



Baker: What does treatment look like for lawyers, judges in need?

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By **Tim A. Baker**

The careers and lives of judges, lawyers and law students can be jeopardized by mental health issues, chemical dependency and other debilitating conditions. These threats to legal professionals' well-being come in many different forms. Fortunately, so do treatment options.



Baker

Dr. Paul H. Earley has been an addiction medicine physician for about 30 years and knows these perils well. "Addiction is the only illness that tells you you don't have it," Earley said, noting that addiction issues are particularly problematic in the legal profession. Earley, now the medical director of Georgia Professionals Health Program Inc., previously worked with lawyers and judges from Indiana and across the country for more than 20 years. Earley explained that lawyers and judges look at the world differently. "They parse the syntax and argue the finer points, and miss the bigger picture," Earley said. "That creates a world view that is difficult for therapists. That's dangerous, frankly."

Helping mitigate that danger is Indiana's Judges and Lawyers Assistance Program. JLAP provides assistance to judges, lawyers and law students who suffer from physical or mental disabilities resulting from disease, chemical dependency, mental health problems or age that impair their ability to practice or serve. JLAP's arsenal of clinical case managers, social workers, attorneys and volunteers throughout the state help counsel, monitor and mentor legal professionals in need. Lawyer assistance programs are the "secret sauce" to getting better, Earley said.

Terry Harrell, the executive director of Indiana's JLAP since 2002, is keenly aware of the varying treatment options that make up this secret sauce. Typically, treatment involves some type of outpatient therapy, which is most likely to be covered, at least in part, by insurance. Harrell said that it is common for someone to call JLAP, in confidence, for an assessment by a JLAP staff member, which then results in a referral to a health professional for a more formal assessment.

Kathleen Vogler has performed many such assessments. Vogler has been a clinical psychologist for about 20 years and often works with JLAP referrals. Vogler explained that for most therapists, the beginning point is an outpatient assessment session. During this session, the therapist works with the client to identify goals for treatment. Goals may include improving coping, recognizing mood and intensity, mindfulness, and substance avoidance. "We want to help them relax their body and clear their mind so they can think better," Vogler said.

Vogler said that the length of treatment varies. If a client comes to her through an employer's Employee Assistance Program, typically no more than three sessions are involved. EAPs often will not pay for

additional treatment, so the focus is on a specific problem. Other clients come to Vogler by way of a referral. In those instances, the length of treatment depends on the goals. If a client is having difficulties with anxiety, she will help them learn how to relax and realistically assess danger. In these situations, it is not unusual for clients to attend five to 10 sessions. As things get better, treatment may stop. If there is a flare-up, clients can come back "for a tune up," Vogler said. Under this model, treatment can last for a year or so, but it is not continuous.

JLAP has a treatment fund that provides money to assist individuals with the cost of treatment. Repayment to the fund is expected. Harrell related a circumstance in which a long-term client had problems with anxiety and depression. He needed a new, more expensive therapist. The JLAP treatment fund helped defray the costs. As a result, "He has made such huge strides," Harrell said. "Everything is turning around for this person."

While outpatient therapy is the most common form of treatment, it is only one of many options. Harrell explained that a slightly more robust option is intensive outpatient treatment. This involves the patient living at home, but treatment varies from a couple of hours a day to a couple of hours a week. Clients needing even more care have the option of a Partial Hospitalization Program, which involves living at home but going to treatment from 9 a.m. to 5 p.m. Monday through Friday.

A more serious situation may require residential treatment, in which the patient stays at a treatment facility, but is not on lockdown status, Harrell said. Such treatment is usually in a very nice setting. Such facilities are located throughout the country and allow for intense treatment while getting the patient away from stressors and distractions. Residential treatment may transition to the patient leaving the facility for a night. Residential treatment can be very effective, Harrell said, but also quite expensive, from \$15,000 to \$20,000 per month on the low end to deluxe treatment costing \$90,000 per month. Such treatment typically lasts 30 to 90 days.

The most intensive and restrictive care is inpatient treatment in a locked facility. This type of treatment is designed to keep the patient safe, such as in the case of someone who is suicidal. As Earley put it, "The more severe the illness, the more aggressive the treatment."

Treatment is full of misconceptions, as well as pitfalls, according to Abby Medcalf, a psychologist in Berkeley, California, who has worked with judges for many years. One big misconception is that treatment is given on an individual basis, when in fact treatment typically utilizes a group model. This model is highly effective because of the amount of sharing that occurs. This can be problematic, however, because professionals may be embarrassed by the exposure of a group setting. One judge currently under Medcalf's care feared that he would be recognized in a group therapy setting. As a result, Medcalf sent the judge to a physicians' therapy group. "He actually likes it," Medcalf said.

As for pitfalls, Medcalf emphasized the importance of discharge planning, noting that planning should start on the day treatment begins for what happens upon discharge. For example, judges, lawyers, and law students typically attend a lot of social events where alcoholic beverages are consumed. Legal professionals with alcohol dependence issues need to learn how to avoid these situations or minimize their risk.

There are many viable options, Medcalf stressed. One is to go to a 12-step meeting before the event. Another is to let people know you are in recovery. Another option is to not go to the event at all. "You don't have to test yourself right out of recovery," Medcalf said. Another option is to have a non-alcoholic beverage in your hand so no one offers you a drink. Other options include bringing a sober friend to the event, setting up a post-event call to your sponsor or simply leaving the event early. "You want to have less reliance on the therapist and more reliance on your own network," Medcalf said.

Aftercare can last a lifetime, but Medcalf suggested dealing with it one year at a time. "If you do it for one year, the success rate is very good," she said. Aftercare programs keep clients "in the groove,"

Medcalf said. "You're changing a lifetime of bad habits."•

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