

Recent Developments in Lawyers Assistance Programs

Mental Health Challenges in the Legal Profession Confidential TLAP Assistance Behind the Scenes Best Practices in Monitoring Fitness to Practice

2024 BPR Ethics Workshop November 1, 2024

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PART ONE

Hot Topics on Mental Health in the Legal Profession

ABA CoLAP Annual Conference September 24-25, 2024



Tennessee LAP:

ABA Commission on Lawyers Assistance (CoLAP) and Federation of State Physicians Health (FSPHP)

TLAP Executive Director:

- ABA CoLAP Commissioner
- Chair of CoLAP Committee on Monitoring LAPs (protect public)
- Member of Federation of State Physician Health Programs

2024 ABA CoLAP Presentations

- 1. Supporting Transitions and Transformations (Retirement)
- 2. Recovery Representation in the Judicial Branch
- 3. Grief and the Misdiagnoses of Mental Health Disorders
- 4. Legal Integrity: Fitness for Duty Evals and Managing Risks
- 5. Early Recovery: Disruptive Behavior and Boundaries
- 6. Implicit Bias and Mental Health in LGBTQIA+ Community
- 7. DEI and People of Color in the Lawyer Wellbeing Movement
- 8. ADA Accommodations and Supporting Law Students
- 9. Diagnosing, Treating, and Monitoring to Protect Public

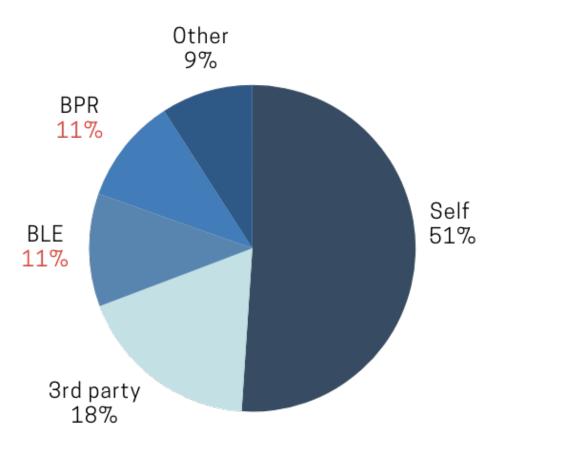
PART TWO

TLAP Metrics Integrity Behind the Scenes

Comprehensive Services Broad Range of Challenges



Referral Sources



Self

73

3rd Party

26

BLE

16

BPR

15

Other

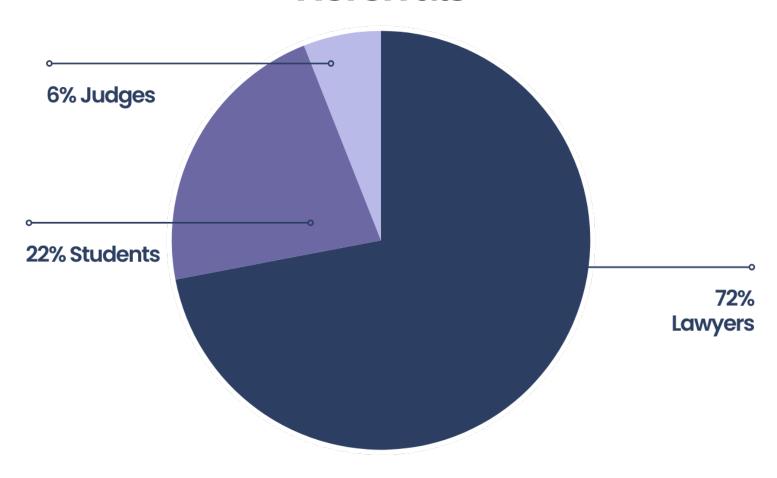
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Total Referrals

143

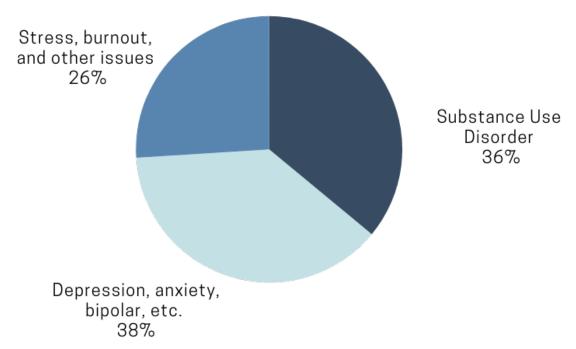


Referrals





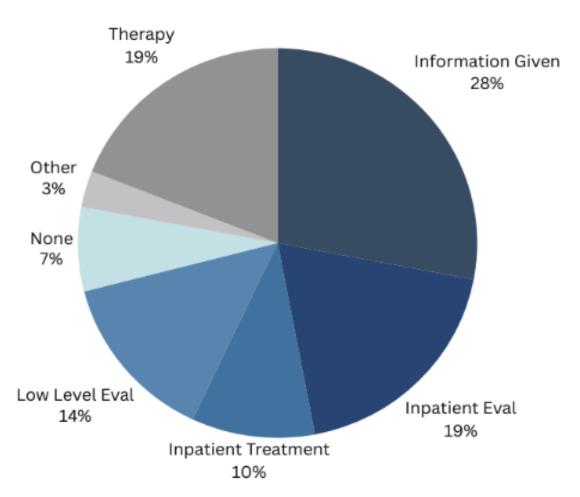
Intake Calls



In FY 2022-2023, thirty-six percent (36%) of intake calls pertained to Substance Use Disorders, and thirty-eight percent (38%) pertained to mental health issues that did not involve alcohol or drug issues, such as depression and anxiety. The other twenty-six percent (26%) of intake calls presented with issues such as marital conflict, financial distress, performance productivity, testing accommodations, cognitive impairment, stress, eating disorder, domestic abuse, and compulsive behaviors. These statistics reflect TLAP's success as a full spectrum service provider.

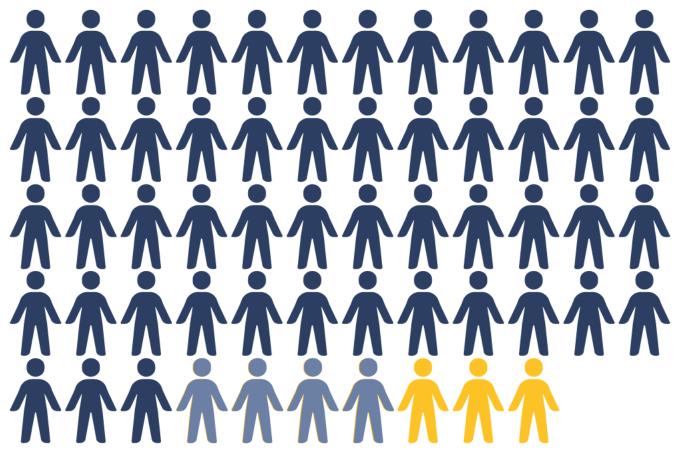


Recommendations





Relapse & Recovery Rates



Of the 58 individuals being supported by TLAP monitoring, only 7 relapsed. As such, TLAP's programming generated a **no-relapse rate of 88%**.

4 of the 7 who relapsed immediately addressed the issues via TLAP's support and they remained successfully under monitoring with no further relapses. Thus, TLAP's programming generated a **recovery retention rate of 95%**.



Dementia On The Rise

- Many of us in the same boat and headed there eventually
- Judges and lawyers equally at risk
- TLAP is a very safe place to call confidentially
- Call about you, or another lawyer/judge
- Interventions are available
- TLAP is seeing an increase in these cases
- Simple path forward: neurocognitive assessment
- TLAP-approved providers qualified to determine fitness



NEW: TLAP LIBRARY PROGRAM

- Quality publications that address mental health and practice issues
- Specific to lawyers and judges
- Made available at no cost when needed
- TLAP's professional staff identifies a specific need
- There is clinical follow-up over the course of a few weeks
- All done in absolute privacy and complete confidentiality

When TLAP takes the first step by providing books and support, it is often the catalyst for a person who feels trapped to restore hope, move forward, and recover



TLAP FOUNDATION

- 501(c)(3) independent from TLAP
- Funds are available to those who qualify for financial hardship
- Assists in obtaining TLAP-approved diagnostics and treatment
- Low interest loans, with balloon payments 1 to 2 years out
- Facilitates getting back on your feet and working after treatment
- TLAP-approved facilities can also help in such cases

IF THE PERSON IS WILLING WE WILL FIND A WAY!



PART THREE

New 2023 ASAM 4th EDITION Clinical Guidelines Safety Sensitive Occupations



SSO: Now Three Factors

By definition, Safety-Sensitive Industries have a responsibility to the public

Three factors:

- Size of population affected
- Magnitude of effect from potential impairment
- Amount of implied public trust in the profession



Examples of SSO Industries

- Health care
- Transportation
- Security and first responders
- Energy
- Public admin (lawyers, judges, politicians, etc.)



Federal: Transportation

- Transportation (DOT)
- Aviation (FAA)
- Motor Carrier (FMCSA)
- Railroads (FRA)
- Transit (FTA)
- Highways (NHSTA)
- Pipelines (PHMSA)
- Marine (U. S. Coast Guard)



Federal: Security; Energy

- Department of Defense
- Nuclear Regulatory Commission



State Regulated

Health Care:

- Doctors
- Nurses
- Etc.

Public Administration:

- Judges
- Lawyers
- Politicians
- Etc.

TLAP and Monitoring is a response to CONDUCT ONLY (Arrests, Complaints, Impairment, etc.)

The entire population does not Drug Screen, etc.



Thorough Assessment First

- Distinctly different than general public to minimize risk to public and promote best outcomes for the individual
- A "careful assessment" is cited as required because participants can be highly motivated to underreport SUD symptoms or evade SUD diagnosis
- Final treatment recommendations should only commence after completion of a comprehensive assessment and determination of all safety to practice concerns



Treatment When Needed

Residential level of care tends to be de facto response to treat alcoholism or drug addiction; longer lengths of stay; professionals track facility; and case-by-case rec's

May require travel out of state; limited number of facilities

Not safe to practice until all issues fully treated and resolved:

- Risk to public
- License and legal issues
- Occupational triggers
- Workplace alterations



ASAM SSO Support Systems

Monitoring Programs cited by ASAM as critical (not optional):

- Pilots: HIMS
- Lawyers: CoLAP/LAPs
- Doctors: PHPs
- Peer specific AA groups (LIR, Caduceus, Birds of a Feather)



PHP/LAP Efficacy Outcomes

PER ASAM:

"These [monitoring] programs can dramatically improve long-term prognoses. The combination of effectively managed initial treatment and long-term contingency contracting [monitoring] could be an ideal approach for addiction care in the U.S."



ASAM on MAT/MOUD

Medications can be useful <u>components</u> of treatment plans, but long-term medication use needs to be carefully considered

Monitoring Authorities such as HIMS, PHPs, LAPs should be consulted early in the treatment planning process

Cognitive testing should be used to rule out impairment

All Substance Use Disorders must be treated (co-morbidity)



Mind Body Spirit

"A Sober Horse Thief is Still a Horse Thief"
"Dry Drunk Syndrome"

Without Comprehensive Treatment, STILL AT RISK:

- Unresolved trauma, guilt, and shame
- Continuing self-centered and disruptive behavior
- Playing the victim
- Not taking responsibility for behavior and consequences
- Terminal Uniqueness

Don't tell me; show me: trust but verify full recovery

SIDEBAR: The "Wild West"

Challenges of Addictive Medications to Treat the Disease of Addiction

"Please Stop Killing Our Friends"



Matthew Perry



REST IN PEACE



The Coroner's Report

December 15, 2023 - The County of Los Angeles Department of Medical Examiner (DME):

The **cause of death** for 54-year-old actor Matthew Langford Perry as the **acute effects of ketamine**

Contributing factors in Mr. Perry's death include **drowning**, **coronary artery disease** and the effects of **buprenorphine** (Suboxone)

The manner of death is **deemed an accident** (not overdose)



Doctor Drew Penski Calls BS



"It wasn't just the Ketamine. It's very important to understand here that he was on Buprenorphine [Suboxone] and also on two different Benzodiazepines (Klonopin and Xanax), which for a recovering addict, is bizarre and ridiculous."

More From Dr. Drew

Penski's professional opinion on the Perry tragedy:

It would be "out of the question" to have someone struggling with addiction on buprenorphine (Suboxone), benzodiazepines, and ketamine at the same time:

"It's wild, it's dangerous, and for somebody with addiction, you see where it goes [death]. It's a terrible tragedy."

ONLY DR. DREW REPORTED ALL OF THE ADDICITVE PRESCRIPTION DRUGS INVOLVED, THE MEDIA IGNORED IT.

HOW CAN THIS ALL BE HAPPENING?



DEMI LOVATO: Heroin Overdose 2018



Began to champion the "California Sober" recovery strategy for opioid addiction



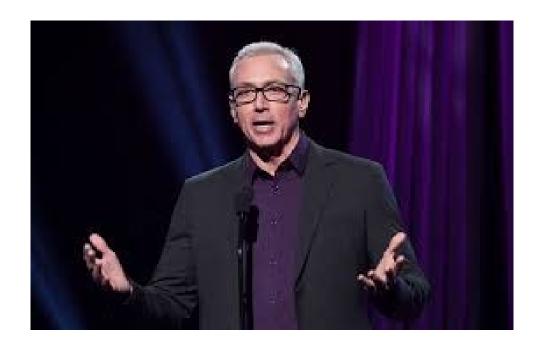
After a heroin overdose, Demi went "California Sober" which is a term used to describe the act of ending heroin use and only drinking alcohol and smoking marijuana in moderation.

"Smoking [marijuana] and drinking [alcohol] led me back to other substances," said Demi, who had previously defended her decision to go "California Sober."

NOW:

"Abstinence has been the key for me," she went on, adding that while California Sober, she ended up "smoking so much weed and taking edibles, sometimes 300 milligrams at a time."

Dr. Drew Says More



"Beware of any group of doctors who begin to 'Evangelize' that they will 'save the world' with an addictive medication they are supporting. That is how we got into the Opioid Crisis in the first place."



"Doctors Killed Matthew Perry"



https://www.youtube.com/watch?v=wvonXLxadHI

WARNING: R-rated Content



Bill Maher on Perry's Death:

- Enablers, co-dependents, and doctors killed Perry
- Doctors legally prescribed all four of the addictive medicines that killed Perry
- Addicts should not be prescribed addictive drugs long term

"It is like going by the firehouse and being set on fire"

Bill Maher on Medications

- Only USA and New Zealand allow drug advertising
- One billion per month in US for prescription drug ads
- USA: Ketamine and Adderall now prescribed online
- Legal Drugs = Rehab
- Illegal Drugs = Jail
- Addiction <u>does not care</u> which categories are involved





A LOT OF LEGAL DRUGS ADDERALL BENZOS THC Pre-Roll METHADONE AMBIEN ALCOHOL Psilocybin Magic Mushrooms

SUBOXONE

SUBOXONE

TENESSEE LAWRENCE PROCES

TENESSEE LAWRENCE PROC





Now...

Back to the Clinical Efficacy of ASAM SSO Support . . .



Recovery Monitoring Lengths

Five years is prominently recommended:

"The length of the monitoring agreement – typically five years, with the option to voluntarily extend it beyond five years is a key distinguishing feature . . ."

Addiction is a chronic disease and, like cancer, should be followed for five years to achieve total remission



TLAP's SSO Results

NO RELAPSE RATE:

2022: 85%

2023: 88%

RETENTION RATE:

95%

RELIABLE RECOVERY = REMISSION = FIT TO PRACTICE

EVERYBODY WINS!

Clear and Convincing Evidence; Safe to Practice; LAPs and PHPs

Stunning success rates of long-term remission (85-95%)

5- year Monitoring Outcomes: **no greater risk for an SUD ever again than general population**

Objective and Independent Evidence of Safety to Practice a Safety Sensitive Profession

Person, family, peers, profession, and public all WIN!

NEW: Monitoring With No SUD

New "Mental Health" TLAP Monitoring Contracts:

- Cases such as depression, anxiety, bipolar, etc.
- No addiction issues at all
- Deference to psychiatrist and medication management
- Keep appointments as prescribed by doctor
- Take medication as prescribed (non-impairing options)
- Average of 1 to 2 years of monitoring
- Demonstrates stability in meds and doctor's advice



TLAP's Case-by-Case Approach

- There are no "cookie-cutter" policies or mandates at TLAP
- Cases are often complex with multiple issues
- It is very RARE in 2024 to have only one SUD diagnosis
- Mental health cases may include personality disorders
- Grief, trauma, shame and other components are possible
- Requires a comprehensive wholistic approach
- TLAP is your full-service resource



TLAP STAFF

Under the leadership of our Executive Director, Buddy Stockwell, our highly-trained staff competently serves the Tennessee legal community with specialized clinical services.

Learn more about our staff on: https://tlap.org/staff/



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THANK YOU!

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