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Out on a Limb?

More attorneys are sharing their stories about mental illness and substance abuse.

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BY ED FINKEL

Out on a Limb?

The impulse to hide the truth about drug-abuse and mental-health issues may be the legal profession's biggest challenge. But attorneys and judges are beginning to share their stories.



DECADES AGO, AS A YOUNG PUBLIC DEFENDER AND THE ONLY FEMALE

ATTORNEY at the criminal courthouse on Chicago's near westside, Sheila Murphy went out drinking with the guys. "I thought I had to be like the men," says Murphy, who went on to become presiding judge of the Cook County Circuit Court's sixth district in Markham and now is co-director of the Restorative Justice Project at The John Marshall Law School. "I thought after one or two drinks, I could drink like a lady."

But about 40 years ago, while on vacation in Ireland, Murphy realized she needed help and entered a 12-step program. She has been sober ever since. "Drinking affects everything," she says. "You don't feel right the next day. You have to pretend you're fine. It doesn't make any difference that I was drinking like other people—if you hang around with people who drink alcoholically, chances are you're going to get caught in the same net." Entering the 12-step program "was like winning the lottery," she adds. "I've met so many great lawyers, judges, and law students in the program."

Like Murphy, a growing number of attorneys and judges who have struggled with mental illness and substance abuse are speaking out about their battles. In doing so, they are challenging misconceptions while promoting services such as the Illinois Lawyers' Assistance Program (LAP). The 2016 ABA Hazelden Betty Ford Study on lawyer impairment mapped out the extent of the problem. The survey of 12,825 attorneys showed that 20.6 percent screened positive for alcoholism, 28 percent for depression, 19 percent for anxiety, and 23 percent for stress—all at higher rates than other professions.

The Illinois Bar Journal spoke with several attorneys and judges who have wrestled with drug abuse and mental illness. Like Murphy, they all sought assistance and treatment. None of them says it was easy. All of them say they are glad for taking that first step: Asking for help.

Self-medicated harm

Michael Caldwell, who retired in January as presiding judge of the civil division in McHenry County, enjoyed his first alcoholic

beverage at age 17. Over time, he progressed from drinking occasionally to drinking regularly to getting drunk every day. He would begin drinking around noon as a young attorney in a Woodstock firm founded by his father, where colleagues did not confront him. "In the final years of my drinking, once I started, I would keep going until I passed out, got kicked out, they ran out, a fight started, the cops showed up, or whatever," he says. "Sometimes, I didn't have control over when I stopped."

In December 1980, Caldwell reached a crisis point and realized he needed to get sober. He joined Alcoholics Anonymous and has stayed sober continuously ever since, succeeding in his career and reaching the bench in 1997. "In applying for associate judge, I had anticipated questions about my recovery," he says. "None of them said anything about my drinking except that they thought my sobriety would be a strength."

Daniela Velez, a restorative justice practitioner, sought help from the Lawyers' Assistance Program after seeing her alcohol addiction for what it was. "Addiction is a chronic and progressive disease. Once you have a drink, you cannot stop," she says. "Seeing it first-hand is quite terrifying. The good news is, recovery is quite possible."

The Lawyers' Assistance Program provided nonjudgmental and confidential support, muted Velez's feelings of loneliness and shame, and helped her get into a treatment center more than three years ago, when she was a third-year law student. "I haven't had a drink since," she says. "Law school was so overwhelming. The alcohol wasn't even working anymore. I was feeling super depressed. The anxiety was killing me. I found myself at a point of desperation."

Cocaine addiction is what led Nelson Wood, a natural resources attorney in downstate Mount Vernon who also keeps an office in Chicago, to seek help from LAP nearly three decades ago. "I was still operating at a high level. That said, I was impaired," he says. "Addiction is cunning, baffling, and



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“... IT’S VERY COMFORTABLE TO SAY, ‘I HAVE DIABETES OR ASTHMA.’ WHEN WE CAN LOOK AT MENTAL ILLNESS THE SAME WAY AS PHYSICAL ILLNESS, WE’LL BE ABLE TO BREAK DOWN THOSE BARRIERS,” SAYS MAUREEN TAMILLOW, A LICENSED ADDICTIONS AND DUAL DIAGNOSIS COUNSELOR AND MEMBER OF THE ISBA’S HEALTH AND WELLNESS COMMITTEE.

powerful. Addicts can be very cunning in covering up their impairment, which I did.” Connecting with LAP, where Wood volunteers today, “gave me hope, and I embarked upon a period of recovery,” he adds.

Chasing the horizon: Out-thinking mental illness

Chicago family law attorney Helen Sigman has suffered from anxiety and depression, which she partly attributes to the tensions of practicing law in an area that attracts many unhappy clients. An Illinois attorney for 34 years, Sigman said that soon after she first passed the bar, she experienced almost unbearable levels of anxiety.

“I was waking up in the middle of

the night with thoughts about how I had messed this thing up or messed that thing up,” she says. “Being a lawyer is such a difficult profession. Our profession attracts a lot of perfectionists—especially when you’re young and you don’t know what you’re doing. You feel constrained from reaching out to other people. I attribute going into therapy as one of the reasons I’m still here.”

Sandra Crawford, another family law attorney who has practiced for the past 28 years in Chicago, became stressed out from running a solo practice while losing her parents, husband, aunt, and two very close friends—all within a period of six years. “I had kind of a tsunami of grief and no time to grieve,” she says. “It was the mindset of ‘keep soldiering through’ and not letting my practice suffer because of my personal life—until one day when I arrived at my office and felt literally like the walls were closing in on me. That’s when I realized that I needed to stop advising everybody else to seek counseling and get help myself.”

Crawford participated in individual sessions with a LAP counselor and has been attending a confidential weekly women’s group hosted by LAP for the past year. “It’s a wonderful, supportive environment where lawyers come together to talk openly and confidentially about the pressures of practice and their distinct stress and mental-health concerns.”

Daniel Massoglia, staff attorney and legal outreach coordinator at First

Defense Legal Aid in Chicago, has waged a two-front war against bipolar disorder and alcoholism. “There’s a huge stigma associated with mental illness and a cloud associated with alcoholism,” he says. “It’s difficult because, if you come out, you risk being labeled as ‘crazy’ and perceived as being unfit to do anything—from conducting daily life to representing a client effectively.”

“These are people who have diseases, but they also have potential,” he adds. “Someone who is bipolar is not just somebody who has strong emotions. It’s a more complex illness, with prolonged periods of depression, prolonged periods of mania, and then if you’re lucky, prolonged periods of being just fine.” Massoglia has managed bipolar disorder with lithium, other medications, and therapy. He stopped drinking in May 2017.

“It got to the point where it was really preventing me from living a fulfilling life,” he says. “Although it’s difficult sometimes to be at parties where other people are taking shots, I have to say it completely changed my life and was a very good decision in the long run. I credit that decision for helping me prepare for, and win, the first summary judgment motion I ever argued.”

Barriers and misconceptions

These professionals are all glad they faced their illnesses and addictions. Yet, despite their willingness to share their stories, they agree that the legal profession, if not society as a whole, still stigmatizes substance addiction and mental illness. They say barriers and misconceptions linger and must be undone.

According to the 2016 ABA Hazelden survey, the top two reasons keeping lawyers from pursuing help were fears of being labeled and the potential lack of confidentiality if they pursued treatment, says Tony Pacione, deputy director of LAP. “They’re fearful that entities like the ARDC might find out, or their partners or colleagues, or clients,” he says. “If they have a personal issue, they’re always concerned about their reputation.”

FOR MORE INFORMATION >>

The Lawyers’ Assistance Program

illinoislap.org

800-527(LAP)-1233 or 312-726-6607

gethelp@illinoislap.org

Illinois Bar Foundation’s Warren Lupel Lawyers Care Fund

illinoisbarfoundation.org/warren-lupel-lawyers-care-fund

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Robin Belleau, executive director of LAP, notes that attorneys see themselves as society's problem solvers. "We're not supposed to have the problems ourselves," she says. "Lawyers are afraid their supervisors or partners will say, 'Pull yourself up by your bootstraps. Get your act together. You're really stressed out? Well, of course you are, you're a lawyer.' That's seen as a badge of honor."

But Belleau says symptoms of mental health and substance abuse are signs of diseases, not character flaws. "It's like diabetes or cancer," she says. "If I went into my partner's office and said, 'I have cancer,' the reply isn't going to be, 'Pull yourself up by your bootstraps.'" Stress and drug abuse can exacerbate an already existing chemical imbalance in the brain, she adds.

Concerns about confidentiality when pursuing treatment is a big problem, she acknowledges. Although Supreme Court Rule 1.6 mandates that LAP provide complete confidentiality, lawyers still don't fully believe their personal information is confidential, Belleau says.

At Belleau's request, Illinois Supreme Court Chief Justice Lloyd Karmeier has reinforced this confidentiality policy at a recent Judicial Education Conference. "If judges and veteran attorneys are still questioning whether confidentiality truly exists, newly minted lawyers and law students are going to doubt it as well," she says.

Substance abuse often conjures up stereotypes of the homeless, Sheila Murphy says. "They think of people sitting on the curb. But it's also people sitting on the court bench. Who are these people? They look just like us. They look like our families. They look like our friends. The main thing is to have compassion and help them."

Michael Caldwell agrees. "There's a very negative connotation still attached to alcoholism—the barfly or the skid row drunk—which isn't at all accurate. It's the scarlet letter of diseases, as far as lawyers are concerned. I know that when I first got sober, I was very particular about who knew what I was doing or what I had done in terms of drinking because I didn't want

it to be used against me."

Judges who struggle with addiction have an additional problem, Caldwell says. "They're isolated. No one's going to say anything in the courtroom. If they don't want to see you in their chambers, they don't have to. Unless another judge [suggests they get help], it's very difficult to get the job done."

Seeking treatment requires swallowing a little pride, Caldwell says. Don't fool yourself into believing you can quit on your own. "The pressures pushing alcohol on you are enormous," he says. "It's important that lawyers understand that you're dealing with a disease and not a problem. If you don't do something about it, the odds are, it's going to kill you."

The first step: Asking for help

Lawyers are expert analysts, rationalizers, and justifiers, Daniela Velez says. "That's also what makes it so hard for lawyers to get help. Drinking is such a normal thing in our society, and specifically in the legal world. You might look at other people and say, 'They drink a lot, and they seem to be fine.' But if you just look a little bit deeper, you can see that the person has lost all control," she says.

Type-A personalities like to believe they're in control and tend to fool themselves into believing they're fine, Velez says. "Trying to appear in control makes it so much harder to get help. They also fear the repercussions of disclosing this kind of information. People in recovery are always afraid of someone knowing. What would that mean for their reputation? Would that mean clients wouldn't trust them?"

The good news is recovery is quite possible—if you ask for help, Velez says. "It's really difficult to get better on your own. You can't think your way out of this thing. That's hard because lawyers are great thinkers. They're stumped that this has them on their knees. We need a support group or a community. There are so many ways to achieve that community."

The legal profession must do more to encourage those overcome by substance

"THE MOST IMPORTANT THING WE PROVIDE IS A NONJUDGMENTAL PLACE FOR THEM TO COME AND TELL US WHAT THEY'RE STRUGGLING WITH. NO ONE IS CONSIDERED INCOMPETENT OR UNETHICAL, REGARDLESS OF HOW THEY GOT TO US," SAYS TONY PACIONE, DEPUTY DIRECTOR OF THE LAWYERS' ASSISTANCE PROGRAM.

abuse or mental health challenges, Nelson Wood says. "Unless the barriers are broken down, it's been demonstrated that many will continue to suffer. One of the things I believe—that I've heard and experienced myself—is that, 'It can't

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happen to me, or be me.’ People need to understand that these issues affect all races, cultures, and socioeconomic groups. They’re equal-opportunity destroyers.”

Among the biggest fears is the potential loss of their law license. But the latter concern is completely misplaced, Wood says. “The ARDC is supportive of attorneys who do seek help,” he says. “Of course, their job is to regulate and protect the public from impaired lawyers, which they do.” (For more information on working with the ARDC, see IBJ’s November 2018 cover story, “The Feared 14-Day Letter,” law.isba.org/2OfpyGJ.)

Therapy without judgment

Those experiencing depression or anxiety, whether work-related or otherwise, need to avail themselves of the many benefits of therapy, Sigman says. “You need somebody other than a family member to help you manage the depression or anxiety—somebody impartial and not emotional. I’m able to tell my clients that I’ve

done it, and I’ve found it helpful. It’s not like you must disclose you have a mental illness. You’re experiencing a crisis.”

Sometimes a single case can trigger a crisis, Sigman says. “What we do is so hard because there’s so many expectations that you’re going to do everything perfectly. You’re responsible for someone’s financial well-being, the custody of their children, and it’s just a lot.” However, seeking a therapist doesn’t necessarily lead to a 30-year commitment, she adds. “It can be short term. It can be situational. It’s simply a resource.”

Crawford, who has been transitioning her practice away from litigation and toward alternative dispute resolution, says lawyers see themselves as “zealous advocates,” a self-perception that is hard to reconcile with someone who needs emotional and mental-health support. “In litigation, you must be the ‘knight in shining armor,’ slaying the dragons, going toe-to-toe for your client,” she says. “Litigators can’t allow ourselves to

be perceived as vulnerable.” One reason Crawford is transitioning to alternative-dispute resolution is because it enables attorneys to be responsive to clients but with less stressful legal conflicts, she adds.

The culture of the legal world tends to be “work hard, party fast, with plenty of networking events that include alcohol,” Crawford notes. “That’s typically how we relax after work,” she says. “That’s not unique to our profession. But it can lead vulnerable professionals to dependency and addiction if stress and/or mental-health concerns are not actively managed.”

“The law has a huge predilection for booze-fueled social events and also abuse of alcohol,” Massoglia agrees. He says the profession needs to accept that a diagnosis of alcoholism or mental illness does not define one’s identity.

Joe Scally, an attorney and former therapist who practices at The Child and Family Law Center of the North Shore in Highland Park, says attorneys who need help for mental illness or substance abuse often battle a combination of denial, self-reliance, fear, and ego.

Getting help early—and not waiting until “things start to fall apart”—is very important, he adds. “But most importantly, whatever the situation: If you’re struggling, be open to help.”

Maureen Tamillow, a licensed addictions and dual diagnosis counselor and a member of the ISBA’s Health and Wellness Committee, says too many lawyers see mental health or substance abuse as moral issues rather than health-related ones. Too many also believe that these conditions necessarily render people unable to do their jobs. (Also see Jennifer M. Danish’s column, “Observe, Act, and Understand” on page 44 for more information about mental-health treatment.)

“People think about someone as being incompetent or dangerous, as opposed to having a disease,” she says. “Of course, you want someone who can do their job. But it’s very comfortable to say, ‘I have

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The Illinois Bar Foundation’s Warren Lupel Lawyers Care Fund

Many attorneys and judges may be reluctant to seek treatment for mental illness or substance abuse because treatment may require stepping away from clients and work.

A possible remedy for those who fear a loss of income or the expense of treatment is the Warren Lupel Lawyers Care Fund at the Illinois Bar Foundation (IBF), which provides temporary financial help for lawyers in need. In some cases, financial aid may be provided on a long-term basis.

“There’s a presumption that lawyers are wealthy and able to handle their own needs,” says Lisa Nyuli, chair of the fund and third vice-president of IBF. “It’s hard not only to ask for help, but to admit we need it.”

Attorneys may apply for assistance from the fund once per year, Nyuli says. A committee reviews the applications, interviews applicants, decides on whether to provide aid, and, if so, how much. “You would be surprised at how a little can help—as much as \$400 per month can make a huge difference,” she says. “Sometimes the solution is not financial. So, we try and direct them to a resource they hadn’t thought about before.”

During the past three years, the Lawyers Care Fund has increased disbursements by 40 percent and the number of lawyers served by 50 percent. Approximately one third of the fund’s recipients say either substance-abuse or mental-health issues are a significant factor in their financial circumstances.

“We have more applications than ever,” Nyuli says.

diabetes or asthma.’ When we can look at mental illness the same way as physical illness, we’ll be able to break down those barriers.”

LAP and the road to recovery

LAP provides free, confidential assistance to lawyers and judges in the state facing mental-health and substance-abuse challenges. LAP has seven offices across the state—three in Chicagoland, including the Loop, Park Ridge, and Geneva; and four downstate, in Rock Island County, Bloomington-Normal, the Metro East, and Carbondale.

“We provide an assessment, we develop an understanding of what their issue is, and then we try to hook them up with the most appropriate, ongoing treatment resource,” Pacione says. “The most important thing we provide is a nonjudgmental place for them to come and tell us what they’re struggling with. No one is considered incompetent or unethical, regardless of how they got to us.”

About 10 percent of LAP’s clients are referred by the ARDC. Up to 30 percent come as a result of a partner’s or colleague’s intervention. More than half are self-referrals, Pacione says. “The best marketing tool we have is the fact that

about 55 percent are self-referred,” he says. “The majority of clients feel comfortable reaching out to us when they realize they’re having an issue.”

Murphy, who has volunteered for LAP “almost since its inception,” says the program makes sure people get the help they need. “We have meetings for people suffering from alcoholism and drug abuse, and also for people suffering from depression. The best thing is to get professional help. And, LAP is confidential.”

Murphy notes that anxiety and depression may develop from underlying trauma. Self-medication is a common “remedy.” “But unless the trauma is addressed through therapy, recovery is sketchy at best,” she says.

“To fully recover, we need to help each other realize that being the best we can be takes time. LAP has the resources to help us realize who we can become. Support meetings teach us humility,” she says. “We learn from others at the meetings—from people who might not even be lawyers but who are leading extraordinary lives. We begin to listen instead of talk, talk, talk. Our families love us like never before, because we’ve learned to love ourselves.”

Sigman performed an intervention

for an attorney whose high caseload and struggles with mental-health issues were beginning to severely affect his life. Ultimately, Sigman persuaded him to take a break from his practice and seek treatment. “I said to myself, ‘He’s going to be disbarred if he doesn’t get hold of this,’” she recalls. “He basically asked me to be co-counsel on all his cases. I said, ‘You have to withdraw. You’re not well enough.’ I felt good about it. I had no regrets. I hope somebody would do that for me if I were in that scenario.”

Crawford, who volunteers for LAP and has sought assistance herself, says too many attorneys think LAP is the place where people in trouble are sent. “It’s much broader than that,” she says. “It’s for any attorney who wants to be proactive in managing stress and mental-health concerns related to the practice.”

Wood has served as a volunteer for 28 years, has been involved in more than 30 interventions, and is a board member and former LAP board president. “There’s always hope, and there’s always redemption for people who seek it,” he says. “That’s always a message I try to convey.” ■