



Lawyering and Process Addictions: How Our Brain, Relationships & Practices are Impacted.

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LAWYERS AND TECHNOLOGY



How is technology changing and transforming the legal culture?

- Requires new skill sets; more education and training
- Raises client expectations: always available either email or text.
- Alters the division of labor: Tasks once performed solely by lawyers have been opened to other professionals and paraprofessionals (e.g., technologist, process experts).
- Impacts older lawyers disparately: Lawyers who did not grow up with technology may be ambivalent about computers/technology and struggle with embracing the change and culture.

“Lawyers and Technology; Frenemies or Collaborators?”

Marc A. Cohen, CEO, Legal Mosaic, Forbes, 2018



HOW DOES TECHNOLOGY USE LEAD TO MISUSE/ADDICTION IN THE LEGAL PROFESSION

Scott Teitelbaum, MD (University of Florida) reports that “behaviors that one is compelled to engage in, but do not necessarily involve drugs or alcohol, can lead to compulsiveness, feelings of guilt, lying and loss of control.”

The narrowing of interests plus the addition of positive feelings [from the compulsive behavior] - This combination can be and is often dangerous.”

Spending a great deal of time online can lead to exploring other options that help us escape from work.

Process Addictions



Habit v. Addiction



Habit	Addiction
Repeated behavior/repetition	Tolerance is developed. There is continued involvement/use with a substance or activity related to substance use
Repetition may be unconscious behavior	Continued use despite negative consequences
Related to day-to-day events	Loss of relationships/jobs/legal
No long-term damage to relationships, jobs, or finances	Progressive and fatal
Many believe addiction is no more than a habit a moral failing v. a mental health disorder.	Loss of control

"Addiction is a potentially fatal illness – but it is also eminently recoverable." – Dr. Kevin McCauley

Process v. Substance Addictions



Process Addiction

Process Addictions involve a pattern behaviors that are mood altering and involve the engagement in a process (c.f., use of a substance). A person may have both a substance and a process addiction.

Process Addictions:

- Loss of control
- Obsession (thoughts) and compulsion (behaviors)
- Continued use despite negative consequences
- Isolation
- Decrease in friends (circle of friends changes)
- Legal/occupational/fiscal consequences (depending on behaviors)

Substance Addiction

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. The individual pathologically pursues reward and/or relief by substance use and/or other behaviors.

- Loss of control
- Obsession (thoughts) and compulsion (behaviors)
- Continued use despite negative consequences
- Loss of relationships; occupational/legal/fiscal consequences
- Tolerance is developed and there is continued involvement/use with a substance or activity
- Progressive and can be fatal

Our Brain and Process Addictions



The limbic system links together brain structures that control our emotional responses (e.g., feeling pleasure when we eat chocolate or kiss someone we love). The good feelings motivate us to repeat the behavior (can be a good thing in moderation). These chemicals are needed and necessary for full emotion and physical well-being. Without enough limbic resonance we feel less well and our functioning is decreased.

The cerebral cortex is the mushroom-shaped outer part of the brain (the gray matter) and makes up ~ three-fourths of the entire brain. It's divided into four areas (lobes) which control specific functions. Some areas process information from our senses (see, feel, hear, taste). The front part of the cortex (frontal cortex or forebrain) is the thinking center. It powers our ability to think, plan, solve problems, and make decisions.

“The Online Social Experience and Limbic Resonance.”
Dr. Hilarie Cash, Ph.D., *Psychology Today*, December 4, 2011.
National Institute Of Health (NIDA).

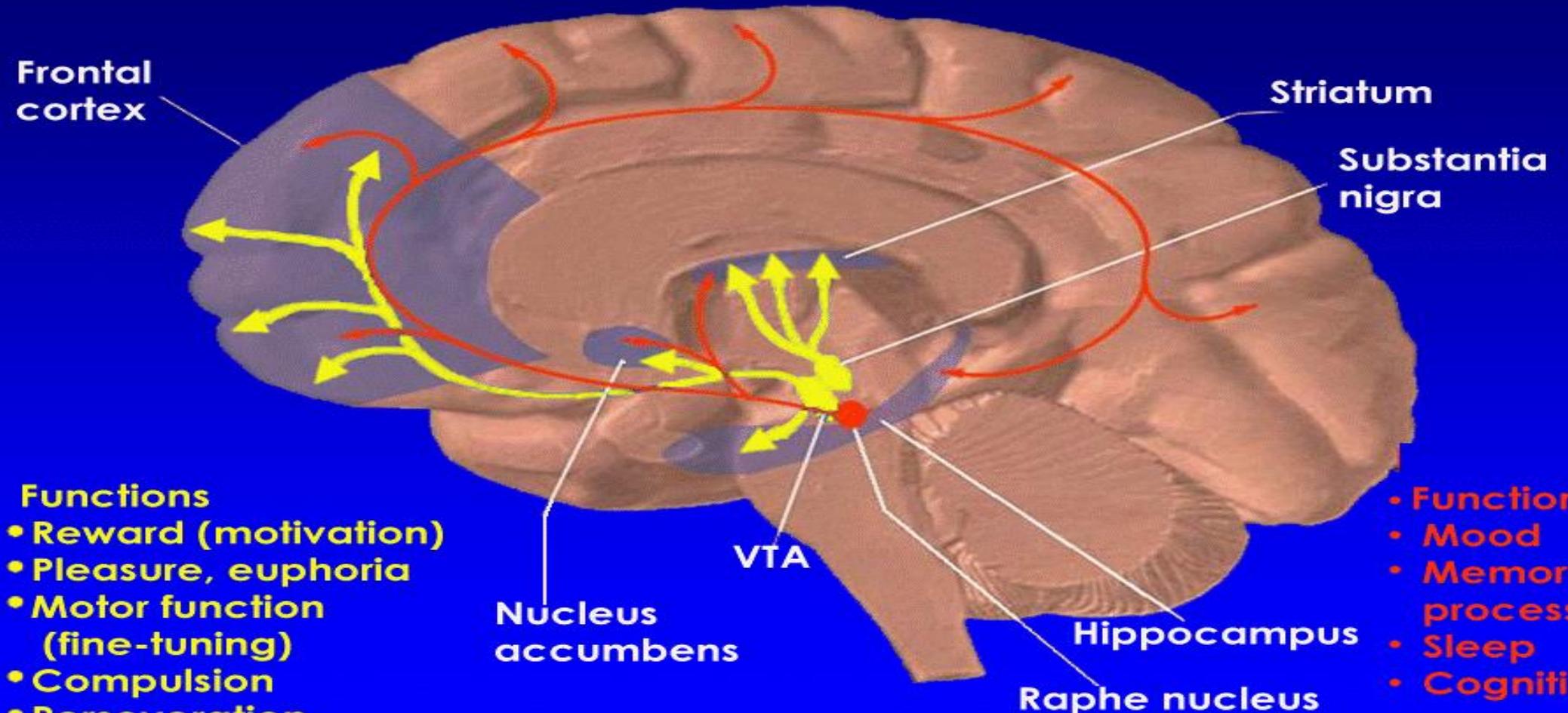
Our Brain and Process Addictions

- It is all about the pleasure centers of the brain, gambling, shopping, sex, exercising, nicotine, eating disorders, all interact with this part of the brain. Addiction resides IN your mind.
- Pleasurable activities load our brain with dopamine; Dopamine is a neurotransmitter, one of those chemicals that is responsible for transmitting signals in between the nerve cells (neurons) of the brain. Very few neurons actually make dopamine. (*Psychology Today, 4/26/2009*)
- “*23 million Americans, 1 in 10 are addicted to alcohol or other drugs. More than 2/3 of people with addiction abuse alcohol, others marijuana, opioids, and cocaine.*” (*Harvard Health Publishing; Harvard Medical School; Harvard Mental Health letter, July 2011*)
- Studies began in the 1930’s to determine what causes addiction, and related behaviors; originally believing people who have addiction are morally flawed and must be punished.
- “Genetic Vulnerability can contribute to the risk of developing addiction. Twin and adoption studies show that about 40%-60% of susceptibility to addiction is hereditary” (*Harvard Health Publishing; Harvard Medical School; Harvard Mental Health letter, July 2011*)

Our Brain and Process Addictions



Dopamine Pathways



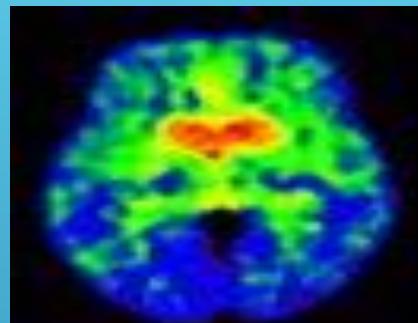
Serotonin Pathways

NIDA

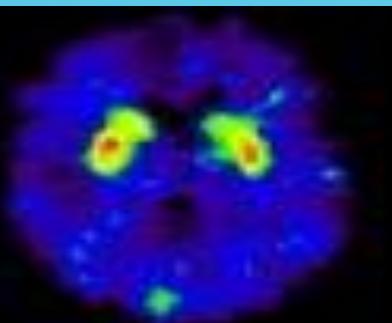
How our Brain is Impacted



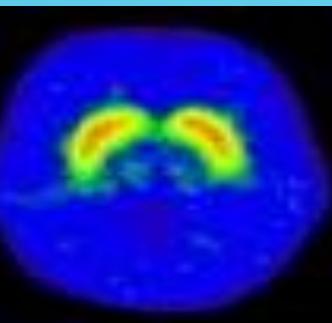
- Action/thrill seeking can produce desired mood changes.
- Person is addicted initially to the positive feelings the behavior(s) elicits. Fusion happens when one addiction only occurs with another. (cocaine+alcohol= gambling) You can also have partial fusion with addictions and behaviors.
- Dopamine is the neurotransmitter in the brain reward pathway.
 - Alters brain chemistry and natural balance.
 - Alters communication.
 - Changes the brains communication patterns.
 - Changes the structure and function of the brain.
- Online experiences do not appear to stimulate limbic resonance/ how we connect with others.



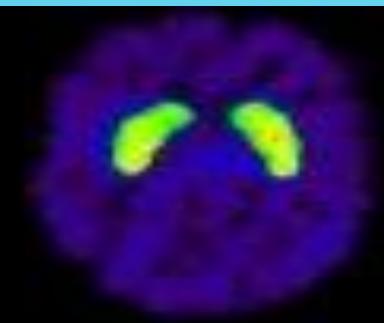
Smoker



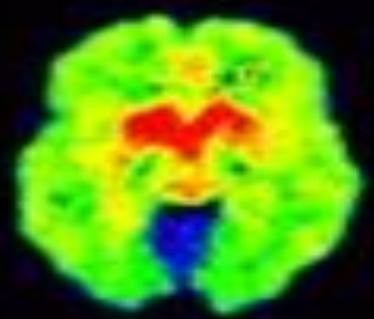
Alcoholic



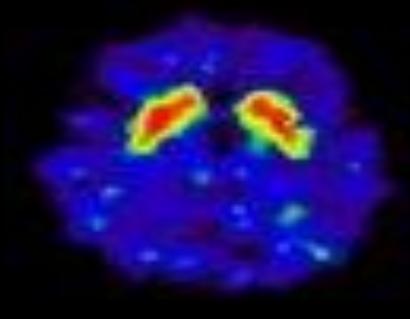
Obese



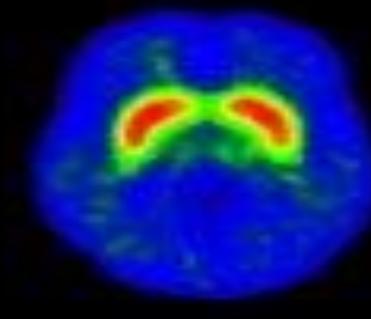
Cocaine



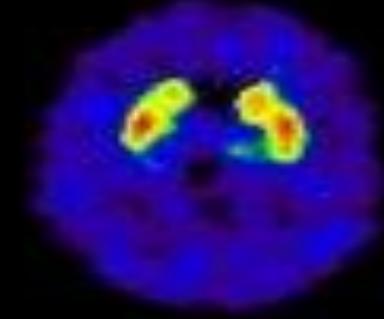
Non-Smoker



Normal



Normal



Normal



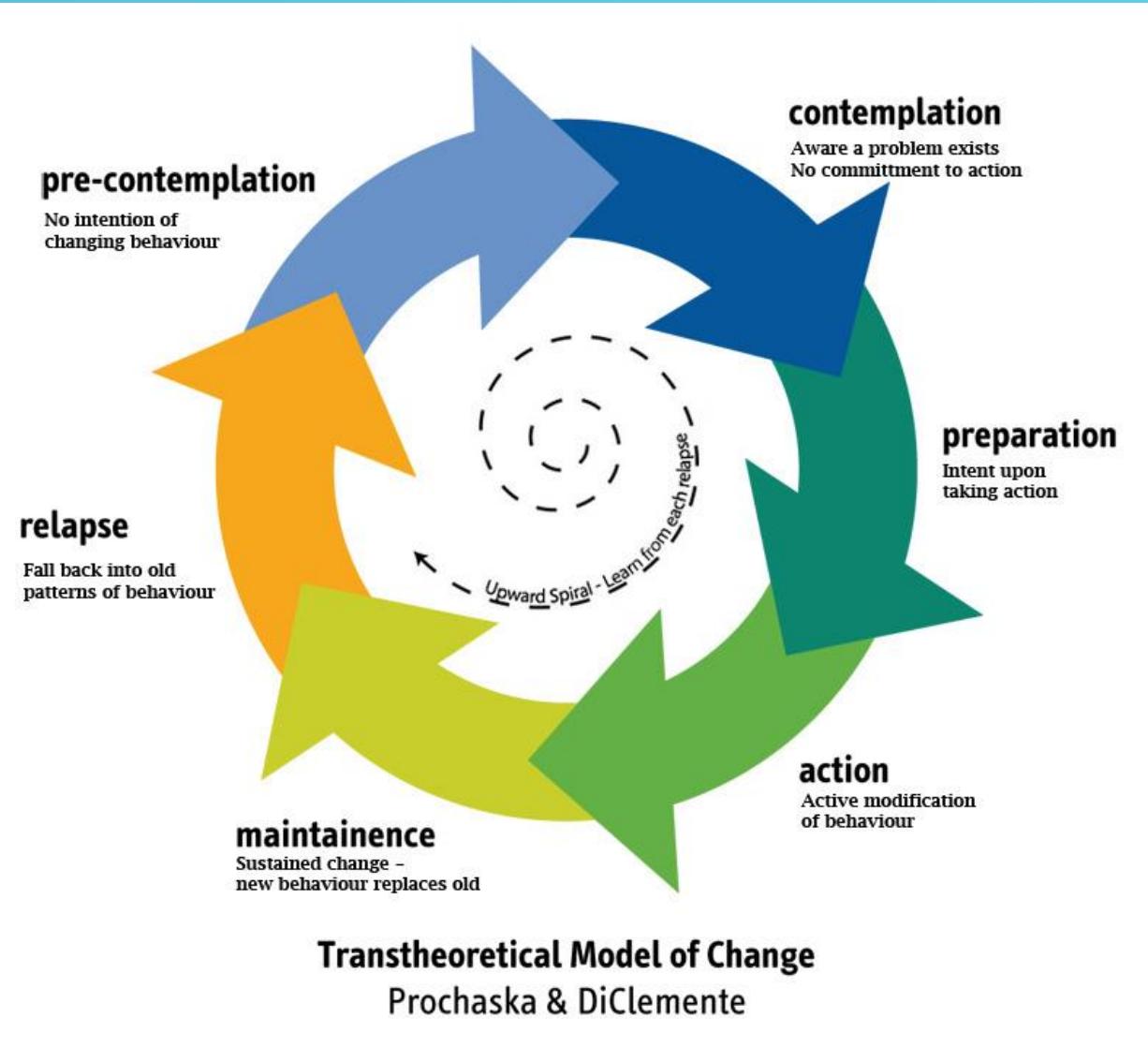
Sleep Disorders



- Sleep disorders often co-occur with burdens of technology and the increase in the demands on lawyers' time.
- Lawyers are driven by the clock with deadlines, court dates, filings, etc.
- Recreational activities outside of practice often cannot be enjoyed due to feeling rushed.
- Sleep problems are more common with substance use disorders and mental health disorders (e.g., depression, anxiety).
- When REM (Rapid Eye Movement), the deepest, reparative level of sleep, is disrupted, symptoms of mental illness, stress, poor decision making, and irritability increase.
- During the sleep cycle, serotonin (the neurotransmitter that causes a feeling of well-being) is produced and replenished. This is interrupted with poor sleep and may result in increased depression/anxiety and searching for alternative means of relief.

HOW DO I KNOW IF I HAVE A PROBLEM?

- Significant time spent engaging in behaviors that support processes that are mood altering.
- These activities interrupt work (e.g., reduced billable hours, missed time from work, missed/non-returned client calls, appearing impaired, lacking of focus, client or colleague complaints).
- These activities interrupt or cease time with family, friends, or activities once enjoyed.
- There have been relationship consequences (e.g., comments made about time spent engaging in activities, money spent, etc.).
- Increased risk taking behaviors.
- Failed attempts made to change or alter behavior.



How can I make a change?

- James Prochaska and Carlo DiClemente (psychologists and researchers) developed this model in 1983 during a smoking cessation study.
- They researched why people change and whether they can change on their own or with the help of a therapist.
- Transtheoretical Model of Change (TTM) is a biopsychosocial model used to conceptualize intentional behavioral changes.
- TTM integrates theories/constructs from other theories into one.

SELF CHECK



AFFLUENCE: THE MOST DIFFICULT PART OF ADDICTION

- The word NO does not apply to me
- Can get what I want anytime
- Endless resources
- Bright/smart/engaging or feared
- Rules do not apply to me
- Often cannot be vulnerable about success
- Not taken seriously with problems : “ you are loaded, what problems do you have?”
- Minimize success



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