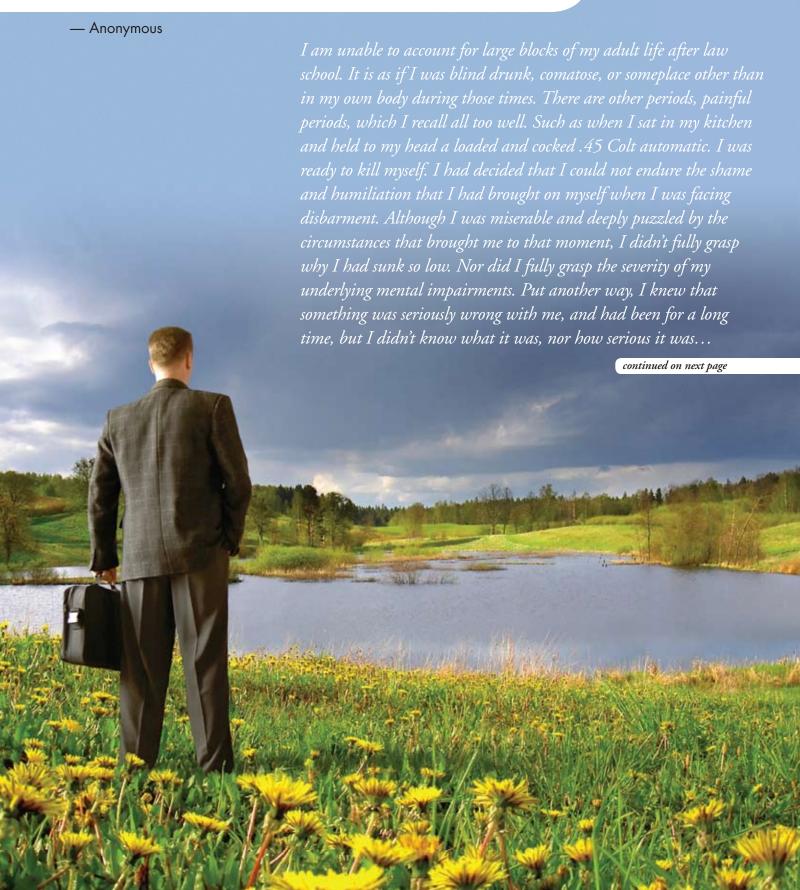
Lower Than a Snake's Belly



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I loved being a lawyer. Although neither of my parents had finished high school, and I had never even met a lawyer, it was my goal as far back as high school. I worked hard to become a lawyer and, after I went into practice, worked even harder in my quest to become a good lawyer. At one point, I earned the second highest rating that Martindale-Hubbell bestows on lawyers, so my efforts bore fruit at least for a while. I tried to work through the myriad problems or issues that confront a solo practitioner, as I was for most of the time that I was in practice. Although I didn't recognize it, my professional life had taken on a pattern of hard work, including evenings and weekends, which usually resulted in good outcomes for my clients. During productive periods, I served on the Board of Directors of Wayne County Neighborhood Legal Services, and was elected chairman. I also served

on the Board of Directors of SHAR House, a substance abuse treatment facility in Detroit, and served as chairman during a difficult period for SHAR House when funding sources had been cut back severely.

Productive periods were mated with periods when I was basically incapacitated. During those times, my work was neglected, as was my personal life, including hygiene. My bills went unpaid, and I lost interest in just about everything that usually mattered to me. I became reclusive, and shied away from contact. Since I was single at the time, I was able to live a pretty solitary life for years at a stretch, while somehow continuing to run my solo practice. A longtime friend, Oscar, who would occasionally visit, recognized that my behavior was, by his lights, a little odd, but he chalked it up to my personal idiosyncrasies. He used to tease me about my "walkabouts," when my head was in a different place

than I was physically. My friend, then an architect, but now an ordained minister, understood that a process was at work, but he was not equipped by his training to grasp the nature and extent of my condition.

After my disbarment, with notable exceptions, nearly every lawyer I know shunned me for years. I recall a longtime acquaintance, now a partner in a major Detroit firm, even crossing the street to avoid any contact with me. That hurt. In my shame and despair, I cut off contact with my mother and family for over 10 years, during which I had almost no contact with the profession. I lost my home through foreclosure. I also lost just about every other material possession that I had ever acquired, and didn't care. I had no desire to live, and contemplated suicide frequently. My judgment remained terrible after my disbarment, and I continued to decline. Because of binge eating and a total lack of

physical exercise, I gained nearly 75 pounds. I barely recognized myself in the mirror when I bothered to look at one.

The dark days lasted for over 10 years, and only began to recede in the winter of 2005, when I read an ad in the *Michigan Bar Journal* about a program for impaired judges and lawyers, the Lawyers and Judges Assistance Program (LJAP). My first thought was that's all well and good, but I'm not a lawyer anymore. Since I was disbarred, and rusticated, I doubted that the Bar would have any interest in helping me. I believed that I needed help, but didn't know where to turn. I had no insurance, and did not ever consider a community-based mental health facility. Although I was pretty fragile emotionally, I eventually decided that I would call the State Bar, explain my circumstances, and inquire whether I might be eligible for some of the services that

the Bar provided to impaired judges and lawyers.

I made a phone call to the number listed in the ad. I called somewhat tentatively—expecting rejection or continued punishment from the Bar-and left a largely incoherent message and a return phone number. To my surprise and subdued delight, I got a call back a few days later from Martha Burkett, now program administrator with LJAP (by my lights, a prime candidate for sainthood as the patron saint of impaired lawyers and judges in Michigan), who explained that she had received my call and wondered if I had reliable transportation. If so, would I be willing to meet with her to discuss my situation? While I was pleasantly surprised, yet somewhat apprehensive, I readily agreed. We met in a coffee shop on a day that Martha was in the eastern part of the state.

After introductions and some preliminary information gathering, Mar-

tha encouraged me to talk about myself, my family, my mental state (I felt lower than a snake's belly) and aspirations (at that point I didn't have any). When my time was up, she scheduled me for another meeting about 30 days later. Over the next couple of meetings—usually 30 days apart—Martha explained the nature of her work with the State Bar and how the peculiar nature of our profession, perhaps more than most, created conditions that caused a substantial percentage of practitioners and judges to require assistance of the type that the LJAP provides.

Martha also spoke of the progressive viewpoint of John Berry, the then-new executive director, who had come to the State Bar of Michigan from Florida, where the Bar was somewhat more attuned to the issues attendant to the treatment of impaired judges and lawyers. The State Bar, through people like Martha (who was well prepared academically and by temperament for

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her particular work with members of our profession), wanted to bring the insights of contemporary social science, psychology, psychiatry, and related behavioral disciplines to bear on the problems faced by impaired lawyers, judges, and law students. One objective of this assistance was to enable these members to remain or become productive in our profession and also, perhaps, to rejoin the Bar.

After a few sessions, Martha discussed the possibility of a contract between the State Bar and me, under the terms of which I would bind myself to adhere for two years to a course of conduct prescribed by the Bar. One of the terms was that I meet regularly with peer monitors, who are practicing (and therefore very busy) lawyers. The monitors, who are kind enough to spend some of their valuable time mentoring, are lawyers who have had life experiences that uniquely equip them to provide sound advice, as well as moral support, to a brother lawyer attempting to rehabilitate himself. I have met two fine lawyers, whose advice and support have been very helpful.

The contractual relationship with the State Bar carried no promises regarding re-admission; it was offered to me for whatever benefit it could provide me, if I made the sustained efforts necessary to rehabilitate myself as a man, husband, and father. An obvious, if unspoken, benefit, however, was that if I did apply for readmission to the Bar, I would be able to demonstrate an acceptable, disciplined, and verifiable course of positive conduct and treatment for my mental impairment at the end of my contract.

One of the other terms of my contract was that I seek professional psychiatric assessment and accept treatment on the terms required by the provider. Because of my interaction with Martha, I was much more confident than I had been, and so was willing to seek help from mental health professionals. I called the number for the University of Michigan Department of Psychiatry, Depression Clinic. A woman with a pleasant voice answered, and took some basic information from me. When she learned

of my former profession, she told me that her husband was a lawyer, and that she was

personally aware of the toll that meeting professional demands took on lawyers. She then administered a preliminary screening assessment in order, I gathered, to obtain a snapshot of the nature and severity of my condition.

Upon completion, she suggested, politely but firmly, that I come to the clinic as soon as possible. I hesitated because I had no insurance and no money. She explained that financial arrangements could be worked out, but suggested that it was clearly in my best interest to come to the clinic soon. She explained further that the clinic's approach was effective because members of the legal profession were invariably creatures of logic. The clinic's treatment modalities, or protocols, tapped into that deeply ingrained trait and harnessed it for treatment purposes.

By now convinced that I had, by sheer luck (which I doubted), or by divine providence (which I believed then and continue to believe) established contact with skilled mental health practitioners who would be able (if anyone could) to diagnose my condition and provide appropriate treatment, I had no further hesitancy.

I desperately wanted to know why my life and career had derailed. I believed that the University of Michigan clinicians would get to the bottom of my mental problems and help me to regain my focus. A team led by a professor of psychiatry, who was assisted by many other clinicians, senior residents, medical students doing their psych rotation, as well as nurses and other specialized personnel, all participated in my evaluation. Once the assessment had been completed, I waited while the team assembled in a conference room to discuss my case, confirm a diagnosis, and consider a course of treatment, which included appropriate medication. I was then told the diagnosis (my condition was hereditary, serious, and chronic, but treatable) and what my prognosis would be if I did not treat my condition appropriately.

Since I now knew "to a reasonable degree of medical certainty" the nature of the condition that had largely controlled or Lower Than a Snake's Belly

influenced the course of my adult life, I was more than willing to hear what course of treatment the team thought might prove efficacious. The recommendation was a combination of therapy and medication. Neither alone would control the condition, but in tandem, they provided a good to excellent chance of ameliorating the condition and enabling me to achieve a state of "remission."

The team leader explained to me that to control my condition, once I began, I would have to continue to take the prescribed medication, or a replacement if one became necessary, for the rest of my life. It was further explained that I would have to modify my habits and refrain from drinking alcohol.

I gladly received the diagnosis and recommendations because I knew where I had been, and still was. If the treatment could enable me to finally control my behavior and, therefore, the course of my life, I had no hesitation in committing myself to full compliance. After a brief trial period to test my tolerance of the prescribed medication, I went on a full dosage, which I have taken daily since, and will take daily as long as I live.

The first indications that the medicine was proving beneficial were so subtle that I was uncertain if it was a cause-and-effect relationship. For example, I became much more aware of my surroundings than I had been previously. I enjoyed my family more, and improved my personal hygiene. I also began to exercise almost daily, by walking a roughly $3\frac{1}{2}$ -mile path around a park in Detroit. My wife and kids noticed the changes and encouraged me to persevere, as did several other observant people whose opinions I respected.

When I first presented to the U of M, I carried 265 pounds on a 6-foot frame, 85 pounds of which I had gained after disbarment. I enjoyed the walking immensely, and began to regard it both as part of my therapy and also an expression of my determination to do all that I could to regain control of my life. While walking, I noticed the changes that an advancing season would bring, such as in springtime, when the grass began to grow and trees and flowers began to bud. As spring became summer, I saw the trees grow full foliage. I saw berries ripen along my path, and watched birds feeding on them. As I walked, I would sometimes say to myself, this (walking) is a matter of life and death for you. The truth of the matter is that I enjoyed my solitary walks immensely. In short order, I began to notice that my clothes, particularly my size 42-waist trousers, began to fit much more loosely because I had started to lose weight, and that I had to keep cinching in my belt.

My mood, my state of mind, and general sense of well being have improved dramatically, as has the quality of my interaction with people in general and my family in particular. As my confidence increased, I began to experience, for the first time in my recent memory, a distinct joi d'vivre. I became less reclusive, and actually began to make attempts to reconnect with my family. I contacted my mother (who didn't know whether I was dead or alive) and siblings, all of whom live in other states, a few friends, and some old friends dating back to my undergrad days. I explained in total candor what had happened, how long, in a manner of speaking, I had suffered in silence, and how beneficial I had found my interaction with Martha, my monitors, and my treat-

ment at the U of M. Within a year's time, I had gone from being a recluse, and even being somewhat withdrawn from my wife and kids, to a man who once again enjoyed interacting with people, sought out human contact, and had a much more positive relationship with my family and others that I care deeply about.

As I began to reach out to lawyers and judges with whom I had previously enjoyed a good, if not friendly, relationship, I received a mixed reception. Some were genuinely glad to hear from me, pleased to learn of my efforts at rehabilitation, and willingly reconnected. They offered encouragement and help. Others refused to have any contact with me. I re-established friendships where I could and sat "shiva" where I was unwelcome. I understood that much, if not all, of the intensely self-destructive behavior in which I had engaged had been caused by problems that had been diagnosed and for which I was being treated at the U of M. With that realization, I no longer beat up on myself for what had happened. I accepted that I had been a very sick man for a long time.

Despite problems that led to losing my license, I had earned a good, professional reputation within the circle of lawyers and judges with whom I interacted professionally. When I resurfaced, and word got out that I was functioning again, I got inquiries, albeit cautious ones, from some curious as to whether I was willing to research issues, draft memos, briefs, etc., or otherwise work in the field in a limited capacity. The caution was fully warranted because of my breakdown and long hiatus from practice.

After I had received and completed a few freelance assignments, I experienced a revelation: I can still do this stuff up to my formerly high professional standards. My work was well received and I got more work, while observing, of course, all limitations imposed by the Bar. My "practice"—if that term may safely be used in this context without crossing the line as to unauthorized practice—consisting of freelance assignments on an as-needed basis, has enabled me to support my family and start making amends.

My doctors have informed me that the treatment has worked extremely well and that I am now in full remission. What that means to me is that, for the first time in a very long time, I am in control of my mind, and consequently my own behavior and life. Since Martha and other LJAP members welcomed me into the fold, my life has improved immeasurably. I shudder to think what the rest of my life would have been like had she been unwilling to talk with me or had been constrained from facilitating my contract with the State Bar.

