

How To Address the Reality of Alcoholism, Addiction, and Mental Health Disorders Among Alabama Attorneys

By: Robert Thornhill, MS, LPC, ICADC

Director

Alabama Lawyer Assistance Program

334-517-2238

24-Hour 334-224-6920

robert.thornhill@alabar.org

- The most comprehensive study to date entitled, “The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys”
- Published in February 2016 edition of The Journal of Addiction Medicine
- 15,000 lawyers from 19 states participated
- An instrument called the Alcohol Use Disorders Identification Test (AuDIT 10) was completed by approximately 11,300 of these attorneys
- 21% to 36% revealed a score consistent with an alcohol use disorder
- The study also revealed that 28% reported concerns with mild or high levels of depression
- 23% reported mild or high levels of stress
- 19% reported mild or high levels of anxiety

- There is a very strong correlation between the use/abuse of mood-altering substances and involvement with malpractice claims and disciplinary proceedings
- Case studies:
 - A Georgia Bar Study showed that 50-75% of attorney-related disciplinary cases involved substance abuse by the attorney
 - Oregon State Bar study showed that of 100 lawyers who entered the Oregon Lawyers Assistance Program for impairment, 60 had malpractice claims pending and 61 had disciplinary proceedings filed against them before entering the program

- What is a Substance Use Disorder?

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by two or more of the following criteria in a twelve-month period:

1. Tolerance
2. Withdrawal
3. Substance often taken in larger amounts or over longer period than intended
4. Persistent desire or effort to cut down or control use
5. Great deal of time spent acquiring, using, or getting over use
6. Important social, occupational, or other activities reduced or ignored
7. Continued use despite persistent physical or psychological problems
8. Continued use despite inevitably worsening social, occupational, or legal consequences

Alcoholism/Addiction is a disease! It meets the definition of a disease because it meets these four criteria:

- 1. Primary**
- 2. Progressive: physical, emotional, mental, spiritual**
- 3. Chronic: there is no cure, but there is genuine recovery!**
- 4. Fatal!**

Alcoholics Anonymous defines as a two-fold illness:

- A. A Mental Obsession**
- B. A Physical Allergy**

What is Depression?

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) indicates that a diagnosis of Major Depressive Disorder can be made if five or more of the following symptoms have been present for at least a two-week period and represent a change from previous functioning; and at least one of the symptoms is either 1) depressed mood or, 2) loss of interest or pleasure.

1. Depressed mood most of the day nearly every day.
2. Markedly diminished interest or pleasure in all, or almost all, activities nearly every day.
3. Significant weight loss when not dieting, or weight gain (change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation or retardation nearly every day.

6. Fatigue or loss of energy nearly everyday.
7. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
8. Diminished ability to think or concentrate, or indecisiveness nearly every day.
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide.

These symptoms combine to deepen and exacerbate the depression.

What is Generalized Anxiety Disorder?

The DSM-5 criteria are as follows:

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least six months, about a number of events or activities (such as work or school performance).
- B. The individual finds it difficult to control the worry.
- C. The anxiety and worry are associated with three (or more) of the following six symptoms.

Note: Only one item is required in children.

1. Restlessness or feeling keyed up or on edge.
2. Being easily fatigued.
3. Difficulty concentrating or mind going blank.
4. Irritability.
5. Muscle tension.
6. Sleep Disturbance.

Anxiety Continued

- D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).
- F. The disturbance is not better explained by another mental disorder.

Anxiety Continued

- The essential feature of generalized anxiety disorder is excessive anxiety and worry about a number of events or activities.
- The intensity, duration, or frequency of the anxiety and worry are out of proportion to the actual likelihood or impact of the anticipated event.
- The individual finds it difficult to control the worry and to keep worrisome thoughts from interfering with attention to tasks at hand.
- Adults with GAD often worry excessively about everyday, routine life circumstances such as job responsibilities, health, finances, misfortune to their children, or minor matters (being late for appointments).

Anxiety Continued

- GAD differs from non-pathological anxiety in the following ways:
- A. Worries associated with GAD are excessive and typically interfere with psychosocial functioning, whereas the worries of everyday life are not excessive and are perceived as more manageable and may be put off when pressing matters arise.
- B. The worries associated with GAD are more pervasive, pronounced, and distressing; have longer duration, and sometimes occur without precipitants.
- Everyday worries are much less likely to be accompanied by physical symptoms (e.g., restlessness or feeling keyed or on edge).

HEALTHY COPING SKILLS!!

- Counseling or Therapy
- Utilizing self-help techniques such as Cognitive Therapy and Mindfulness Therapy. (These are often far better utilized, at least at first, with the assistance of a trained counselor or therapist)
- Utilizing the Alabama State Bar! (Ethical questions, practice management assistance, Alabama Lawyer Assistance Program)
- Simple camaraderie! None of us are much good exclusively on our own! We all need mentoring and assistance from others, and the willingness to reach out!

Lifestyle Changes!

1. Regular exercise
2. Eating a healthy diet
3. Reducing caffeine, sugar, and salt
4. Avoiding alcohol and drugs
5. Getting adequate sleep (sleep deprivation)
6. Setting aside time for fun and relaxation

How do we help??

1. Reach out and talk to the colleague that you are concerned about! “Risk their wrath” to tell them what they need to hear and not what they want to hear.
2. Encourage them to seek help, and to contact the Alabama Lawyer Assistance Program.
3. Remind them that our program is completely confidential!
4. If the person is unwilling (and this will frequently be the case), then contact us and let us know your concerns. You can do this anonymously if you wish.
5. We will gather as much information as possible from as many sources as possible, determine whether the information is credible, and then contact the attorney directly.

About the Alabama Lawyer Assistance Program

- We have a committed and passionate committee of volunteer attorneys around the state that can assist with informal interventions, serve as a Lawyer Monitor, and provide support and guidance in the early days of recovery.
- We maintain a list of “approved sites” for evaluation and treatment.
- We provide a “Monitoring Contract” for accountability following evaluation and treatment.
- Studies have consistently shown that good treatment followed by a comprehensive monitoring program provides for a much higher rate of long-term recovery among professionals.
- We provide education and training to law students, bar associations, law firms, and any interested party in the legal field.
- We provide testimony, when earned and appropriate, for attorneys seeking reinstatement of their license to practice law.

Our Monitoring Program

1. Random Drug Screening
2. Daily check-in with our third-party administrator, Affinity Online Solutions.
3. Active participation in a 12-step program such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).
4. Regular contact with an assigned “Lawyer Monitor”.
5. Documentation of ongoing counseling/therapy and/or psychiatric medication management.
6. Participation in a “Lawyer Support Group” when available.
7. Monthly reports to our office.
8. Documentation from the prescribing physician of any scheduled medication.