a reasonable factual basis.
- With regard to former clients (clients that have decided to follow the departed lawyer) the firm has no obligation to inform them of the belief that the lawyer is impaired but should be careful in any subsequent communication with the former client not to give the impression that it endorses the lawyer's ability to competently and diligently represent the client.
- An attorney leaving a law firm may not relieve the firm's obligations under Rule 8.3 and is addressed in ABA F.O. 03-431.

ABA Ethics Opinion 03-431

- If the lawyer's impairment raises a substantial question as to the lawyer's fitness to practice, lawyers may have an obligation to report impairment under 8.3 and, if applicable, obtain client's consent under Rule 1.6.
- If appropriate, consider consulting a mental healthcare professional or Lawyers Assistance Program to determine the manner in which to proceed.

Notes: