

# How To Address The Reality Of Alcoholism, Addiction, and Mental Health Disorders Among Alabama Attorneys

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Most of the attorneys I have known are hard-working, self-motivated, and ambitious; and certainly intent on bringing about the best possible outcome for clients. As a class, they expend tremendous effort to be disciplined, responsible, and detail-oriented. These attributes have enabled them to endure the enormous challenges of undergraduate school, law school, studying for and passing the bar, and facing the rigors of practicing law as a newly licensed attorney. Most are able to navigate these unique challenges and to find practical and healthy ways to cope with the stress of practicing law. However, recent studies have confirmed that there is also a significant proportion of lawyers who have not adjusted well to these multi-faceted challenges, and who have acquired very unhealthy coping skills and/or undiagnosed and untreated mental health disorders.

In a landmark study published in the Journal of addiction Medicine in February of 2016 entitled, "The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys", researchers found "rates of hazardous, harmful, and potentially dependent drinking and high rates of depression and anxiety symptoms". Further review and discussion of this important study found that 15 associations (Alabama was one of these) participated, and almost 15,000 lawyers from 19 states completed surveys addressing alcohol use, drug use, and symptoms of depression, anxiety, stress, and other mental health concerns. Of these, approximately 11,300 completed a 10 question instrument known as the Alcohol Use Disorders Identification Test (AuDIT-10), which screens for levels of problematic alcohol use. Of these respondents, 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, and 19% reported mild or high levels of anxiety. Overall, 23% reported mild or high levels of stress. **1.** The purpose of this paper is to define and discuss these issues, propose recommendations that can result in improved lives and careers, and describe the various ways that the Alabama Lawyer Assistance Program can provide effective guidance and support.

Becoming a licensed attorney is an arduous and stress-filled challenge. Once the license is obtained, a new and often unexpectedly difficult process of discovering experientially how to function as an attorney begins. For those who have found healthy ways to deal with stress, a workable and fulfilling path to a successful legal career can emerge. However, for those who have resorted to over-consumption of alcohol or other drugs, or to excessive reliance on food, sex, gambling, or other forms of behavioral addictions as a means of coping with the stress of practicing law, the inevitably worsening negative consequences will become painfully evident over time. These negative consequences include formal complaints to the Office of General Counsel at the Alabama State Bar, alcohol-or drug-related arrests, other legal problems such as arrests for domestic violence or harassment, neglect of cases and responsibility to clients and colleagues, unethical use of trust fund monies, and the onset of undiagnosed and untreated mental health maladies such as

Depression, Anxiety Disorder, Substance Use Disorders, and Bipolar Disorder. Without evaluation, accurate diagnosis, and effective treatment of these issues, additional negative consequences such as loss of family, profession, health, and eventually life itself are almost certain.

The Alabama Lawyer Assistance Program is designed to provide CONFIDENTIAL assistance to law students, attorneys, and judges who are struggling with one or more of these problems. There are good reasons for ensuring complete confidentiality. The February, 2016 study shows that the primary reasons attorneys do not reach out for help are, 1) fear of others finding out, and 2) concern about privacy and confidentiality. **2.**

It is important here to discuss some of the common, and I believe necessary, traits that most attorneys share. Among these are self-reliance, ambition, perfectionism, and a learned adversarial approach. While these traits are certainly positive when utilized in a healthy and measured way, they are absolutely NOT conducive to recognizing or acknowledging that one may have a problem with a mental health issue or a substance use disorder. I believe this is a primary reason for the alarming statistics revealed in the study, and for the reluctance most attorneys share in admitting that they might have a problem. These men and women need our help! They desperately need colleagues, family, and friends who have the genuine courage to reach out and tell them what they need to hear.

Reaching out to someone who is obviously struggling with addiction is not easy! It requires a willingness to “risk their wrath” to tell them what they need to hear and not what they want to hear. People in the throes of active addiction have literally lost the ability to recognize that they may have a serious problem! The addicted mind automatically rationalizes and justifies the continued use of their drug of choice, and minimizes the risks and negative consequences. Addicts and alcoholics need to hear the truth from the people that know them and care about them! This is usually a very uncomfortable event for all involved, but it is a powerful and necessary first step in moving the addict toward a path of recovery.

The Alabama Lawyer Assistance Program can help with this process. We are happy to receive calls of concern regarding a colleague or family member. We will attempt to receive as much information as possible and we will provide specific recommendations. We will also help to arrange an informal intervention if the parties involved are willing. Should the caller wish to remain anonymous they may do so. Once we have received the information and we feel it is a cause for concern we will reach out directly to the attorney in question.

The most common mental health concerns that we work with are alcohol or drug addiction, depression, and anxiety. Other mental health issues that we see are Attention Deficit Hyperactivity (ADAD), Bipolar Disorder, and Cognitive Impairment. All of these conditions require evaluation and treatment. ALAP maintains a list of qualified and experienced health-care providers, and we are happy to pass on the proper referrals when needed.

Once we have received documentation of the evaluation to include diagnoses and recommendations we will meet again with our attorney-client and discuss our monitoring program. We will take time to explain the various provisions of our monitoring program to include; 1) random drug screening, 2) active participation in a 12 step program such as Alcoholics Anonymous or Narcotics Anonymous, 3) regular contact with an assigned “Lawyer Monitor”, usually one of the volunteer attorneys on our committee, 4) documentation of ongoing counseling or therapy, 5) participation in a “Lawyers Support Group”, and 6) monthly reports to our office. Studies have shown that this level of comprehensive monitoring provides for a much higher rate of success for professionals such as doctors, lawyers, and airline pilots regarding improvement of symptoms and long-term sobriety.

I think it is important to provide a brief description of the most common mental health maladies that we encounter. The first remains Substance Use Disorders.

The Substance Use Disorders include Alcohol Use Disorder (Alcoholism), Opiate Use Disorder (addiction to heroin or any opiate medication such as OxyContin, Hydrocodone, Oxycodone, etc.), Cocaine Use Disorder, Amphetamine Use Disorder, and so on. These addictions meet the qualification of a chronic disease because they meet the following four criteria:

1. Primary: The Substance Use Disorder is not secondary to some other disorder, it is a Primary Disease.
2. Progressive: The disorder manifests in inevitably worsening negative consequences (physical, emotional, mental, spiritual).
3. Chronic: There is no “cure” for these disorders. But, there can be effective recovery!
4. Fatal: Without immersion in a genuine program of recovery the disorder is fatal.

The Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition (DSM-5), provides the following clinical criteria necessary to diagnose 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 in a 12 month period!
  1. Tolerance – takes more to achieve the same effect.
  2. Withdrawal – this can be mental, emotional or physical. People in the latter stages of Alcohol Use Disorder and Benzodiazepine Use Disorder can actually die in the throes of withdrawal without medically supervised detoxification.
  3. Substance often taken in larger amounts or over a longer period of time.
  4. Persistent desire or effort to cut down or control use
  5. Great deal of time spent acquiring, using, or getting over use (this is the tragic cycle of active addiction)
  6. Important social, occupational, or other activities reduced or neglected
  7. Continued use despite persistent physical or psychological problems **3**.

Based on my experience, the best and most useful description of an Alcohol Use Disorder can be found in the book entitled, “Alcoholics Anonymous”. This book, affectionately referred to by those in the AA fellowship as the “Big Book”, describes the disease of alcoholism as a two-fold illness:

1. A Mental Obsession – The alcoholic is literally obsessed with the idea of using and reusing the very substance that is killing him. This “obsession” to pick up that first drink, regardless of the inevitably worsening negative consequences, is a physiological phenomenon that is unique to alcoholics and to the other addictions. It never occurs to those who do not have a Substance Use Disorder!
2. A Physical Allergy – once the alcoholic/addict inevitably succumbs to the mental obsession and picks up that first drink or drug, they are then driven by a “physical allergy” (a physiological craving) to have another and another. Again, this is a physiological phenomenon that only occurs to alcoholics and addicts. Social drinkers can easily stop after one or two drinks! **4**.

It is important to note that the attorney who has developed an addiction will put forth great effort to conceal this fact from his colleagues and clients. Once the drinking and/or drug use begins to show up in the workplace it usually means that the addiction has been active for quite some time!

Attorneys that have developed a Substance Use Disorder need a comprehensive residential evaluation. This is usually followed by a recommendation for residential treatment. The Alabama Lawyer Assistance Program maintains a list of approved providers that offer excellent evaluation and treatment.

Upon successful completion of the recommended treatment, the attorney will typically sign a three- year voluntary monitoring contract with our office. Studies involving professionals have shown that good evaluation and treatment followed by monitoring and accountability greatly increases the likelihood of sustained recovery.

The second most common malady that we work with is Depression. The 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, as indicated by either subjective reporting or observations made by others.
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
3. Significant weight loss when not dieting, weight gain, or decrease or increase in appetite nearly every day.
4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation or retardation.
6. Fatigue or loss of energy nearly every day.
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. **5.**

These criteria represent a significant difference between the normal “low moods” that we all experience from time to time. Again, people who have acquired Depression usually do not possess the necessary insight to see the seriousness of their situation. Because of the very nature of the malady, they tend to blame themselves and see themselves as worthless and defective. They need a comprehensive psychological evaluation usually followed by a recommendation for ongoing counseling and psychiatric medication management.

Other common mental health issues that we work with are Bipolar-Disorder, Anxiety Disorder, and Attention Deficit Hyperactivity Disorder (ADHD). All of these maladies require evaluation followed by close adherence to clinical recommendations. Again, for all of these mental health issues, we provide a program of ongoing monitoring for accountability and support.

The process of intervening in someone’s life and guiding them to evaluation, treatment, and effective recovery is rarely smooth and easy. Usually, it consists of multiple interactions and interventions, accompanied by inevitably worsening negative consequences. It is frequently difficult, challenging, and unpleasant. However, there is no doubt that when people are willing to get involved, speak with these folks, and risk their wrath, and make them aware of their concern, the path to recovery has begun.

If you know of a colleague who is exhibiting some of these symptoms, or if you can recognize and relate to any of these sets of criteria yourself, we strongly urge you to contact the Alabama Lawyer Assistance Program. We will do our very best to provide support, referrals, and an effective means of accountability. These maladies rarely “work themselves out on their own”. Without help they tend to grow progressively worse over time. It is important to remember that we all have problems and could benefit from counseling. It is truly a sign of mental health to acknowledge a problem and to reach out for help!

#### End Notes

1. “The prevalence of Substance Use and Other Mental Health Concerns among American Attorneys”, Krill, Patrick R. JD,LLM; Johnson, Ryan MA; Albert, Linda MSSW; *Journal of Addiction Medicine*; February 2016; Volume 10 – Issue 1 – pp46 – 52
2. *Ibid*; p51
3. *Diagnostic and Statistical Manual of Mental Disorder*, 5<sup>th</sup> Edition; American Psychiatric Association, 2013, pp 490 -491
4. *Alcoholics Anonymous*, Third Edition, Alcoholics Anonymous World Services, Inc., 1998, pp xxvi – xxvii
5. *Diagnostic and Statistical Manual of Mental Disorders*; 5<sup>th</sup> Edition; American Psychiatric Association, 2013, pp 160 - 161