

KENTUCKY LAWYERS ASSISTANCE PROGRAM FOUNDATION, INC.

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Over the past 30 years, a group of dedicated Kentucky lawyers has assisted its fellow members of the Bar. From their original incarnation as the Kentucky Bar Association Alcohol and Drug Abuse Committee to today's Kentucky Lawyers Assistance Program (KYLAP) these men and women have volunteered their time to help those in dire need. We now have the opportunity to expand that help in new and exciting ways through the Kentucky Lawyers Assistance Program Foundation, Inc.

Much has been written about the stresses and impairments faced by attorneys. A simple Google search of "lawyer impairment" garners over 2,000,000 hits! Stress, anxiety and depression are often present in even the most successful appearing attorneys. We are no strangers, either, to drug and alcohol abuse and addiction.

Kentucky's 17,000 lawyers suffer from the same maladies which afflict everyone, except often to a greater extent. According to the National Institute of Health, 7.2% of Americans 18 years of age or older suffer from alcohol abuse or addiction.¹ This number skyrockets to 18% to 25% when limited to attorneys.² This means that as many as 4,000 of our fellow Kentucky attorneys may be alcoholics. Just under 10% of the general public experience mood disorders.³ Consider, though, that attorneys suffer from depression at rates 3 to 4 times that of the rest of society.⁴ Sadly, in recent months, Kentucky made national news for its rash of attorney suicides.⁵ Even if you have not been personally affected, it is likely that you will encounter many attorneys impaired not only in the practice of law but their very lives.

Some of the very traits that make a good lawyer can stand in the way of that lawyer getting help. Who among us wants to admit that he or she needs help? In our practices, we project to our clients that we are the best person for the job. We need no help. There is also a certain machismo in the profession which can be a great asset as an advocate but deadly to the person in need of help. We do not dare admit fear or anxiety when dealing with our opposition. This attitude is poisonous when applied to addiction and mental illness.

By now, KYLAP's mission should be well known to the Kentucky Bar. It provides assistance to those attorneys in need of help. This assistance takes many forms from reaching out to impaired attorneys to monitoring their progress in treatment and recovery. This mission is not limited to practicing lawyers. Former lawyers and law students also benefit. As a volunteer KYLAP counselor, I can attest to the substantial efforts made daily to assist our fellow attorneys.

But, we need to do more. In fact, we must. Toward that end, the Kentucky Lawyers Assistance Program Foundation, Inc. has been formed to further advance KYLAP's goals. I am pleased to have been asked to serve on the Foundation's Board of Trustees, along with several other Kentucky lawyers. We are excited by the prospects for the Foundation.

The Foundation is a 501(c) (3) non-profit corporation authorized under Kentucky Supreme Court Rule 3.910(8). The Foundation will provide loans to impaired lawyers to help cover the costs of treatment, bar dues, disciplinary fees and other expenses which have been barriers to seeking help. We will also help fund educational programs for the bar and public to encourage wellness, sobriety, good mental health and recovery. The goal is twofold: 1) assistance to the legal community; and 2) protection of the public from harm caused by impaired lawyers.

Over half of all attorney discipline cases in Kentucky are related to an impairment issue. Thus, early intervention and treatment not only benefit the affected lawyer but the public, too. The Foundation will provide resources to assist lawyers in getting help.

Many times, lawyers are hesitant to seek help out of fear that their practices will be damaged by their absence. Loans to ease the financial burden will encourage treatment. The irony, of course, is that an impaired attorney will likely do more damage by continuing to represent his or her clients.

The cost for inpatient or outpatient substance abuse treatment can be onerous. By the time many attorneys come to KYLAP's attention, they have depleted their resources. Even those with health insurance often find that their plans only cover treatment while under medical care, i.e., hospitalization. As result, treatment programs (typically 28 days but much longer in some cases) must be paid out of pocket.

The Foundation will provide short term loans to lawyers in need where finances are an impediment to treatment. We envision assistance to lawyers who cannot afford the cost of treatment. The prime requirement for eligibility will be need. Likewise, we may under certain circumstances make loans to cover disciplinary costs, bar dues and other expenses incurred in maintaining the lawyer's license. Any person obtaining a loan can expect to enter into an agreement with KYLAP under which his or her treatment and recovery program will be monitored. Such monitoring agreements are commonly used by KYLAP.

Importantly, the Foundation is not intended as a vehicle to prop up an impaired lawyer's practice. It is not a bank to finance a floundering practice of an attorney who refuses to accept help. Rather, it is designed as a short term bridge to ease the burden of seeking that help. Loans to pay off business or personal debts unrelated to treatment

will not be made. We are not in the business of saving law practices. We hope to save lives, instead.

In addition to assisting individual attorneys, the Foundation will advance education of both the bar and the public. While we have made great inroads in the past few years, more must be done. We hope to educate attorneys in all seven Kentucky Supreme Court Districts through local bar associations and our KYLAP volunteers. The public, too, can benefit as we reach out to our communities to educate non-lawyers on the issues facing the legal community.

Are these lofty goals? Perhaps, but we have seen other states establish similar foundations with great success. There is no reason why we cannot do the same in Kentucky. Of course, none of this will be possible without money. The need is twofold: First, KYLAP's resources are limited. The Foundation is designed to create a separate source of funding. Second, the Foundation will operate as a separate entity, allowing KYLAP to focus on its only mission—saving lives.

In the coming months, the Foundation will begin in earnest its fund raising efforts to assist in realizing its goals. We will be asking members of the Kentucky Bar for help in both raising awareness and money. If every member of the Kentucky Bar Association donated \$10 to the Foundation, we would be a long way toward our goals. If you are one of the fortunate few who have not been affected by mental illness or addiction (either personally or through a friend or loved one), it is likely that you know a member or our profession who needs help and can't or won't seek it.

When you hear from us in the future, please consider helping the Foundation just as we hope to help our fellow attorneys. If you want more information about the Foundation, please contact me or KYLAP's Director, Yvette Hourigan, at yhourigan@kylap.org. For information about KYLAP, please visit www.kylap.org.

¹ Substance Abuse and Mental Health Services Administration (SAMHSA). *2012 National Survey on Drug Use and Health (NSDUH)*.
<http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/DetTabs/NSDUH-DetTabsSect5peTabs1to56-2012.htm#Tab5.8A>

² G. Andrew H. Benjamin, Bruce D. Sales & Elaine J. Darling, *Comprehensive Lawyer Assistance Programs: Justification and Model*, 16 L. & Psychol. Rev. 113, 115 (1992)

³ http://www.nimh.nih.gov/Statistics/1ANYMOODDIS_ADULT.shtml, citing Kessler RC, Chiu WT, Demler O, Walters EE. *Prevalence, Severity, and Comorbidity of Twelve-month DSM-IV Disorders in the National Comorbidity Survey Replication (NCS-R)*. Archives of General Psychiatry, 2005 Jun, 62(6):617-27

⁴ W.W. Eaton, J.C. Anthony, W. Mandel & R. Garrison, *Occupations and the Prevalence of Major Depressive Disorder*, 32 J. Occupational Med. 1079 (1990).

⁵ <http://www.cnn.com/2014/01/19/us/lawyer-suicides/index.html>