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Addressing the Needs of Lawyers in Addiction Treatment

Clinicians must overcome attorneys’ sense of self-reliance, professional concerns

"The very skills that make us good lawyers make us terrible, terrible patients.”
Michael Cohen, Director of Florida’s Lawyer Assistance Program

Patients in treatment for addiction or other behavioral health disorders are well-known for rationalizing their behavior, regardless of their level of education. Elaborate rationalization is an integral part of denial and is practiced from skid row to the corporate boardroom.

Lawyers, however, are the only potential patients who are actually trained to argue and rationalize. Thus, their denial is often highly developed and entrenched.

Cottonwood de Tucson, a behavioral health treatment center in Tucson, Ariz., commissioned a study to investigate the chemical dependency and other behavioral health treatment needs of legal professionals and their attitudes toward such treatment, and to assess the degree to which their needs are being met by currently available treatment resources.

The methodology chosen for use in this identification process was the Community Oriented Needs Assessment. The CONA involved interviewing a number of chemical dependency/behavioral health therapists who have experience treating lawyers and reviewing existing literature on the scope and nature of addiction and other behavioral health issues within the legal community, and the treatment of members of that community.

Two survey instruments were developed specifically for the project. Key Informant questionnaires were sent to Lawyer Assistance Program (LAP) personnel in all 50 states and 11 Canadian provinces. Target Population questionnaires were distributed, through the state and provincial LAPs, to anonymous legal professionals who had previously engaged in chemical dependency or other behavioral health treatment. In all, 460 of each instrument were distributed.

Data from these surveys were tabulated and subjected to a preliminary analysis before being presented to a focus group comprising state and national LAP professionals. A discussion of the clinical implications of the data followed.

Background

The American Bar Association’s (ABA’s) Commission on Impaired Attorneys in 1991 estimated that 18 to 20 percent of the nation’s lawyers abuse alcohol and/or other drugs, compared to roughly 10 percent of the general population. These high numbers may reflect the intense emotional, intellectual, professional and social demands the legal profession places on attorneys.

Many behavioral health professionals believe that lawyers’ lengthy and rigorous training conditions them to respond to perceived problems in a way that often denies personal liability (read: responsibility), while seeking resolutions that involve a minimum investment of time and resources. Moreover, the very personality traits that support a lawyer’s professional success — such as argumentativeness, workaholism and egotism — may potentially hinder his/her rehabilitation and recovery.

“Lawyers are the most difficult professionals to treat,” says Michael Cohen, director of Florida’s Lawyer Assistance Program. “From day one in law school, they are encouraged to argue with professors” (Smith, 2003). This kind of cultivated contrariness can, if handled poorly in a behavioral health treatment setting, make it difficult for the lawyer/patient to acknowledge and appreciate problematic attitudes, behavior and values.

Lawyers who enter substance abuse or behavioral health treatment often present with a familiar constellation of clinical issues. That most chemically dependent persons rationalize their substance use is well-known to behavioral health therapists. This kind of intellectual justification can, however, become a serious impediment to progress in the treatment of a person who “thinks like a lawyer.”

Clinicians reported that defense mechanisms favored by substance-abusing lawyers tended to cluster around intellectualization and rationalization, displacement, and emotional isolation — all well-known predisposing factors for depression/dysthymia. Lawyers’ preferred ego-defense strategies may also offer insight into the nature of lawyers’ resistance to treatment.

Needs assessment

In the assessment of the behavioral health treatment needs...
of legal professionals conducted by Cottonwood de Tucson, 63 completed Key Informant surveys and 112 completed Target Population surveys were reviewed. This amounted to a response rate of 13.7 and 24.3 percent, respectively.

To ensure confidentiality, Target Population surveys lacked any queries that would tend to identify informants by name, place of employment or residence, so information on the geographic scope of responses is unavailable.

The survey instruments sought data in several specific areas:
- Lawyers’ attitudes toward treatment that tend to hinder the process of treatment and recovery.
- Specific clinical strategies and interventions that lawyers found especially helpful in the treatment process.
- Personal and professional qualities of therapists that lawyers in treatment responded to in a positive way.
- Ways in which lawyers felt they were misunderstood by clinicians.
- Specific ways in which chemical dependency/behavioral health treatment targeted to lawyers could be improved.

Analysis from Target Population survey

Obstacles to accessing treatment reported by Target Population informants matched those reported in the existing literature:
- The primary obstacle that prevented target group informants from accessing care (70 percent) was the belief that they could handle their problem on their own. This is a clear statement about a strong tendency toward self-reliance in the target group. However, it suggests a point of intervention, using education in turning lawyers to help.
- The second significant obstacle in making the decision to seek treatment (40 percent) was a concern regarding a potentially negative impact the decision might have on their professional reputation among peers, judges and potential clients. This suggests another potential point of intervention, using successful and respected recovering lawyers and judges as participants in intervention and treatment efforts.

These data present a lonely picture of suffering lawyers. They don’t trust their colleagues to be understanding, and they feel that they must handle these problems on their own.

Once respondents were in treatment, they experienced a number of obstacles to benefiting from the treatment program:
- The greatest reported problem (reported by 80 percent of Target Population informants) focused on a sense of being shut off from emotional life and a reliance on intellectualization as an ego defense.
- Though there was a fairly solid endorsement of treatment professionals’ ability to understand lawyers’ problems (82 percent of respondents reported that those offering services to lawyers for behavioral health problems have “some understanding” or “understand well”), those surveyed reported some perceived pockets of misunderstanding about lawyers among clinical professionals.

These include underestimating or misunderstanding the lawyer’s sophisticated level of denial and highly developed sense of being right; a poor understanding of lawyers’ use of debate and verbal challenge as a way of discovering and testing the validity of important information, rather than argument for its own sake; and underestimating or misunderstanding the enormous professional and social pressures that obtain in many lawyers’ lives.

Target population respondents found the following helpful in treatment:
- Detailed and sophisticated education about the medical aspects of alcoholism/addiction and other behavioral health issues.
- Well-trained and experienced therapists who the lawyers felt were their intellectual equals.
- 12-Step meetings.

Analysis from Key Informant survey

Ninety-two percent of key informants listed alcohol dependence as the problem they saw most frequently. This figure generally agrees with the report of Target Population respondents, 78 percent of whom acknowledged being treated for alcohol dependence in the past.

Interestingly, 73 percent of key informants reported feeling that, compared to the general population, lawyers were more likely to suffer from problems with substance abuse, depression and other behavioral health issues. This impression is consistent with the 1990 findings of Benjamin, Darling and Sales, who noted that 19 percent of lawyers they studied suffered from significantly elevated levels of depression (compared to 3 to 9 percent in the general population of Western industrialized countries).

Key informants’ impressions also concur with a recent ABA estimate that, compared to a figure of about 10 percent in the general population, 15 to 20 percent of U.S. lawyers suffer from alcoholism or other substance abuse.

When queried on the factors that would keep lawyers from seeking help from a Lawyer Assistance Program, responses of key informants tended to mirror those of target population respondents:
- All key informants identified the belief that the suffering lawyer could handle the problem on his/her own as a factor that would prevent that lawyer from accessing care. This indicates the need for therapeutic interventions aimed at challenging tendencies toward self-reliance and helping lawyer/patients develop the trust and willingness necessary to seek, and act on, the advice of trusted others.
- Other factors that keep lawyers from accessing help for
behavioral health problems include denial or minimization of the problem (98 percent) and fear of loss of reputation among peers (86 percent). These figures also strongly agree with the report of target population respondents.

While a clear majority (75 percent) of key informants felt that behavioral health treatment currently available to lawyers was at least minimally effective, 83 percent saw the need for some improvement:

- Eighty-eight percent of key informants stated that aftercare planning could be more responsive to the needs of lawyer/patients.
- Seventy-five percent reported the need for more and better relapse prevention education and therapy.
- Fifty-five percent of those responding to the Key Informant survey saw the need for better diagnosis and treatment of co-occurring disorders in the treatment of their referrals.
- In response to open-ended questions concerning the qualities valued in clinicians who work with lawyers, key informants most often identified graduate-level training, strong verbal skills and ample ego strength as assets.
- Seventeen percent of respondents asked for a lawyer-specific treatment focus.

In regard to documentation, 62.4 percent of key informants stated that, as referents, they would want written and verbal notification of the patient's admission, discharge, or change of status. Importantly, a full 73 percent of respondents to the Key Informant survey indicated their need for more involvement in the aftercare planning process.

This finding was underscored when key informants were asked to identify areas of treatment that they felt needed more development. Nineteen percent wrote responses such as “better liaison for aftercare planning between the LAP and the treatment facility.” Also, in response to a question focusing on ways to minimize relapse in lawyers who have had behavioral health treatment, 88 percent of key informants chose “more responsive aftercare planning.”

Another theme that appeared in open-ended questions in the Key Informant survey was the high value respondents placed on the idea of sponsorship/mentorship with another recovering lawyer. This is a process that key informants feel should begin as soon as the lawyer enters treatment — and continue when they return home.

These respondents seem to feel that the example of successful and respected recovering attorneys can help to break denial and minimize resistance to treatment while forging alliances that can add needed strength to lawyer/patients’ support system.

Conclusions; clinical implications

The following conclusions are based upon an extended discussion of survey data with a number of LAP members. It was felt that lawyers can best be treated in a milieu environment and integrated with non-lawyers into primary therapy groups, as long as lawyer-specific psycho-educational activities are also available. This is one way in which the special psychological, social and professional realities faced by attorneys can be addressed while reinforcing the commonality of challenges faced by all people in recovery.

In order to be optimally responsive, the discussion group felt that behavioral health treatment targeted to lawyers should include:

- Highly trained and experienced clinicians with strong verbal skills and ample ego strength, who won’t be overwhelmed or intimidated by highly intelligent and often aggressive personalities.
- A strong psychiatric component able to diagnose and treat co-occurring disorders such as depression, bipolar disorder and post-traumatic stress disorder (PTSD).
- The ready availability of respected and successful recovering attorneys who can serve as role models and mentors for lawyers in treatment. This should include patient access to lawyer-specific 12-Step meetings.
- An ability and willingness to engage in ongoing interface with Lawyer Assistance Programs and to involve the LAPs in the continuing-care planning process.
- A strong experiential component (e.g., psychodrama, gestalt therapy) to engage patients on a level other than intellectual.
- A sophisticated explanation of medical aspects of chemical dependency, affective disorders and compulsive behavior, including access to professional-level journal articles.

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References