

**2024 Fall Tennessee Judicial Conference**  
**TLAP Updates:**  
ABA CoLAP and National LAP Issues  
TLAP Metrics and Program Integrity  
Best Practices in Fitness to Practice

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**PART ONE**

**Hot Topics on Mental Health  
in the Legal Profession**

**ABA CoLAP Annual Conference  
September 24-25, 2024**



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**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



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PART TWO

TLAP Metrics

Integrity Behind the Scenes

Comprehensive Services

Broad Range of Challenges

TLAP

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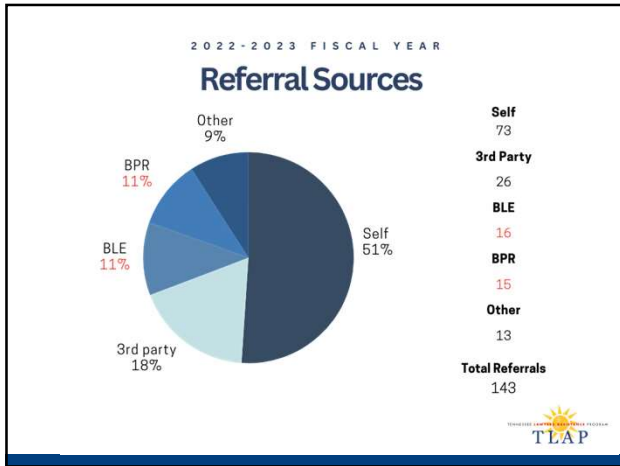
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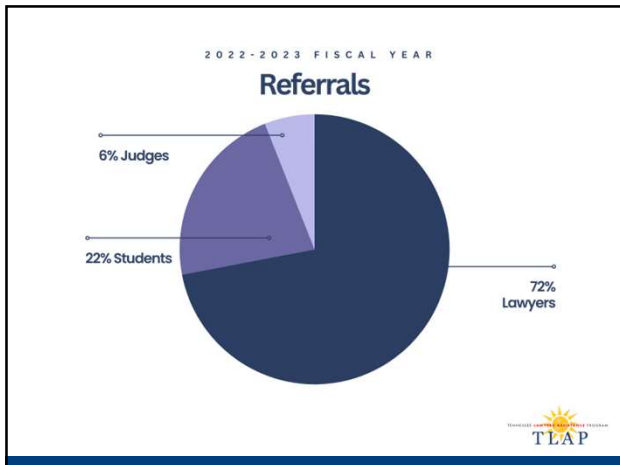
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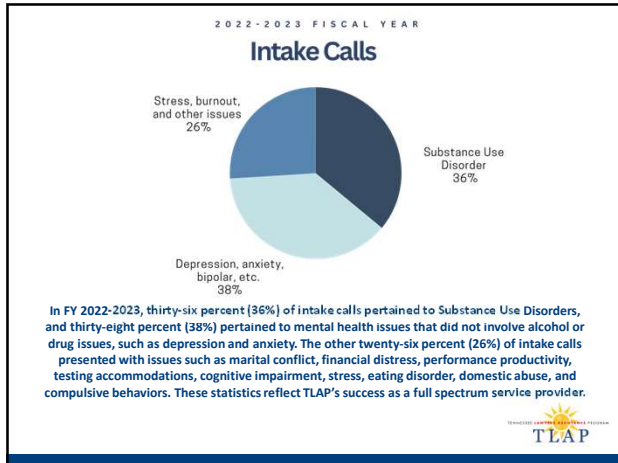
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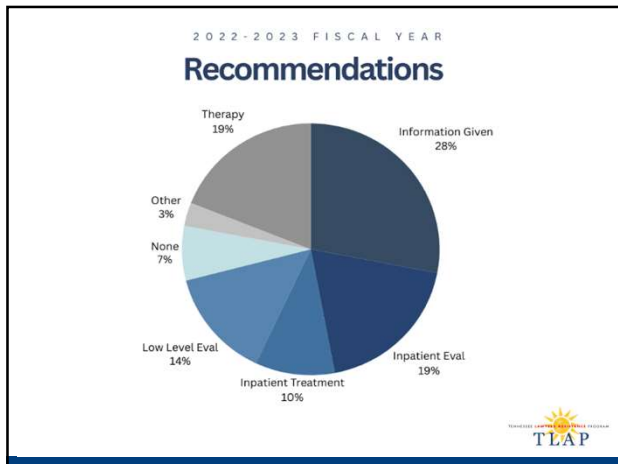
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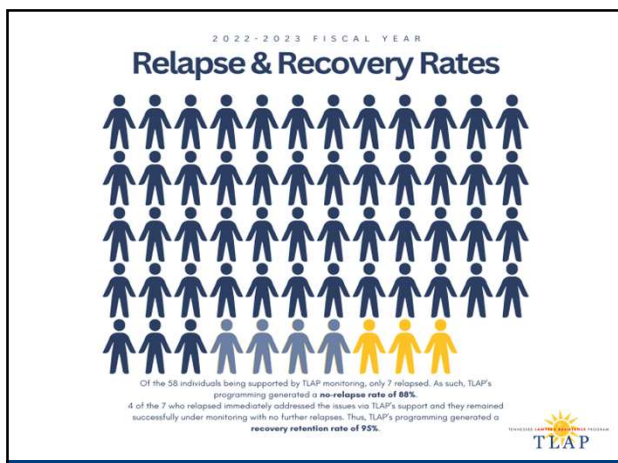
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## NEW: TLAP LIBRARY PROGRAM

- 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*



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## 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!*



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## PART THREE

**New ASAM 4<sup>th</sup> EDITION  
Clinical Guidelines  
Safety Sensitive Occupations**



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## 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



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## Examples of SSO Industries

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



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## Federal: Transportation

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



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## Federal: Security; Energy

- Department of Defense
- Nuclear Regulatory Commission



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## State Regulated

### Health Care:

- Doctors
- Nurses
- Pharmacists
- Etc.

### Public Administration:

- Judges
- Lawyers
- Politicians
- Etc.



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## Assessment Comes 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



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## Treatment When Needed

Residential level of care: tends to be de facto compared to general public; longer lengths of stay; and case-by-case

May require travel out of state; limited number of facilities

Not safe to practice until all issues resolved:

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



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## ASAM SSO Support Systems

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)



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## PHP/LAP Efficacy Outcomes

*"These 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."*



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## ASAM on MAT/MOUD

Medications can be useful **components** of treatment plans, but long-term use needs to be considered with care

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)

*"A Sober Horse Thief is Still a Horse Thief"*



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## SIDEBAR: Prescription Medications and the Disease of Addiction

*"Please Stop Killing Our Friends"*



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## Matthew Perry



**REST IN PEACE**



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## 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)



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## 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."



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## 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 ADDICTIVE PRESCRIPTION DRUGS INVOLVED, THE MEDIA IGNORED IT.**

**HOW CAN THIS ALL BE HAPPENING?**



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## DEMI LOVATO: Heroin Overdose 2018



*Began to champion the “California Sober” recovery strategy for opioid addiction*



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*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.”*



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## Recovery ≠ Remission?

**PER NIH:** Remission from addiction status is based on DSM-5 criteria **in the last year**, in four sub-categories:

- 1) Full Remission:** Abstinence with no substance use
- 2) Asymptomatic Use:** Used at least one substance at least once; no symptoms other than craving
- 3) Symptomatic Use/Partial Remission:** Recurrence of some DSM-5 SUD symptoms in addition to craving, not full SUD
- 4) Persistent/recurrent SUD:** Continued to meet criteria for a DSM-5 SUD in the past year



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## 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."



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## "Doctors Killed Matthew Perry"



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

**WARNING: R-rated Content**



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## Bill Maher on Perry's Death:

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

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



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## Bill Maher on Medications

- Only USA and New Zealand allow drug advertising
- One billion per month in ads for prescription drugs
- Now, you can get Ketamine and Adderall online
- Addictive Medications/drugs often end with rehab/jail



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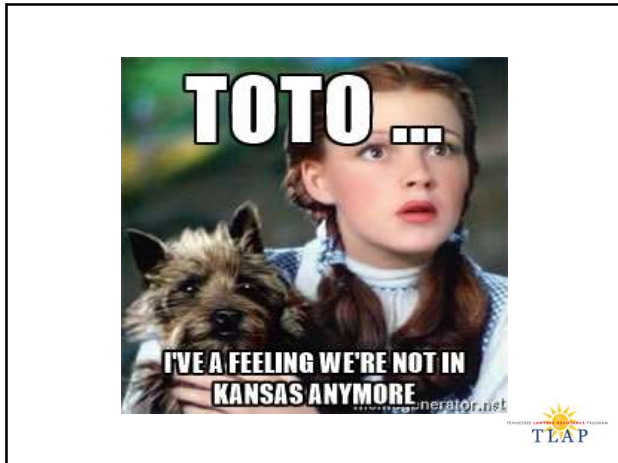
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### Now, Back to ASAM SSOs

**ASAM SSW ADDICTION MANAGEMENT (PHPs, LAPs, HIMS):**

Recovery is based on comprehensive care and monitoring


Medications may be part of treatment for addiction (case-by-case)

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

Outcome: no greater risk for an SUD ever again than gen. pop.

Safe to practice a safety sensitive profession

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



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### Long-Term Disease Mgt.

**Addiction is a chronic illness: impacts mind, body, and spirit**

ASAM SSO is more extensive than approach than gen. pop.

SSO approach produces markedly better outcomes

SSO care: three times less likely to relapse than gen. pop.



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## 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 . . ."*



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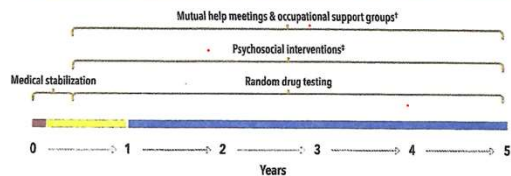
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Timeline of Treatment Components Utilized in the Long-Term Management of Substance Use Disorder in Persons in Safety-Sensitive Occupations<sup>19\*</sup>



\* Used with permission of Dr. Paul H. Eassey.  
† Participation as needed based on individual patient needs and preferences.  
‡ May include individual, group, and family therapies applied as necessary based on individual patient needs and preferences.  
§ Frequency and intensity of monitoring applied as necessary based on individual patient status and needs.



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## TLAP's SSO Results

### NO RELAPSE RATE:

2022: 85%  
2023: 88%

### RETENTION RATE:

95%

RELIABLE RECOVERY = REMISSION = FIT TO PRACTICE  
**EVERYBODY WINS!**



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## 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



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## TLAP’s Case-by-Case Approach

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



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## 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/>



**J.E. “Buddy” Stockwell III,  
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EXECUTIVE DIRECTOR



**Lauren Castor, LPC-MHSP (temp)**  
CLINICAL DIRECTOR



**Erin Lynch, LPC-MHSP (temp)**  
CLINICAL CASE MANAGER



**Emily Lacey, CRS**  
OUTREACH & CLINICAL COORDINATOR



**Sarah Burden**  
OFFICE & MARKETING COORDINATOR



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## 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



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## A Few Words on Referrals

- If impairment is suspected in the courtroom: it is very difficult to help in “anonymous” referrals to TLAP (or even anonymous referrals to the BPR) by judges
- Leverage is needed and to be able to tell the referral that a judge has concerns and them to cooperate with TLAP
- Of course, a judge or lawyer who has been anonymously referred to TLAP will likely tell TLAP that there is no issue and thank TLAP for calling

***The effective way to proceed is to be part of a professional intervention facilitated by TLAP.***



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## THANK YOU!

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