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The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys

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Objectives: Rates of substance use and other mental health concerns among attorneys are relatively unknown, despite the potential for harm that attorney impairment poses to the struggling individuals themselves, and to our communities, government, economy, and society. This study measured the prevalence of these concerns among licensed attorneys, their utilization of treatment services, and what barriers existed between them and the services they may need.

Methods: A sample of 12,825 licensed, employed attorneys completed surveys, assessing alcohol use, drug use, and symptoms of depression, anxiety, and stress.

Results: Substantial rates of behavioral health problems were found, with 20.6% screening positive for hazardous, harmful, and potentially alcohol-dependent drinking. Men had a higher proportion of positive screens, and also younger participants and those working in the field for a shorter duration ($P < 0.001$). Age group predicted Alcohol Use Disorders Identification Test scores; respondents 30 years of age or younger were more likely to have a higher score than their older peers ($P < 0.001$). Levels of depression, anxiety, and stress among attorneys were significant, with 28%, 19%, and 23% experiencing symptoms of depression, anxiety, and stress, respectively.

Conclusions: Attorneys experience problematic drinking that is hazardous, harmful, or otherwise consistent with alcohol use disorders at a higher rate than other professional populations. Mental health distress is also significant. These data underscore the need for greater resources for lawyer assistance programs, and also the expansion of available attorney-specific prevention and treatment interventions.

Key Words: attorneys, mental health, prevalence, substance use

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Little is known about the current behavioral health climate in the legal profession. Despite a widespread belief that attorneys experience substance use disorders and other mental health concerns at a high rate, few studies have been undertaken to validate these beliefs empirically or statistically. Although previous research had indicated that those in the legal profession struggle with problematic alcohol use, depression, and anxiety more so than the general population, the issues have largely gone unexamined for decades (Benjamin et al., 1990; Eaton et al., 1990; Beck et al., 1995). The most recent and also the most widely cited research on these issues comes from a 1990 study involving approximately 1200 attorneys in Washington State (Benjamin et al., 1990). Researchers found 18% of attorneys were problem drinkers, which they stated was almost twice the 10% estimated prevalence of alcohol abuse and dependence among American adults at that time. They further found that 19% of the Washington lawyers suffered from statistically significant elevated levels of depression, which they contrasted with the then-current depression estimates of 3% to 9% of individuals in Western industrialized countries.

While the authors of the 1990 study called for additional research about the prevalence of alcoholism and depression among practicing US attorneys, a quarter century has passed with no such data emerging. In contrast, behavioral health issues have been regularly studied among physicians, providing a firmer understanding of the needs of that population (Oreskovich et al., 2012). Although physicians experience substance use disorders at a rate similar to the general population, the public health and safety issues associated with physician impairment have led to intense public and professional interest in the matter (DuPont et al., 2009).

Although the consequences of attorney impairment may seem less direct or urgent than the threat posed by impaired physicians, they are nonetheless profound and far-reaching. As a licensed profession that influences all aspects of society, economy, and government, levels of impairment among attorneys are of great importance and should therefore be closely evaluated (Rothstein, 2008). A scarcity of data on the current rates of substance use and mental health concerns among lawyers, therefore, has substantial implications and must be addressed. Although many in the profession have long understood the need for greater resources and support for attorneys struggling with addiction or other mental health concerns, the formulation of cohesive and informed strategies for addressing those issues has been handicapped by the

outdated and poorly defined scope of the problem (Association of American Law Schools, 1994).

Recognizing this need, we set out to measure the prevalence of substance use and mental health concerns among licensed attorneys, their awareness and utilization of treatment services, and what, if any, barriers exist between them and the services they may need. We report those findings here.

METHODS

Procedures

Before recruiting participants to the study, approval was granted by an institutional review board. To obtain a representative sample of attorneys within the United States, recruitment was coordinated through 19 states. Among them, 15 state bar associations and the 2 largest counties of 1 additional state e-mailed the survey to their members. Those bar associations were instructed to send 3 recruitment e-mails over a 1-month period to all members who were currently licensed attorneys. Three additional states posted the recruitment announcement to their bar association web sites. The recruitment announcements provided a brief synopsis of the study and past research in this area, described the goals of the study, and provided a URL directing people to the consent form and electronic survey. Participants completed measures assessing alcohol use, drug use, and mental health symptoms. Participants were not asked for identifying information, thus allowing them to complete the survey anonymously. Because of concerns regarding potential identification of individual bar members, IP addresses and geo-location data were not tracked.

Participants

A total of 14,895 individuals completed the survey. Participants were included in the analyses if they were currently employed, and employed in the legal profession, resulting in a final sample of 12,825. Due to the nature of recruitment (eg, e-mail blasts, web postings), and that recruitment mailing lists were controlled by the participating bar associations, it is not possible to calculate a participation rate among the entire population. Demographic characteristics are presented in Table 1. Fairly equal numbers of men (53.4%) and women (46.5%) participated in the study. Age was measured in 6 categories from 30 years or younger, and increasing in 10-year increments to 71 years or older; the most commonly reported age group was 31 to 40 years old. The majority of the participants were identified as Caucasian/White (91.3%).

As shown in Table 2, the most commonly reported legal professional career length was 10 years or less (34.8%), followed by 11 to 20 years (22.7%) and 21 to 30 years (20.5%). The most common work environment reported was in private firms (40.9%), among whom the most common positions were Senior Partner (25.0%), Junior Associate (20.5%), and Senior Associate (20.3%). Over two-thirds (67.2%) of the sample reported working 41 hours or more per week.

TABLE 1. Participant Characteristics

	n (%)
Total sample	12825 (100)
Sex	
Men	6824 (53.4)
Women	5941 (46.5)
Age category	
30 or younger	1513 (11.9)
31–40	3205 (25.2)
41–50	2674 (21.0)
51–60	2953 (23.2)
61–70	2050 (16.1)
71 or older	348 (2.7)
Race/ethnicity	
Caucasian/White	11653 (91.3)
Latino/Hispanic	330 (2.6)
Black/African American (non-Hispanic)	317 (2.5)
Multiracial	189 (1.5)
Asian or Pacific Islander	150 (1.2)
Other	84 (0.7)
Native American	35 (0.3)
Marital status	
Married	8985 (70.2)
Single, never married	1790 (14.0)
Divorced	1107 (8.7)
Cohabiting	462 (3.6)
Life partner	184 (1.4)
Widowed	144 (1.1)
Separated	123 (1.0)
Have children	
Yes	8420 (65.8)
No	4384 (34.2)
Substance use in the past 12 mos*	
Alcohol	10874 (84.1)
Tobacco	2163 (16.9)
Sedatives	2015 (15.7)
Marijuana	1307 (10.2)
Opioids	722 (5.6)
Stimulants	612 (4.8)
Cocaine	107 (0.8)

*Substance use includes both illicit and prescribed usage.

Materials

Alcohol Use Disorders Identification Test

The Alcohol Use Disorders Identification Test (AUDIT) (Babor et al., 2001) is a 10-item self-report instrument developed by the World Health Organization (WHO) to screen for hazardous use, harmful use, and the potential for alcohol dependence. The AUDIT generates scores ranging from 0 to 40. Scores of 8 or higher indicate hazardous or harmful alcohol intake, and also possible dependence (Babor et al., 2001). Scores are categorized into zones to reflect increasing severity with zone II reflective of hazardous use, zone III indicative of harmful use, and zone IV warranting full diagnostic evaluation for alcohol use disorder. For the purposes of this study, we use the phrase ''problematic use'' to capture all 3 of the zones related to a positive AUDIT screen.

The AUDIT is a widely used instrument, with well established validity and reliability across a multitude of populations (Meneses-Gaya et al., 2009). To compare current rates of problem drinking with those found in other populations, AUDIT-C scores were also calculated. The AUDIT-C is a subscale comprised of the first 3 questions of the AUDIT

TABLE 2. Professional Characteristics

	n (%)
Total sample	12825 (100)
Years in field (yrs)	
0–10	4455 (34.8)
11–20	2905 (22.7)
21–30	2623 (20.5)
31–40	2204 (17.2)
41 or more	607 (4.7)
Work environment	
Private firm	5226 (40.9)
Sole practitioner, private practice	2678 (21.0)
In-house government, public, or nonprofit	2500 (19.6)
In-house: corporation or for-profit institution	937 (7.3)
Judicial chambers	750 (7.3)
Other law practice setting	289 (2.3)
College or law school	191 (1.5)
Other setting (not law practice)	144 (1.1)
Bar Administration or Lawyers Assistance Program	55 (0.4)
Firm position	
Clerk or paralegal	128 (2.5)
Junior associate	1063 (20.5)
Senior associate	1052 (20.3)
Junior partner	608 (11.7)
Managing partner	738 (14.2)
Senior partner	1294 (25.0)
Hours per wk	
Under 10 h	238 (1.9)
11–20 h	401 (3.2)
21–30 h	595 (4.7)
31–40 h	2946 (23.2)
41–50 h	5624 (44.2)
51–60 h	2310 (18.2)
61–70 h	474 (3.7)
71 h or more	136 (1.1)
Any litigation	
Yes	9611 (75.0)
No	3197 (25.0)

focused on the quantity and frequency of use, yielding a range of scores from 0 to 12. The results were analyzed using a cut-off score of 5 for men and 4 for women, which have been interpreted as a positive screen for alcohol abuse or possible alcohol dependence (Bradley et al., 1998; Bush et al., 1998). Two other subscales focus on dependence symptoms (eg, impaired control, morning drinking) and harmful use (eg, blackouts, alcohol-related injuries).

Depression Anxiety Stress Scales-21 item version

The Depression Anxiety Stress Scales-21 (DASS-21) is a self-report instrument consisting of three 7-item subscales assessing symptoms of depression, anxiety, and stress. Individual items are scored on a 4-point scale (0–3), allowing for subscale scores ranging from 0 to 21 (Lovibond and Lovibond, 1995). Past studies have shown adequate construct validity and high internal consistency reliability (Antony et al., 1998; Clara et al., 2001; Crawford and Henry, 2003; Henry and Crawford, 2005).

Drug Abuse Screening Test-10 item version

The short-form Drug Abuse Screening Test-10 (DAST) is a 10-item, self-report instrument designed to screen and quantify consequences of drug use in both a clinical and research setting. The DAST scores range from 0 to 10 and are categorized into low, intermediate, substantial, and severe-concern categories. The DAST-10 correlates highly with both 20-item and full 28-item versions, and has demonstrated reliability and validity (Yudko et al., 2007).

RESULTS

Descriptive statistics were used to outline personal and professional characteristics of the sample. Relationships between variables were measured through χ^2 tests for independence, and comparisons between groups were tested using Mann-Whitney *U* tests and Kruskal-Wallis tests.

Alcohol Use

Of the 12,825 participants included in the analysis, 11,278 completed all 10 questions on the AUDIT, with 20.6% of those participants scoring at a level consistent with problematic drinking. The relationships between demographic and professional characteristics and problematic drinking are summarized in Table 3. Men had a significantly higher proportion of positive screens for problematic use compared with women (χ^2 [1, N = 11,229] = 154.57, $P < 0.001$); younger participants had a significantly higher proportion compared with the older age groups (χ^2 [6, N = 11,213] = 232.15, $P < 0.001$); and those working in the field for a shorter duration had a significantly higher proportion compared with those who had worked in the field for longer (χ^2 [4, N = 11,252] = 230.01, $P < 0.001$). Relative to work environment and position, attorneys working in private firms or for the bar association had higher proportions than those in other environments (χ^2 [8, N = 11,244] = 43.75, $P < 0.001$), and higher proportions were also found for those at the junior or senior associate level compared with other positions (χ^2 [6, N = 4671] = 61.70, $P < 0.001$).

Of the 12,825 participants, 11,489 completed the first 3 AUDIT questions, allowing an AUDIT-C score to be calculated. Among these participants, 36.4% had an AUDIT-C score consistent with hazardous drinking or possible alcohol abuse or dependence. A significantly higher proportion of women (39.5%) had AUDIT-C scores consistent with problematic use compared with men (33.7%) (χ^2 [1, N = 11,440] = 41.93, $P < 0.001$).

A total of 2901 participants (22.6%) reported that they have felt their use of alcohol or other substances was problematic at some point in their lives; of those that felt their use has been a problem, 27.6% reported problematic use manifested before law school, 14.2% during law school, 43.7% within 15 years of completing law school, and 14.6% more than 15 years after completing law school.

An ordinal regression was used to determine the predictive validity of age, position, and number of years in the legal field on problematic drinking behaviors, as measured by the AUDIT. Initial analyses included all 3 factors in a model to predict whether or not respondents would have a clinically significant total AUDIT score of 8 or higher. Age group predicted clinically significant AUDIT scores; respondents 30 years of age or younger were significantly more likely to have a higher score than their older peers ($\beta = 0.52$, Wald [$df = 1$] = 4.12, $P < 0.001$). Number of years in the field

TABLE 3. Summary Statistics for Alcohol Use Disorders Identification Test (AUDIT)

	AUDIT Statistics				
	n	M	SD	Problematic %*	P**
Total sample	11,278	5.18	4.53	20.6%	
Sex					
Men	6012	5.75	4.88	25.1%	<0.001
Women	5217	4.52	4.00	15.5%	
Age category (yrs)					
30 or younger	1393	6.43	4.56	31.9%	
31–40	2877	5.84	4.86	25.1%	
41–50	2345	4.99	4.65	19.1%	<0.001
51–60	2548	4.63	4.38	16.2%	
61–70	1753	4.33	3.80	14.4%	
71 or older	297	4.22	3.28	12.1%	
Years in field (yrs)					
0–10	3995	6.08	4.78	28.1%	
11–20	2523	5.02	4.66	19.2%	
21–30	2272	4.65	4.43	15.6%	<0.001
31–40	1938	4.39	3.87	15.0%	
41 or more	524	4.18	3.29	13.2%	
Work environment					
Private firm	4712	5.57	4.59	23.4%	
Sole practitioner, private practice	2262	4.94	4.72	19.0%	
In-house: government, public, or nonprofit	2198	4.94	4.45	19.2%	
In-house: corporation or for-profit institution	828	4.91	4.15	17.8%	<0.001
Judicial chambers	653	4.46	3.83	16.1%	
College or law school	163	4.90	4.66	17.2%	
Bar Administration or Lawyers Assistance Program	50	5.32	4.62	24.0%	
Firm position					
Clerk or paralegal	115	5.05	4.13	16.5%	
Junior associate	964	6.42	4.57	31.1%	
Senior associate	938	5.89	5.05	26.1%	<0.001
Junior partner	552	5.76	4.85	23.6%	
Managing partner	671	5.22	4.53	21.0%	
Senior partner	1159	4.99	4.26	18.5%	

*The AUDIT cut-off for hazardous, harmful, or potential alcohol dependence was set at a score of 8.
**Comparisons were analyzed using Mann-Whitney *U* tests and Kruskal-Wallis tests.

approached significance, with higher AUDIT scores predicted for those just starting out in the legal profession (0–10 yrs of experience) ($\beta = 0.46$, Wald $[df = 1] = 3.808$, $P = 0.051$). Model-based calculated probabilities for respondents aged 30 or younger indicated that they had a mean probability of 0.35 (standard deviation [SD] = 0.01), or a 35% chance for scoring an 8 or higher on the AUDIT; in comparison, those respondents who were 61 or older had a mean probability of 0.17 (SD = 0.01), or a 17% chance of scoring an 8 or higher.

Each of the 3 subscales of the AUDIT was also investigated. For the AUDIT-C, which measures frequency and quantity of alcohol consumed, age was a strong predictor of subscore, with younger respondents demonstrating significantly higher AUDIT-C scores. Respondents who were 30 years old or younger, 31 to 40 years old, and 41 to 50 years old all had significantly higher AUDIT-C scores than their older peers, respectively ($\beta = 1.16$, Wald $[df = 1] = 24.56$, $P < 0.001$; $\beta = 0.86$, Wald $[df = 1] = 16.08$, $P < 0.001$; and $\beta = 0.48$, Wald $[df = 1] = 6.237$, $P = 0.013$), indicating that younger age predicted higher frequencies of drinking and quantity of alcohol consumed. No other factors were significant predictors of AUDIT-C scores. Neither the predictive model for the dependence subscale nor the harmful use subscale indicated significant predictive ability for the 3 included factors.

Drug Use

Participants were questioned regarding their use of various classes of both licit and illicit substances to provide a basis for further study. Participant use of substances is displayed in Table 1. Of participants who endorsed use of a specific substance class in the past 12 months, those using stimulants had the highest rate of weekly usage (74.1%), followed by sedatives (51.3%), tobacco (46.8%), marijuana (31.0%), and opioids (21.6%). Among the entire sample, 26.7% (n = 3419) completed the DAST, with a mean score of 1.97 (SD = 1.36). Rates of low, intermediate, substantial, and severe concern were 76.0%, 20.9%, 3.0%, and 0.1%, respectively. Data collected from the DAST were found to not meet the assumptions for more advanced statistical procedures. As a result, no inferences about these data could be made.

Mental Health

Among the sample, 11,516 participants (89.8%) completed all questions on the DASS-21. Relationships between demographic and professional characteristics and depression, anxiety, and stress subscale scores are summarized in Table 4. While men had significantly higher levels of depression ($P < 0.05$) on the DASS-21, women had higher levels of anxiety ($P < 0.001$) and stress ($P < 0.001$). DASS-21 anxiety,

TABLE 4. Summary Statistics for Depression Anxiety Stress Scale (DASS-21)

	DASS Depression				DASS Anxiety				DASS Stress			
	n	M	SD	P^*	n	M	SD	P^*	n	M	SD	P^*
Total sample	12300	3.51	4.29		12277	1.96	2.82		12271	4.97	4.07	
Sex												
Men	6518	3.67	4.46	<0.05	6515	1.84	2.79	<0.001	6514	4.75	4.08	<0.001
Women	5726	3.34	4.08		5705	2.10	2.86		5705	5.22	4.03	
Age category (yrs)												
30 or younger	1476	3.71	4.15		1472	2.62	3.18		1472	5.54	4.61	
31–40	3112	3.96	4.50		3113	2.43	3.15		3107	5.99	4.31	
41–50	2572	3.83	4.54	<0.001	2565	2.03	2.92	<0.001	2559	5.36	4.12	<0.001
51–60	2808	3.41	4.27		2801	1.64	2.50		2802	4.47	3.78	
61–70	1927	2.63	3.65		1933	1.20	2.06		1929	3.46	3.27	
71 or older	326	2.03	3.16		316	0.95	1.73		325	2.72	3.21	
Years in field												
0–10 yrs	4330	3.93	4.45		4314	2.51	3.13		4322	5.82	4.24	
11–20 yrs	2800	3.81	4.48		2800	2.09	3.01		2777	5.45	4.20	
21–30 yrs	2499	3.37	4.21	<0.001	2509	1.67	2.59	<0.001	2498	4.46	3.79	<0.001
31–40 yrs	2069	2.81	3.84		2063	1.22	1.98		2084	3.74	3.43	
41 or more yrs	575	1.95	3.02		564	1.01	1.94		562	2.81	3.01	
Work environment												
Private firm	5028	3.47	4.17		5029	2.01	2.85		5027	5.11	4.06	
Sole practitioner, private practice	2568	4.27	4.84		2563	2.18	3.08		2567	5.22	4.34	
In-house: government, public, or nonprofit	2391	3.45	4.26		2378	1.91	2.69		2382	4.91	3.97	
In-house: corporation or for-profit institution	900	2.96	3.66	<0.001	901	1.84	2.80	<0.001	898	4.74	3.97	<0.001
Judicial chambers	717	2.39	3.50		710	1.31	2.19		712	3.80	3.44	
College or law school	182	2.90	3.72		188	1.43	2.09		183	4.48	3.61	
Bar Administration or Lawyers Assistance Program	55	2.96	3.65		52	1.40	1.94		53	4.74	3.55	
Firm position												
Clerk or paralegal	120	3.98	4.97		121	2.10	2.88		121	4.68	3.81	
Junior associate	1034	3.93	4.25		1031	2.73	3.31		1033	5.78	4.16	
Senior associate	1021	4.20	4.60	<0.001	1020	2.37	2.95	<0.001	1020	5.91	4.33	<0.001
Junior partner	590	3.88	4.22		592	2.16	2.78		586	5.68	4.15	
Managing partner	713	2.77	3.58		706	1.62	2.50		709	4.73	3.84	
Senior partner	1219	2.70	3.61		1230	1.37	2.43		1228	4.08	3.57	
DASS-21 category frequencies	n	%			n	%			n	%		
Normal	8816	71.7			9908	80.7			9485	77.3		
Mild	1172	9.5			1059	8.6			1081	8.8		
Moderate	1278	10.4			615	5.0			1001	8.2		
Severe	496	4.0			310	2.5			546	4.4		
Extremely severe	538	4.4			385	3.1			158	1.3		

*Comparisons were analyzed using Mann-Whitney *U* tests and Kruskal-Wallis tests.

depression, and stress scores decreased as participants' age or years worked in the field increased ($P < 0.001$). When comparing positions within private firms, more senior positions were generally associated with lower DASS-21 subscale scores ($P < 0.001$). Participants classified as nonproblematic drinkers on the AUDIT had lower levels of depression, anxiety, and stress ($P < 0.001$), as measured by the DASS-21. Comparisons of DASS-21 scores by AUDIT drinking classification are outlined in Table 5.

Participants were questioned regarding any past mental health concerns over the course of their legal career, and provided self-report endorsement of any specific mental health concerns they had experienced. The most common mental health conditions reported were anxiety (61.1%), followed by depression (45.7%), social anxiety (16.1%), attention deficit hyperactivity disorder (12.5%), panic disorder (8.0%), and bipolar disorder (2.4%). In addition, 11.5% of the participants reported suicidal thoughts at some point during their career, 2.9% reported self-injurious behaviors, and 0.7% reported at least 1 prior suicide attempt.

Treatment Utilization and Barriers to Treatment

Of the 6.8% of the participants who reported past treatment for alcohol or drug use (n = 807), 21.8% (n = 174) reported utilizing treatment programs specifically tailored to legal professionals. Participants who had reported prior treatment tailored to legal professionals had significantly lower mean AUDIT scores (M = 5.84, SD = 6.39) than participants who attended a treatment program not tailored to legal professionals (M = 7.80, SD = 7.09, $P < 0.001$).

Participants who reported prior treatment for substance use were questioned regarding barriers that impacted their ability to obtain treatment services. Those reporting no prior treatment were questioned regarding hypothetical barriers in the event they were to need future treatment or services. The 2 most common barriers were the same for both groups: not wanting others to find out they needed help (50.6% and 25.7% for the treatment and nontreatment groups, respectively), and concerns regarding privacy or confidentiality (44.2% and 23.4% for the groups, respectively).

TABLE 5. Relationship AUDIT Drinking Classification and DASS-21 Mean Scores

		Nonproblematic M (SD)	Problematic* M (SD)	P**
DASS-21 total score		9.36 (8.98)	14.77 (11.06)	<0.001
DASS-21 subscale scores	Depression	3.08 (3.93)	5.22 (4.97)	<0.001
	Anxiety	1.71 (2.59)	2.98 (3.41)	<0.001
	Stress	4.59 (3.87)	6.57 (4.38)	<0.001

AUDIT, Alcohol Use Disorders Identification Test; DASS-21, Depression Anxiety Stress Scales-21.

*The AUDIT cut-off for hazardous, harmful, or potential alcohol dependence was set at a score of 8.

**Means were analyzed using Mann-Whitney *U* tests.

DISCUSSION

Our research reveals a concerning amount of behavioral health problems among attorneys in the United States. Our most significant findings are the rates of hazardous, harmful, and potentially alcohol dependent drinking and high rates of depression and anxiety symptoms. We found positive AUDIT screens for 20.6% of our sample; in comparison, 11.8% of a broad, highly educated workforce screened positive on the same measure (Matano et al., 2003). Among physicians and surgeons, Oreskovich et al. (2012) found that 15% screened positive on the AUDIT-C subscale focused on the quantity and frequency of use, whereas 36.4% of our sample screened positive on the same subscale. While rates of problematic drinking in our sample are generally consistent with those reported by Benjamin et al. (1990) in their study of attorneys (18%), we found considerably higher rates of mental health distress.

We also found interesting differences among attorneys at different stages of their careers. Previous research had demonstrated a positive association between the increased prevalence of problematic drinking and an increased amount of years spent in the profession (Benjamin et al., 1990). Our findings represent a direct reversal of that association, with attorneys in the first 10 years of their practice now experiencing the highest rates of problematic use (28.9%), followed by attorneys practicing for 11 to 20 years (20.6%), and continuing to decrease slightly from 21 years or more. These percentages correspond with our findings regarding position within a law firm, with junior associates having the highest rates of problematic use, followed by senior associates, junior partners, and senior partners. This trend is further reinforced by the fact that of the respondents who stated that they believe their alcohol use has been a problem (23%), the majority (44%) indicated that the problem began within the first 15 years of practice, as opposed to those who indicated the problem started before law school (26.7%) or after more than 15 years in the profession (14.5%). Taken together, it is reasonable to surmise from these findings that being in the early stages of one's legal career is strongly correlated with a high risk of developing an alcohol use disorder. Working from the assumption that a majority of new attorneys will be under the age of 40, that conclusion is further supported by the fact that the highest rates of problematic drinking were present among attorneys under the age of 30 (32.3%), followed by attorneys aged 31 to 40 (26.1%), with declining rates reported thereafter.

Levels of depression, anxiety, and stress among attorneys reported here are significant, with 28%, 19%, and 23% experiencing mild or higher levels of depression, anxiety, and stress, respectively. In terms of career prevalence, 61% reported concerns with anxiety at some point in their career and 46% reported concerns with depression. Mental health concerns often co-occur with alcohol use disorders (Gianoli and Petrakis, 2013), and our study reveals significantly higher levels of depression, anxiety, and stress among those screening positive for problematic alcohol use. Furthermore, these mental health concerns manifested on a similar trajectory to alcohol use disorders, in that they generally decreased as both age and years in the field increased. At the same time, those with depression, anxiety, and stress scores within the normal range endorsed significantly fewer behaviors associated with problematic alcohol use.

While some individuals may drink to cope with their psychological or emotional problems, others may experience those same problems as a result of their drinking. It is not clear which scenario is more prevalent or likely in this population, though the ubiquity of alcohol in the legal professional culture certainly demonstrates both its ready availability and social acceptability, should one choose to cope with their mental health problems in that manner. Attorneys working in private firms experience some of the highest levels of problematic alcohol use compared with other work environments, which may underscore a relationship between professional culture and drinking. Irrespective of causation, we know that co-occurring disorders are more likely to remit when addressed concurrently (Gianoli and Petrakis, 2013). Targeted interventions and strategies to simultaneously address both the alcohol use and mental health of newer attorneys warrant serious consideration and development if we hope to increase overall well being, longevity, and career satisfaction.

Encouragingly, many of the same attorneys who seem to be at risk for alcohol use disorders are also those who should theoretically have the greatest access to, and resources for, therapy, treatment, and other support. Whether through employer-provided health plans or increased personal financial means, attorneys in private firms could have more options for care at their disposal. However, in light of the pervasive fears surrounding their reputation that many identify as a barrier to treatment, it is not at all clear that these individuals would avail themselves of the resources at their disposal while working in the competitive, high-stakes environment found in many private firms.

Compared with other populations, we find the significantly higher prevalence of problematic alcohol use among attorneys to be compelling and suggestive of the need for tailored, profession-informed services. Specialized treatment services and profession-specific guidelines for recovery management have demonstrated efficacy in the physician population, amounting to a level of care that is quantitatively and qualitatively different and more effective than that available to the general public (DuPont et al., 2009).

Our study is subject to limitations. The participants represent a convenience sample recruited through e-mails and

news postings to state bar mailing lists and web sites. Because the participants were not randomly selected, there may be a voluntary response bias, over-representing individuals that have a strong opinion on the issue. Additionally, some of those that may be currently struggling with mental health or substance use issues may have not noticed or declined the invitation to participate. Because the questions in the survey asked about intimate issues, including issues that could jeopardize participants' legal careers if asked in other contexts (eg, illicit drug use), the participants may have withheld information or responded in a way that made them seem more favorable. Participating bar associations voiced a concern over individual members being identified based on responses to questions; therefore no IP addresses or geolocation data were gathered. However, this also raises the possibility that a participant took the survey more than once, although there was no evidence in the data of duplicate responses. Finally, and most importantly, it must be emphasized that estimations of problematic use are not meant to imply that all participants in this study deemed to demonstrate symptoms of alcohol use or other mental health disorders would individually meet diagnostic criteria for such disorders in the context of a structured clinical assessment.

CONCLUSIONS

Attorneys experience problematic drinking that is hazardous, harmful, or otherwise generally consistent with alcohol use disorders at a rate much higher than other populations. These levels of problematic drinking have a strong association with both personal and professional characteristics, most notably sex, age, years in practice, position within firm, and work environment. Depression, anxiety, and stress are also significant problems for this population and most notably associated with the same personal and professional characteristics. The data reported here contribute to the fund of knowledge related to behavioral health concerns among practicing attorneys and serve to inform investments in lawyer assistance programs and an increase in the availability of attorney-specific treatment. Greater education aimed at prevention is also indicated, along with public awareness campaigns within the profession designed to overcome the pervasive stigma surrounding substance use disorders and mental health concerns. The confidential nature of lawyer-assistance programs should be more widely publicized in an effort to overcome the privacy concerns that may create barriers between struggling attorneys and the help they need.

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TEN TIPS FOR LAWYERS DEALING WITH STRESS, MENTAL HEALTH, AND SUBSTANCE USE ISSUES

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TEN TIPS FOR LAWYERS DEALING WITH STRESS, MENTAL HEALTH, AND SUBSTANCE USE ISSUES

ABSTRACT

Being a lawyer in Texas is not easy. This paper provides some basic information and tools to help lawyers understand and address the serious stress, mental health and substance use issues which so many attorneys face.

I. INTRODUCTION.

For those practicing law in Texas, it may be no surprise that lawyers suffer very high rates of mental health and substance use disorders. Lawyers are handed their clients' worst problems and are expected to solve them. They are supposed to be perfect or their reputations dwindle. If they make a mistake, it can be career changing or devastating to a client's life. There is little time to smell the roses, and when that opportunity comes, it is hard if not impossible to stop thinking about the fires which need putting out at the office. It is a tremendous understatement to say that the life of a lawyer can be very stressful and difficult.

For decades, researchers have looked at the strenuous lifestyle and bad habits of lawyers. They have found extraordinary differences between the mental health and substance use of attorneys compared to normal people.

A recent law review article noted that attorneys have the highest rate of depression of any occupational group in the United States.[1] Another study showed that attorneys suffer depression 3.6 times as often as the general population.[2]

With regard to alcohol use, researchers have understood since a major study in 1990 that attorneys have much higher than usual rates of problem drinking and mental health issues.[3] Now, the details of the extent of the legal world's woes are revealed in two new major studies regarding the degree to which attorneys and law students suffer from such mental health and substance use disorders.

With regard to attorneys, in 2016 the American Bar Association Commission on Lawyer Assistance Programs and the Hazelden Betty Ford Foundation released a groundbreaking study of almost 13,000 employed attorneys which showed that 21% of attorneys screened positive for problematic drinking, defined as "hazardous, harmful, and potentially alcohol-dependent drinking" (some have referred to these people in the past as "alcoholics"), 28% suffer from depression, and 19% suffer from clinical anxiety.[4] Perhaps even

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[1] *See Lawrence S. Krieger and Kennon M. Sheldon, What Makes Lawyers Happy? Transcending the Anecdotes with Data from 6200 Lawyers . 83 GEO. WASH. U. L. REV. 554 (2015), also published as FSU College of Law, Public Law Research Paper No. 667(2014); see also Rosa Flores & Rose Marie Arce, Why are lawyers killing themselves?, CNN (Jan. 20, 2014, 2:42 PM),* http://www.cnn.com/2014/01/19/us/lawyer-suicides/.

[2] *See William Eaton et al., Occupations and the Prevalence of Major Depressive Disorder, 32 J. OCCUPATIONAL MED. 1079, 1085 tbl. 3 (1990).*

[3] *See Justin J. Anker, Ph.D., Attorneys and Substance Abuse, Butler Center for Research(Hazelden 2014)(available at* http://www.hazelden.org/web/public/document/bcrup_attorneyssubstanceabuse.pdf*)*

[4] *See* Patrick Krill, Ryan Johnson, and Linda Albert, *The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys*, Journal of Addiction Medicine, Feb. 2016, Vol. 10, Issue 1,

more disturbing, 36% reported drinking alcohol in a quantity and frequency that would indicate "hazardous drinking or possible alcohol abuse or dependence," 46% felt they suffered depression in the past, and 61% reported concerns about anxiety.[5]

As a reference to how these numbers stack up to the norm, about 6% of adults over 26 years of age suffer from problematic drinking[6] (versus 21% of lawyers), and only 15% of doctors reported drinking alcohol in a quantity and frequency that would indicate hazardous drinking or possible alcohol abuse or dependence (versus 36% of lawyers).[7]

Likewise, a 2015 law school wellness study of nearly 4,000 participating law students at 15 law schools across the country showed similar results. In the study, 42% of respondents indicated that in the past year they had thought they needed help for emotional or mental health problems. Furthermore, 25% answered two or more of four questions that comprise the CAGE assessment, indicating as many as one-quarter of the law students should be considered for further screening for alcohol use disorder. The study also showed that 43% of law students reported binge drinking in the past 2 weeks and 25% reported marijuana use in the past year.[8] Additionally, 14% reported using prescription drugs in the past year without a prescription, 27% reported having an eating disorder, and 21% percent reported that they had considered suicide.[9]

One law school study found that before law school, only 8% reported alcohol problems. By the third year of law school, 24% reported a concern about having a drinking problem.[10] Moreover, a 2014 Yale Law School study sent shockwaves across academia when it reported 70% of its law students had symptoms of depression.[11]

Regarding suicide, lawyers have consistently been at or near the top the list of all professionals in suicide rates.[12] They have been found to be twice as likely as the average person to commit suicide.[13]

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pp. 46-52, http://journals.lww.com/journaladdictionmedicine/Fulltext/2016/02000/The_Prevalence_of_Substance_Use_and_Other_Mental.8.asp

[5] *Id.*

[6] *Behavioral Health Trends in the United States: Results from the 2015 National Survey on Drug Use and Health, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, September 2015, http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf*

[7] *Id.*

[8] *See* Jerome M. Organ, David B. Jaffe, and Katherine M. Bender, *Helping Law Students Get the Help They Need: An Analysis of Data Regarding Law Students' Reluctance to Seek Help and Policy Recommendations for a Variety of Stakeholders,* The Bar Examiner, Dec. 2015, Vol. 4, Issue 4, http://www.ncbex.org/pdfviewer/?file=%2Fassets%2Fmedia_files%2FBar-Examiner%2Fissues%2F2015-December%2FBE-Dec2015-HelpingLawStudents.pdf

[9] *Id.*

[10] *See* G.A. Benjamin, E.J. Darling, and B. Sales, *The Prevalence Of Depression, Alcohol Abuse, And Cocaine Abuse Among United States Lawyers,* International Journal of Law and Psychiatry, 1990, Vol. 13, pp. 233-246.

[11] *See* Yale Law School Mental Health Alliance, *Falling Through the Cracks: A Report on Mental Health at Yale Law School,* December 2014, http://www.scribd.com/doc/252727812/Falling-Through-the-Cracks

[12] According to a 1991 Johns Hopkins University study of depression in 105 professions, lawyers ranked number one in the incidence of depression. *See William Eaton et al., Occupations and the Prevalence of Major Depressive Disorder,* 32 JOURNAL OF OCCUPATIONAL MEDICINE 11, Page 1079(1990).

[13] A 1992 OSHA report found that male lawyers in the US are two times more likely to commit suicide than men in the general population. *See http://www.lawpeopleblog.com/2008/09/the-depression-demon-coming-out-of-the-legal-closet/* .

Obviously, these are major problems. No one wants to be troubled by thinking about these issues, but they demand real attention. This paper is an effort to provide some basic information and tools to help attorneys and others in contact the legal community understand and address the unique and substantial stress, mental health and substance use issues from which so many attorneys suffer.

II. DEFINING THE ISSUES.

While there are a large number of hardships faced by attorneys practicing law across the State of Texas, the following are some of the most common and most serious:

A. Anxiety Disorders.

Disorders relating to anxiety range from a general Panic Attack (which is Panic Disorder with or without Agoraphobia [14]) to specific phobias such as Social Anxiety Disorder (SAD), Obsessive-Compulsive Disorder (OCD), Posttraumatic Stress Disorder (PTSD), Acute Stress Disorder (ASD), Generalized Anxiety Disorder (GAD), Substance-Induced Anxiety Disorder, anxiety due to a medical condition, and anxiety disorder not otherwise specified.

Generalized Anxiety Disorder is prevalent in the legal community, although most lawyers would argue that its symptoms sound like what one experiences every day when practicing law:

1. Excessive anxiety and worry (apprehensive expectation) which occurs more days than not for at least six months about a number of events or activities (such as work or school performance);
2. The person finds it difficult to control the worry;
3. The anxiety and worry are associated with three (or more) of the following six symptoms present for more days than not for the past 6 months:
a. restlessness or feeling keyed up or on edge;
b. being easily fatigued;
c. difficulty concentration or mind going blank;
d. irritability;
e. muscle tension;
f. sleep disturbance (difficulty falling or staying asleep or restless unsatisfying sleep);
4. The focus of anxiety or worry is not about another disorder (panic, social phobia, OCD, PTSD, etc);
5. The anxiety, worry or physical symptoms cause clinically significant distress or impairment in social, occupation or other important areas of functioning; and
6. The disturbance is not due to the direct physiological effects of a substance (drug of abuse, medication, etc.) or a general medical condition and does not exclusively occur during a mood disorder or psychotic disorder.[15]

B. Substance Use Disorders and Process Addictions.

Approximately 21% of the lawyers in the United States are affected by alcohol and other substance use disorders compared with about 6% of the general public in the same age group.[16] The substances used to excess include: alcohol, amphetamines, methamphetamine, caffeine, club drugs, cocaine, crack cocaine, hallucinogens, heroin, marijuana, myriad

[14] This is a type of anxiety disorder in which you fear and often avoid places or situations that might cause you to panic and make you feel trapped, helpless or embarrassed.

[15] *See* www.depression-screening.org for self-assessment screening tests for anxiety disorders.

[16] *See* Patrick Krill, Ryan Johnson, and Linda Albert, *The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys*, Journal of Addiction Medicine, Feb. 2016, Vol. 10, Issue 1, pp. 46-52, http://journals.lww.com/journaladdictionmedicine/Fulltext/2016/02000/The_Prevalence_of_Substance_Use_and_Other_Mental.8.asp ; *see also G.A.H. Darling et al., The prevalence of depression, alcohol abuse, and cocaine abuse among United States lawyers,* 13 INTERNATIONAL JOURNAL OF LAW AND PSYCHIATRY 233-246 (1990).

prescription drugs, nicotine, sedatives, steroids and a combination of all of the above (polysubstance abuse/dependency).

Substance use disorders span a wide variety of problems arising from substance use. The following are the 11 different criteria for diagnosing a substance use disorder under the recently established DSM-5[17]:

1. Taking the substance in larger amounts or for longer than meant to;
2. Wanting to cut down or stop using the substance but not managing to;
3. Spending a lot of time getting, using, or recovering from use of the substance;
4. Cravings and urges to use the substance;
5. Not managing to do what should be done at work, home or school, because of substance use
6. Continuing to use, even when it causes problems in relationships;
7. Giving up important social, occupational or recreational activities because of substance use;
8. Using substances again and again, even when it puts one in danger;
9. Continuing to use, even when known that there is a physical or psychological problem that could have been caused or made worse by the substance;
10. Needing more of the substance to get the effect wanted (tolerance); and/or
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

The DSM-5 further provides a measure for determining the severity of a substance use disorder as follows:

MILD: Two or three symptoms indicate a mild substance use disorder
MODERATE: four or five symptoms indicate a moderate substance use disorder, and
SEVERE: six or more symptoms indicate a severe substance use disorder. Clinicians can also add "in early remission," "in sustained remission," "on maintenance therapy," and "in a controlled environment."[18]

Though they are not all classified as substance use disorders, TLAP also works in increasing numbers with lawyers who also experience process addictions (compulsive or mood altering behavior related to a process such as sexual activity, pornography – primarily online, gambling, gaming, exercise, working, eating, shopping, etc.). The DSM-5 does now recognize Gambling Disorder as a behavioral addiction.

C. Depressive Disorders.

Texas lawyers often present with symptoms of depressive disorders, including Major Depression, Persistent Depressive Disorder (formerly referred to as Dysthymic Depression), Compassion Fatigue, and Depression Not Otherwise Specified.

1. Major Depressive Disorder: A major depressive episode is a period characterized by the symptoms of major depressive disorder when five or more of the following are present during the same two-week period:

a. depressed mood most of the day, nearly every day, as indicated by subjective report or observation made by others;
b. markedly diminished interest or pleasure in all or most activities most of the day, nearly every day;
c. significant weight gain or loss (when not dieting) or decrease or increase in appetite nearly every day;

[17] The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, abbreviated as DSM-5, is the 2013 update to the American Psychiatric Association's (APA) classification and diagnostic tool. In the United States, the DSM serves as a universal authority for psychiatric diagnosis. *See* AM. PSYCHIATRIC ASS'N, DIAGNOSTIC & STATISTICAL MANUAL OF MENTAL DISORDERS (5th ed. text rev. 2013) (hereinafter "DSM-5").

[18] *Id. See also* http://www.alcoholscreening.org/ for an alcohol use disorder self-assessment test.

d. insomnia or hypersomnia nearly every day;
e. psychomotor agitation or retardation nearly every day;
f. fatigue or loss of energy nearly every day;
g. feelings of worthlessness or excessive or inappropriate guilt nearly every day;
h. diminished ability to think or concentrate, or indecisiveness, nearly every day; and/or
i. recurrent thoughts of death, recurrent suicidal ideation without a plan, suicide attempt or a specific plan for completing suicide.[19]

2. Persistent Depressive Disorder: This is a disorder involving a depressed mood that occurs for most of the day, for more days than not, for at least 2 years with the presence of at least two of the following six symptoms:

a. poor appetite or overeating;
b. insomnia or hypersomnia;
c. low energy or fatigue;
d. low self-esteem;
e. poor concentration or difficulty making decision; and/or
f. feelings of hopelessness.

Additionally, for Persistent Depressive Disorder to be diagnosed, the person must not have been without the symptoms above for more than two months at a time during the 2-year period of the disturbance and must not have experienced a major depressive episode, manic episode or hypomanic episode in that time.

Finally, the disturbance must not occur exclusively during the course of a chronic psychotic disorder, must not be due to substance use or another medical condition, and must cause clinically significant distress or impairment in social, occupational or other important areas of functioning.[20]

3. Compassion Fatigue and Burnout. Compassion fatigue has been defined as "a combination of physical, emotional, and spiritual depletion associated with caring for persons in significant emotional pain and physical distress."[21] Its components are the presence of Secondary Traumatic Stress (STS) in combination with a condition commonly referred to by lawyers as "Burnout":

a. Secondary Traumatic Stress. Secondary Traumatic Stress is the presence of traumatic symptoms caused by indirect exposure to the traumatic material. The following are characteristics of this kind of trauma:
(1). Symptoms are similar to Post Traumatic Stress Disorder except the information about the trauma is acquired indirectly from communicating with the person who personally experienced the traumatic event.
(2). The traumatic event is persistently re-experienced in one or more of the following ways: recurrent and intrusive distressing recollections, dreams, acting or feeling as if the event is reoccurring.
(3). Persistent avoidance of the stimuli associated with the trauma (the client, the case, the deposition, specific facts, etc.) and numbing of general responsiveness develops.
(4). Persistent symptoms of increased arousal such as difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance, or exaggerated startle response.

b. Burnout. Burnout is the term used by many lawyers to describe the psychological syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment. Burnout symptoms include:
increased negative arousal, dread, difficulty separating personal and professional life, inability to say "no," increased frustration, irritability, depersonalization of clients and situations, diminished enjoyment of work,

[19] *See* www.depression-screening.org for a self-assessment screening test for depression.
[20] *See* DSM-5.
[21] Barbara Lombardo & Carol Eyre, *Compassion Fatigue: A Nurse's Primer*, 16 THE ONLINE JOURNAL OF ISSUES IN NURSING 1 (2011).

diminished desire or capacity for intimacy with family and friends, diminished capacity to listen and communicate, subtle manipulation of clients to avoid them or painful material, diminished effectiveness, loss of confidence, increased desire to escape or flee, isolation.

If you are concerned about suffering from Compassion Fatigue, you may be interested in taking the self-assessment test at http://www.compassionfatigue.org/pages/cfassessment.html.

D. Suicide. There is no need to define suicide, but because it is such a serious matter and so prevalent among lawyers, it deserves further discussion.

A recent study by the Air Force (2010) found that suicide prevention training included in all military training reduced the mean suicide rate within the population studied by an unprecedented 21%.[22] In light of this recognition of the major impact training and education can have on suicide, it is appropriate that TLAP has made it a priority since 1987 to inform lawyers about this issue. If you want to know how to carry on a conversation about suicide, how and when to get a client, friend or colleague to professional help, or how to handle a suicide emergency, explore the resources on TLAP's website at www.texasbar.com/TLAP. [23]

III. TEN HELPFUL TIPS FOR LAWYERS DEALING WITH STRESS, MENTAL HEALTH, OR SUBSTANCE USE ISSUES.

When dealing with the spectrum of problems faced by Texas attorneys, there is no single solution which will take care of everything, but many tools are useful for both mental health and substance abuse issues. The following are ten practical tools which any affected attorney should consider using for prevention or to help solve a problem:

1. Take Action! Whether a lawyer is living in the darkness of depression or lost in a routine of substance abuse, there is a solution but it depends on *action*. Taking action requires courage. By expressing the need for help to someone, the process to peace begins. TLAP is available for any lawyer to confidentially share a desire to change the way he or she is living and to assist the person in getting the help needed. [24] Once an attorney is able to take even the smallest action toward solving their problem, life gets better quickly.

a. Get Professional Help. Lawyers are slow to utilize professional assistance, perhaps due to fear of what people might think, how it might affect their practice, or being ashamed of not being able to figure it out alone. It has been said that people cannot think their way out of bad thinking. Of all people, lawyers know that using a professional who specializes in solving a particular problem is wise.

If what you are doing is not working and you would like to confidentially get professional help but do not already know a suited professional, TLAP can help guide you to licensed professionals who are a good fit for you and who are experienced in working with lawyers.

b. Take The Steps Which Are Suggested. Having discovered and accepted the fact that a problem exists, it is important to accept help from people who have experience in solving that problem. Once a plan is made, it is important to

[22] *See* Eric D. Caine, *Suicide Prevention Is A Winnable Battle*, 100 *AMERICAN JOURNAL OF PUBLIC HEALTH* S1 (2012).

[23] If you or anyone you know is in need, the National Suicide Prevention Hotline is available 24/7 at 1(800)273-8255(TALK).

[24] TLAP is afforded confidentiality of communications through the Texas Health and Safety Code Chapter 467.

accept and follow the steps suggested for getting better. Professionals and doctors may prescribe certain actions to address your problem and which may bring about major changes in the way you function and feel. Likewise, there are many 12 Step programs [25] which provide guidance for recovery from a variety of problems and which suggest specific actions which bring about change in the way a person thinks and lives so as to overcome the "problem."

c. Get proactive. Know that this profession can wear you out. So, get an annual physical. Take a vacation (or "stay-cation"). Develop a team of experts for yourself: peer support, primary care physician, therapist and psychiatrist. Act now, do not wait to address your burnout, sense of dread, lingering grief, daily fear, or excessive substance use intended to numb all of the above.

d. Call TLAP. The only way to ensure that the situation changes for you is to take action. It may be hard to figure out what action to take. If you are wondering what to do, TLAP's experienced and professional staff is available by phone 24/7 to answer your questions about substance abuse, mental health and wellness issues. Your calls will be to attorneys with resources and helpful ideas to better your life. You can call TLAP at any time at 1-800-343-TLAP(8527). By statute, all communications are confidential pursuant to the Texas Health and Safety Code Chapter 467. TLAP services include confidential support, referrals, peer assistance, customized CLE and education, mandated monitoring, and volunteer opportunities. Without proper intervention and treatment, substance abuse and mental illness are both chronic health conditions that worsen over time. Please call and find out how TLAP can help.

2. Set Boundaries. Boundaries are important for a person practicing self-care. Personal or professional boundaries are the physical, emotional and mental limits, guidelines or rules that you create to help identify your responsibilities and actions in a given situation and allow you take care of yourself. They also help identify actions and behaviors that you find unacceptable. They are essential ingredients for a healthy self and a healthy law practice. In essence, they help define relationships between you and everyone else.

How does one establish healthy boundaries? Know that you have a right to personal and professional boundaries. Set clear and decisive limits and let people know what you expect and when they have crossed the line, acted inappropriately or disrespected you. Likewise, do not be afraid to ask for what you want, what you need and what actions to take if your wishes are not respected. Recognize that other's needs and feelings and demands are not more important than your own. Putting yourself last is not always the best – if you are worn out physically and mentally from putting everyone else first, you destroy your health and deprive others of your active engagement in their lives. Practice saying no and yes when appropriate and

[25] The following are some of the many 12 Step Programs: AA - Alcoholics Anonymous; ACA - Adult Children of Alcoholics; Al-Anon/Alateen, for friends and families of alcoholics; CA - Cocaine Anonymous; Co-Anon, for friends and family of addicts; CoDA - Co-Dependents Anonymous, for people working to end patterns of dysfunctional relationships and develop functional and healthy relationships; DA - Debtors Anonymous; EA - Emotions Anonymous, for recovery from mental and emotional illness; FA - Food Addicts in Recovery Anonymous; FAA - Food Addicts Anonymous; GA - Gamblers Anonymous; Gam-Anon/Gam-A-Teen, for friends and family members of problem gamblers; MA - Marijuana Anonymous; NA - Narcotics Anonymous; NicA - Nicotine Anonymous; OA - Overeaters Anonymous; OLGA - Online Gamers Anonymous; PA - Pills Anonymous, for recovery from prescription pill addiction; SA - Smokers Anonymous; SAA - Sex Addicts Anonymous; and WA - Workaholics Anonymous.

remain true to your personal and professional limits. Do not let others make the decisions for you. Healthy boundaries allow you to respect your strengths, your abilities and your individuality as well as those of others. [26]

3. Connect with Others. Connecting with others who know first-hand what you are going through can help reduce the fear and hopelessness that is often connected to mental health and substance use disorders. A growing body of research shows that the need to connect socially with others is as basic as our need for food, water and shelter.[27] Fortunately, there are support groups available for lawyers. TLAP and the Texas Lawyers Concerned for Lawyers [28] programs have joined together to offer and support lawyer self-help and support groups around the state. Groups are active around the state in major cities and other areas (Austin, Beaumont, Corpus Christi, Dallas, El Paso, Ft. Worth, Houston, Lubbock, Rio Grande Valley, and San Antonio). These groups operate to support lawyers dealing with a variety of concerns, primarily stress, anxiety, substance use, addictions, and depression. A list of active groups and local contacts is available at www.texasbar.com/TLAP.

Additionally, TLAP's resources include a dedicated and passionate group of hundreds of volunteers who can connect with a lawyer suffering from a mental health or substance use issue. These volunteers are lawyers, judges and law students who are committed to providing peer assistance to their colleagues and who have experienced their own challenges, demonstrated recovery, and are interested in helping others in the same way they were helped. TLAP volunteers uniquely know how important confidentiality is to the lawyer in crisis and are trained to help in a variety of ways: providing one-on-one peer support and assistance, sharing resources for professional help, introducing others to the local support groups and other lawyers in recovery, speaking and making presentations and a host of other activities.

4. Practice Acceptance. Acceptance is a big, meaningful word which encompasses a variety of important tools for a person seeking a positive life change. First, being able to honestly accept the place where you are at present is an important step in making a change. Until a person is able to accept that the future is not here yet and that the past is gone, he or she cannot be present to focus on what is within grasp that day.

Furthermore, accepting that something is wrong is a step many lawyers resist. Perfectionism and pride play a role in learning to be a good lawyer, but the effects of those can be limiting on a person who needs to get honest about a difficulty.[29] Acceptance of the fact that you have an issue for which help is needed is a major part of solving the problem.

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[26] *This section includes information originally included in a paper written by* Ann D. Foster, JD, LPC-Intern entitled *Practicing Law and Wellness: Modern Strategies for the Lawyer Dealing with Anxiety, Addiction and Depression, which is available online at www.texasbar.com/AM/Template.cfm?Section=Wellness1&Template=/CM/ContentDisplay.cfm&ContentID=15158, and is included herein with her permission.*

[27] *See* MATTHEW LIEBERMAN, *SOCIAL: WHY OUR BRAINS ARE WIRED TO CONNECT* (Crown Publishers 2013).

[28] Texas Lawyers Concerned for Lawyers (TLCL), a volunteer organization associated with the State Bar of Texas Lawyers' Assistance Program (TLAP), helps those in the legal profession who are experiencing difficulties because of alcohol and/or substance abuse, depression, anxiety and other mental health issues.

[29] *See Brené Brown's Ted Talk on "The price of invulnerability":* https://www.youtube.com/watch?v=_UoMXF73j0c&list=PLvzC42i6_rJJkyzWp1hyqUytxBBvNKgI6. *Dr. Brown is a research professor at the University of Houston Graduate College of Social Work where she has spent many years studying courage, shame and authenticity.*

5. Learn to Relax. For attorneys, relaxing can seem almost impossible. The mind is an instrument, but sometimes it seems that the instrument has become the master. Breathing exercises, meditation, and mindfulness [30] practices have been very effective for attorneys who need to relax, or "quiet the mind." Much has been written to express how impactful these tools can be to bring about peace in the life of an attorney.[31]

There are countless variations of breathing exercises and resources to learn how to build control of your thoughts and worries.[32] TLAP's website includes links to several of these wellness resources at www.texasbar.com/TLAP.

Suggestion: Calendar what you want to do. Wishing and wanting to change are important ingredients for change but action is important. If there is something that you want to do, what would be the first thing to accomplish to move toward that goal? Calendar it. First things really do come first. Try it!

Finally, in order to relax, cultivate interests unrelated to the practice of law. This will provide you with opportunities to take a well-deserved break from your work, and, quite frankly, helps to make you a far more emotionally well-developed and interesting person. You will also meet a host of new friends and contacts who will help give some additional perspective about your life and your choices.

6. Practice Positive Thinking.

There is a growing body of research showing the powerful positive effects of positive thinking and positive psychology.[33] The goal of this movement is to help people change negative styles of thinking as a way to change how they feel.

Suggestion: Make a Gratitude List. One way to practice positive thinking is to focus your attention on what is right in your life. This is a proven and effective way to escape the sometimes overwhelming thoughts of all of the things that may seem to be wrong. Become conscious of your gratitude. Studies have shown that taking the time to make a list of things for which you are grateful can result in significant improvement in the way you feel and the amount of happiness you experience.[34] Try making a list of three to five things for which you are grateful each morning for a week and see what happens.

7. Help Others. Service work sounds like just one more thing to add to the list of things you do not have time for, but this is something helpful for you, so consider really making time to do. Obviously, until you secure your oxygen mask, you should not attempt to rescue others, but lawyers have been found to gain "intense

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[30] *See* Rhonda V. Magee, *Making the Case for Mindfulness and the Law*, 86 NW Lawyer 3 at p. 18 (2014)(available online at: http://nwlawyer.wsba.org/nwlawyer/april_may_2014/?pg=20#pg20).

[31] *See e.g.*, STEVEN KEEVA, TRANSFORMING PRACTICES: FINDING JOY AND SATISFACTION IN THE LEGAL LIFE (1999); Leonard L. Riskin, *The Contemplative Lawyer: On the Potential Contributions of Mindfulness Meditation to Law Students, Lawyers, and Clients*, 7 HARV. NEGOT. L. REV. 1 (2002); Rhonda V. Magee, *Educating Lawyers to Meditate?*, 79 UMKC L. REV. 535 (2010).

[32] Guided breathing exercises and meditations: http://marc.ucla.edu/body.cfm?id=22; Meditate at your desk: https://www.youtube.com/watch?v=nQjMJpQyj8E&feature=youtu.be;

[33] *See http://www.ppc.sas.upenn.edu/publications.htm*

[34] *See* Steven Toepfer, *Letters of Gratitude: Improving Well-Bring through Expressive Writing*, J. OF WRITING RES. 1(3) (2009).

satisfaction" from doing service work, [35] and studies show it helps improve mental health and happiness.[36]

For example, a researcher named Dr. Martin Seligman highlighted this theory in an experiment called "Philanthropy versus Fun," Seligman divided up his psychology students into two groups. The first partook in pleasurable past times such as eating delicious food and going to the movies. The second group participated in philanthropic activities, volunteering in feeding the homeless or assisting the physically handicapped. What Seligman found was that the satisfaction and happiness that resulted from volunteering was far more lasting than the fleeting reward of food or entertainment.[37] Even if you feel that it is being done for your own selfish gain, try it anyway and before long you will experience a heightened sense of peace, joy and satisfaction in life.

Service Work Suggestions: Try to do something kind for someone at least once a week. Try something small. If you have the time, volunteer your time to help another. Do not make the activity about you – it should be about giving to others. Whatever measure you take, large or small, remember that it will not only help others, but it will also serve to build your self-esteem, help put your life in perspective, and help to develop and maintain a vital connection with the community in which you live. [38]

8. Live in the Present. This cliché phrase may be one of the most under-appreciated tools for the legal profession of any listed here. As lawyers, this sounds like a joke. Deadlines loom. Trials approach. How can this work?

Try it. Consider during your day the things which you are able to do that day. Live it "only for today." If nothing can be done about something on your mind in the day you are in, return your focus to the things you can do that day. If you are not happy with your circumstance, what incremental thing can you do today about it? Nothing? Then move on and enjoy your today. As one attorney put it, "Be where your feet are." The Serenity Prayer is something which can serve as a means to practice this "one day at a time" method: "God, grant me the serenity to accept the things I cannot change, The courage to change the things I can, And the wisdom to know the difference."

9. Expand your Spirituality or Consciousness. Whatever the variety, research has shown that expanding this area of life makes a major impact of the wellbeing of people, and particularly lawyers.[39] Spirituality has many definitions, but

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[35] *See Lawrence S. Krieger and Kennon M. Sheldon, What Makes Lawyers Happy? Transcending the Anecdotes with Data from 6200 Lawyers . GEO. WASH. U. L. REV. 83 (2015 Forthcoming), FSU College of Law, Public Law Research Paper No. 667(2014) (citing* Bruno Frey & Alois Stutzer, HAPPINESS AND ECONOMICS: HOW THE ECONOMY AND INSTITUTIONS AFFECT HUMAN WELL-BEING at 105 (2002)).

[36] *See also* the following video of *Dr. Charles Raison, the Assistant Professor of the Department of Psychiatry and the Director of the Mind/Body Program at Emory University, in which Dr. Raison talks about happiness and what causes it:* http://www.youtube.com/watch?v=0orvsH07zeg

[37] *See* Karen Salmansohn, THE BOUNCE BACK BOOK (Workman Publ'g 2008), partially available online at http://www.psychologytoday.com/blog/bouncing-back/201003/the-world-taking-it-outta-you-seligman-study-shows-how-you-can-cheer-givin. *See also* Martin E. P. Seligman, Authentic Happiness (Simon & Schuster 2002).

[38] Ann D. Foster, JD, LPC-Intern entitled *Practicing Law and Wellness: Modern Strategies for the Lawyer Dealing with Anxiety, Addiction and Depression, which is available online at www.texasbar.com/AM/Template.cfm?Section=Wellness1&Template=/CM/ContentDisplay.cfm&ContentID=15158.*

[39] See Leonard L. Riskin, *The Contemplative Lawyer: On the Potential Contributions of Mindfulness*

at its core spirituality brings context to our lives and the struggles within them. For many lawyers dealing with the legal world and its many issues, expanding the spiritual life is invaluable. Other lawyers who do not prefer religion or traditional spiritual practices often find great benefit to expanding their consciousness by means of an expansion of an involvement in natural, philosophical, or other pursuits which bring about the contemplation of the reality of existence.

10. Keep it Real. Recovering from a mental health or substance abuse problem requires honesty. If you begin to feel like you should be better than you are, but you are embarrassed to let others down by admitting your true condition, you are doing yourself a major disservice. Commit to "keeping it real." Be honest with someone about how you are doing so that you do not lose touch with those who can help.

One way to develop or ensure honesty with ourselves is to do an inventory. We all know that any business that fails to take inventory is bound to fail. People are no different. Assessing your life by taking an inventory or snapshot of your daily life can give you an idea of where you are and -- of equal importance -- where you want to go. Small corrections in allocation of time today will help prevent an out-of-balance life tomorrow.

Here is an exercise to help with this type of inventory: Draw a circle and divide the circle into wedges representing the time spent on your daily activities. Are you happy with the allocation of time and energy? Are there areas where you spend the majority of your time and you wish you'd spend less? Are there areas where you devote minimal or no time but wish you did? There is no right or wrong allocation. After all, it is your life and your responsibility. If your inventory highlights areas of concern, what can you do to change them? Or, better said, what would your perfect day's circle look like? Would there be enough time for all-important life activities: work, family, self, exercise, friends, hobbies, spiritual practices, meditation, fun, sex and sleep? What's really important to you? [40]

IV. HELP AND HOPE: TLAP -- A SAFE PLACE TO GET HELP

Why TLAP?

As you know, practicing law can be an awesome adventure, a wonderful walk, a paralyzing fear factory, a sea of depressing doldrums, or all of the above in the same week, depending on your circumstances, lifestyle and perspective. Research shows that perspective and mental wellbeing are paramount to lawyer happiness. [41] Mark Twain once said, "There has been much tragedy in my life; at least half of it actually happened." This sort of disconnection between perspective and reality is common for attorneys. The Texas Lawyers Assistance Program (TLAP) is a powerful tool for lawyers, law students, and judges to restore or keep wellness to have a hopeful and happy life practicing law.

Meditation to Law Students, Lawyers, and Clients, 7 HARV. NEGOT. L. REV. 1 (2002).

[40] Ann D. Foster, JD, LPC-Intern entitled *Practicing Law and Wellness: Modern Strategies for the Lawyer Dealing with Anxiety, Addiction and Depression, which is available online at www.texasbar.com/AM/Template.cfm?Section=Wellness1&Template=/CM/ContentDisplay.cfm&ContentID=15158, portions included herein with her permission.*

[41] *See Lawrence S. Krieger and Kennon M. Sheldon, What Makes Lawyers Happy? Transcending the Anecdotes with Data from 6200 Lawyers . 83 GEO. WASH. U. L. REV. 554 (2015).*

Background.

TLAP began in 1989 as a program directed toward helping attorneys suffering from alcoholism. While that role remains important for TLAP (attorneys have twice the rate of alcoholism as the general population), the mission is now much broader.

Currently, approximately half of all assistance provided by TLAP is directed toward attorneys suffering from anxiety, depression, or burnout. Additionally, TLAP helps lawyers, law students, and judges suffering problems such as prescription and other drug use, cognitive impairment, eating disorders, gambling addictions, codependency, and many other serious issues. These problems[42] are very treatable, and TLAP's staff of experienced attorneys can connect a person-in-need to a variety of life-changing resources.

TLAP is a Safe Place to Get Help.

It is essential to emphasize and repeat this for those who may be worried: TLAP is a safe place to get help**.** It is confidential and its staff can be trusted. TLAP's confidentiality was established under Section 476 of the Texas Health & Safety Code. Under this statute, all communications by any person with the program (including staff, committee members, and volunteers), and all records received or maintained by the program, are strictly protected from disclosure. TLAP doesn't report lawyers to discipline!

[42] *See* www.texasbar.com/TLAP for resources for most of these problems.

Call TLAP to Get a Colleague Help.

While the majority of calls to TLAP are self-referrals, other referrals come from partners, associates, office staff, judges, court personnel, clients, family members, and friends. TLAP is respectful and discreet in its efforts to help impaired lawyers who are referred, and TLAP *never* discloses the identity of a caller trying to get help for an attorney of concern.

Furthermore, calling TLAP about a fellow lawyer in need is a friendly way to help an attorney with a problem without getting that attorney into disciplinary trouble. Texas Health & Safety Code Section 467.005(b) states that "[a] person who is required by law to report an impaired professional to a licensing or disciplinary authority satisfies that requirement if the person reports the professional to an approved peer assistance program." Further, Section 467.008 provides that any person who "in good faith reports information or takes action in connection with a peer assistance program is immune from civil liability for reporting the information or taking the action." *Id.*

What TLAP Offers.

Once a lawyer, law student, or judge is connected to TLAP, the resources which can be provided directly to that person include:

- direct peer support from TLAP staff attorneys;
- self-help information;
- connection to a trained peer support attorney who has overcome the particular

problem at hand and who has signed a confidentiality agreement;
- information about attorney-only support groups such as LCL (Lawyers Concerned for Lawyers – weekly meetings for alcohol, drug, depression, and other issues) and monthly Wellness Groups (professional speakers on various wellness topics in a lecture format) which take place in major cities across the state;
- referrals to lawyer-friendly and experienced therapists, medical professionals, and treatment centers; and
- assistance with financial resources needed to get help, such as the Sheeran-Crowley Memorial Trust which is available to help attorneys in financial need with the costs of mental health or substance abuse care.

In addition to helping attorneys by self-referrals or third-party referrals, TLAP staff attorneys bring presentations to groups and organizations across the state to educate attorneys, judges, and law students about a variety of topics, including anxiety, burnout, depression, suicide prevention, alcohol and drug abuse, handling the declining lawyer, tips for general wellness, and more. In fact, TLAP will customize a CLE presentation for your local bar association.

Finally, TLAP provides an abundance of information about wellness on its website. The site offers online articles, stories, blogs, podcasts, and videos regarding wellness, mental health, depression, alcohol and drugs, cognitive impairments, grief, anger and many other issues. Check the site out for yourself at www.texasbar.com/TLAP.

V. FINANCIAL HELP: THE SHEERAN-CROWLEY MEMORIAL TRUST

It is funny how society assumes lawyers are all rich. A 2014 CNN report indicated that, while law school debt averaged $141,000, the average starting U.S. income for attorneys was $62,000. [43] Considering the financial strain many lawyers face and the significant impairment of an attorney struggling with a mental health or substance use problem, you might see how plenty of lawyers cannot afford to get help.

For this reason, in 1995, a small group of generous Texas lawyers created The Patrick D. Sheeran & Michael J. Crowley Memorial Trust. These lawyers knew that about 20% of members of the bar suffer from alcohol or drug problems and that about the same percentage suffer from mental health issues such as depression, anxiety, and burnout. They also knew that, if untreated, these problems would eventually devastate a lawyer's practice and life. With proper treatment and care, however, many of these lawyers can be restored to an outstanding law practice and a healthy life.

The Trust provides financial assistance to Texas lawyers, law students, and judges who need and want professional help for substance abuse, depression and

[43] *See Ben Brody, Go to Law School. Rack Up Debt. Make $62,000. CNN (July 15, 2014),* http://money.cnn.com/2014/07/15/pf/jobs/lawyer-salaries/ .

other mental health issues. To be approved, the applicant must be receiving services from TLAP and must demonstrate a genuine financial need.

Once an individual's application for assistance is approved by the Trustees, grants are made payable directly to the care provider(s). To help protect the corpus of the Trust and to give applicants a significant stake in their own recovery, all applicants are asked to make a moral commitment to repay the grant. Beneficiaries can receive up to $2,000 for outpatient counseling, medical care, and medication, $3,000 for intensive outpatient treatment and medication, and $8,000 for inpatient treatment.

The Trust is the only one of its kind in Texas that serves both substance abuse and mental health needs. It has been funded contributions from lawyers and organizations, including the State Bar of Texas, the Texas Center for Legal Ethics, and the Texas Bar College. The Trust is administered by TLAP staff and controlled by a volunteer Board of Trustees who are also members of Texas Lawyers Concerned for Lawyers, Inc., a non-profit corporation that works closely with TLAP.

If you need assistance, or if you would like to help other attorneys in need by contributing to this trust, please contact TLAP at 1-800-343-TLAP (8527)! Also, for more information about the trust or about how to make contributions, see the form attached in the appendix or click here: Sheeran-Crowley Memorial Trust Web Page.

VI. CONCLUSION: Take Action, Call TLAP!

A call to TLAP will connect you to a staff attorney around the clock. A recent study indicated that the number one reason law students in need of help would not seek it was the fear of bad professional consequences (63% indicated this fear) such as losing a job, not being able to take the bar, etc. [44] There is **no** *professional* consequence for calling TLAP, but there will be a *personal* consequence for failing to do so if you need help!

Lawyers suffering from mental health and substance use disorders must take action to get better. As Mahatma Gandhi (a lawyer in his younger years) said, "The future depends on what you do today." If you or a lawyer, law student, or judge you know needs help, TLAP is available to provide guidance and support at 1(800)343-TLAP(8527).

[44] *See* 2014 ABA/Dave Nee Survey of Law Student Well-Being (co-piloted by David Jaffe and Jerry Organ and funded by the ABA Enterprise Fund and the Dave Nee Foundation).

APPENDIX 1:

MORE ABOUT THE SHEERAN – CROWLEY MEMORIAL TRUST AND DONATION FORM

The Patrick D. Sheeran & Michael J. Crowley Memorial Trust

Trustees: Mike G. Lee, Dallas; Dicky Grigg, Austin; Bob Nebb, Lubbock

In 1995, a small group of Texas lawyers created The Patrick D. Sheeran & Michael J. Crowley Memorial Trust. They were compelled to do so by the grim knowledge that approximately 15-20% of Texas lawyers suffered from mental illnesses such as substance abuse and depression and that these illnesses, if left untreated, directly impacted a lawyer's practice in myriad negative ways. They also knew that, with proper treatment and mental health care, a lawyer could be restored to a productive life and the ethical practice of law.

The Trust is specifically designed to provide financial assistance to Texas attorneys who need and want treatment for substance abuse, depression and other mental health issues. It serves those whose illnesses have impacted their financial situation and reduced their ability to pay or maintain insurance for necessary mental health care.

All applicants must be receiving services from the Texas Lawyers' Assistance Program and must demonstrate financial need. Once an individual's application for assistance is approved by the Trustees, grants are made payable only to the treatment or provider, after services have been rendered. To help protect the corpus of the Trust and to give applicants a significant stake in their own recovery, all applicants are asked to make a moral commitment to repay the grant. No applicant may be allowed additional grants unless previous grants have been repaid.

The Trust is the only one of its kind in Texas that serves both substance abuse and mental health needs and is currently funded solely by contributions from lawyers. Since 2000, the Trust has raised just over $68,000. Since 2006, the Trust has granted an average of $10,000 per year to lawyers in need of mental health services who could not otherwise afford them, but the need is much greater.

Mental health care is expensive: a psychiatrist charges an average of $300 per hour and a master's level psychotherapist charges $100 per hour. A three month supply of medication to treat depression may cost up to $300. A typical out-patient eight week substance abuse treatment costs $5000, and in-patient substance abuse treatment for one month starts around $12,000. The good news is that lawyers who follow a recommended course of treatment usually respond well and often return to practice relatively quickly. Your generous donation could provide a month of therapy; a three month supply of medication; an out-patient course of treatment; a one month course of in-patient treatment or even more. There are no administrative fees or costs, and volunteer Trustees serve pro bono, to insure that all contributions provide truly valuable and much needed assistance.

In 2010, *The Texas Bar Journal* published the story of a lawyer who received funds from the Trust. Success speaks more eloquently than any fundraiser's plea:

"Approximately two years ago I found myself in a deep dark place from which I could see no hope for the future. The Sheeran Crowley Trust provided that hope.... I decided that rehab was appropriate for my situation. The next hurdle was financial.... I was totally surprised that there was some financial assistance available to help with the cost of treatment. I never expected financial assistance via a trust specifically set up to help lawyers like me.... Without the Sheeran Crowley Trust I don't know where I would be today. They provided the financial backing to get me the help that I needed. I learned the rest was up to me. I've remained sober since my release from rehab and I have my law practice back. It's been almost two years now. Thank God for TLAP. Thank God for the Sheeran Crowley Trust."

The Trust is named in honor of the first Director of the State Bar of Texas' Lawyers' Assistance Program, Patrick D. Sheeran, and Michael J. Crowley, one of the founders of TLAP, who, during their lives, helped many attorneys to achieve recovery from alcohol, drugs, depression and other mental health issues. The Trust is supported by the Texas Lawyers' Assistance Program and administered by a volunteer Board of Trustees who are also members of Texas Lawyers Concerned for Lawyers, Inc., a non-profit corporation that works closely with TLAP.

The Trust needs your help through your tax deductible contributions. For more information, please contact Bree Buchanan at 800-343-8527 or simply send a check made payable to the Trust, along with a copy of the accompanying form to: The Sheeran-Crowley Trust, c/o Bree Buchanan, P. O. Box 12487, Austin, Texas 78711.

Yes, I want to make a difference! Please accept my donation to

The Patrick D. Sheeran & Michael J. Crowley Memorial Trust.

_____$100 _____ $5000

_____$300 _____ $12,000

_____$1000 _____ Other

☐ I prefer to remain anonymous.

☐ This gift is in memory / honor of: _____.

☐ I have remembered the Trust in my will.

☐ I have purchased a life insurance policy naming The Patrick D. Sheeran & Michael J. Crowley Memorial Trust as beneficiary.

The Patrick D. Sheeran & Michael J. Crowley Memorial Trust is a 501(c)(3) charitable organization.

Thank you for your generous contribution!

APPENDIX 2: ADDITIONAL RESOURCES

Anxiety and Stress

Edmund Bournes & Lorna Garano, COPING WITH ANXIETY – 10 SIMPLE WAYS TO RELIEVE ANXIETY, FEAR AND WORRY (New Harbinger Publications 2003).

Nancy Byerly Jones, *The Dangerous Link Between Chronic Office Chaos, Stress, Depression, and Substance Abuse*, American Bar Association: GPSOLO 18(5) (2001).

Michael P. Leiter & Christina Maslach, BANISHING BURNOUT (John Wiley & Sons 2011).

Howard Lesnick et al., *Lawyers and Doctors Face the Perils of Practice*, 16 The Hastings Center Report 1, Page 46 (1986).

Andrew Levin et al., *The Effect of Attorneys' Work With Trauma-Exposed Clients on PTSD Symptoms, Depression, and Functional Impairment: A Cross-Lagged Longitudinal Study*, 36 Law and Human Behavior 6 (2012).

Andrew Levin et al., *Secondary Traumatic Stress in Attorneys and Their Administrative Support Staff Working With Trauma-Exposed Clients*, The Journal of Nervous and Mental Disease, 199(12), Page 946 (2011).

Donald C. Murray and Johnette M. Royer, *The cost of justice: a desk manual on vicarious trauma--vicarious traumatization: The corrosive consequences of law practice for criminal justice and family law practitioners*, Canadian Bar Association (2014) (available online at http://www.lpac.ca/main/main/vicarious_trauma.aspx).

Rebecca M. Nerison, *Lawyers--Anger and Anxiety: Dealing with the Stresses of the Legal Profession*, American Bar Association (2010).

Oregon Attorney Assistance Program, *A Traumatic Toll on Lawyers and Judges*, In Sight for Oregon Lawyers and Judges, 80 (2011).

Robert M. Sapolsky, WHY ZEBRAS DON'T GET ULCERS-- AN UPDATED GUIDE TO STRESS, STRESS-RELATED DISEASES AND COPING (Macmillan 2004).

Marc Schenker, Eaton, Muzza, Green, Rochelle & Samuels, *Steven Self-Reported Stress and Reproductive Health of Female Lawyers*, 39 Journal of Occupational and Environmental Medicine 6, Page 556 (1997).

Depression

G. Andrew H. Benjamin et al., *The Prevalence of Depression, Alcohol Abuse, and Cocaine Abuse Among United States Lawyers*, 13 INT'L J. L. & PSYCHIATRY 233 (1990).

Jim Benzoni, *Depression: The Soul Speaks*, 72 THE IOWA LAWYER Vol. 6 (2012).

Matthew Dammeyer and Narina Nunez, *Anxiety and Depression Among Law Students: Current Knowledge and Future Directions*, 23 L. & HUMAN BEHAVIOR 55 (1999).

William Eaton et al., *Occupations and the Prevalence of Major Depressive Disorder*, 32 J. OCCUPATIONAL MED. 1079 (1990).

Todd Goren & Bethany Smith, *Depression As A Mitigating Factor In Lawyer Discipline*, 14 GEORGETOWN JOURNAL OF LEGAL ETHICS 4 (2001).

Rosa Flores & Rose Marie Arce, *Why Are Lawyers Killing Themselves?*, CNN (Jan. 20, 2014, 2:42 PM), online at http://www.cnn.com/2014/01/19/us/lawyer-suicides/.

John Hagan and Fiona Kay, Fiona, *Even Lawyers Get the Blues: Gender, Depression, and Job Satisfaction in Legal Practice*, 41 LAW & SOCIETY REVIEW 1, PAGE 51(March 2007).

Stephen S. Iliardi, Ph.D., THE DEPRESSION CURE: THE 6-STEP PROGRAM TO BEAT DEPRESSION WITHOUT DRUGS (ReadHowYouWant.com 2010).

Nancy Byerly Jones, *The Dangerous Link Between Chronic Office Chaos, Stress, Depression, and Substance Abuse*, American Bar Association: GPSOLO 18(5) (2001).

Howard Lesnick et al., *Lawyers and Doctors Face the Perils of Practice*, 16 The Hastings Center Report 1, Page 46 (1986).

Andrew Levin et al., *The Effect of Attorneys' Work With Trauma-Exposed Clients on PTSD Symptoms, Depression, and Functional Impairment: A Cross-Lagged Longitudinal Study*, 36 Law and Human Behavior 6 (2012).

Rebecca M. Nerison, Is Law Hazardous to Your Health? The Depressing Nature of the Law, NEV. 22 B. LEADER 14 (1998).

Page Thead Pulliam, *Lawyer Depression: Taking a Closer Look at First-Time Ethics Offenders*, 32 THE JOURNAL OF THE LEGAL PROFESSION 289 (2008).

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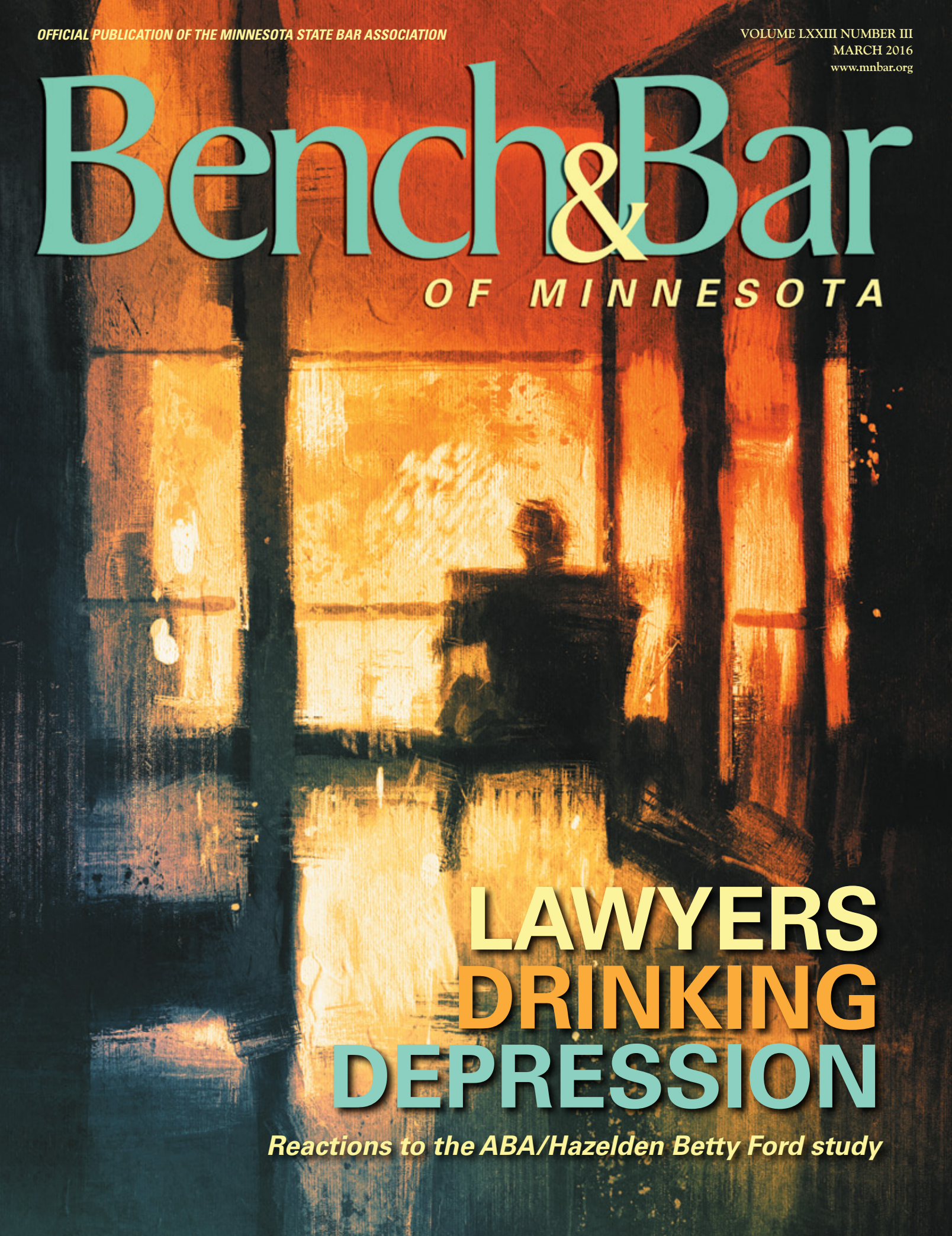


LAWYERS DRINKING DEPRESSION

Reactions to the ABA/Hazelden Betty Ford study

LAWYERS, DRINKING, DEPRESSION

A Problem That Isn't Going Away

A landmark study by the American Bar Association and the Hazelden Betty Ford Foundation depicts a profession troubled by problem drinking, depression, anxiety—and abiding fears about seeking help. In a pair of interviews, Joan Bibelhausen of LCL and study co-author Linda Albert discuss the findings and what the profession can do to address them.

INTERVIEW:

Minnesota Lawyers Concerned for Lawyers Executive Director Joan Bibelhausen

Bench & Bar: *You've worked in Minnesota's lawyer assistance program for some time. Did any of the findings of the ABA/Hazelden study come as a surprise to you?*

Joan Bibelhausen: In looking at the study, the numbers that are confirmed are surprising to many people. But looking at the levels of distress we see at LCL and the types of issues that people call with when they're looking for help, none of it was terribly surprising. LCL has been in existence for 40 years as of August; LCL has been engaged with substance issues from the beginning. In 2001 we started helping with mental health issues as well.

B&B: *In the wake of the study, a lot of observers have been struck by the findings about problem drinking among younger lawyers, which directly contradict a longstanding assumption that the main problems were with middle-aged or older attorneys. Does your experience at LCL bear out a surge in problem drinking among younger lawyers in particular?*

Bibelhausen: The numbers regarding younger lawyers were unexpected. I think there's been an increase in drinking culture at the law schools over the last dozen years-plus. There has also been an increase in more recent years in efforts to raise alcohol awareness. I think the economy has contributed to the distress that is out there. There are fewer jobs, and those jobs may not feel secure. [Alcohol] is one of the ways that many reduce stress, and it's a social lubricant for lawyers. If you look at new or young lawyer sections, the events that get attended are the ones that include alcohol. It's the same with the ABA. The events that get attended are going to include alcohol.

B&B: *The study also suggested that problem drinking happens at higher rates in private practice settings than in government/public or corporate/in-house roles. Does that comport with your program's experience?*

Bibelhausen: If you look at the actual study numbers, the percentages are somewhat higher in private practice. But if you look at the numbers overall, there is a considerable degree of stress in all settings. While it's somewhat higher [in private practice], that doesn't mean that we now think all the attention must be paid to private practice. At LCL we see distress across the board, and we need to remember that any area has the potential to give rise to the levels of distress that might result in the sorts of statistics we're seeing in the study.

B&B: *What advice would you have for an attorney who might be concerned about his or her own drinking?*

Bibelhausen: Ask for help. There are organizations like LCL that can help you assess your own use and look at what triggers the use. Has anybody talked to you about it? Has anybody ever said, "Don't you think you've had enough?" or "I'm worried about you"?

A TOUGH JOB

Alcohol abuse and depression rates among lawyers versus the general population

DEPRESSION

LAWYERS **28%**

GENERAL POPULATION 7%*

ALCOHOL ABUSE

LAWYERS **21%**

GENERAL POPULATION 6%*

A PROBLEM ACROSS PRACTICE SETTINGS

Problematic drinking rates by lawyer employment setting

- **24%** BAR/LAWYER ASSISTANCE PROGRAMS
- **23%** PRIVATE PRACTICE FIRM
- **19%** PRIVATE PRACTICE SOLO
- **19%** GOV'T/PUBLIC/NONPROFIT
- **18%** CORPORATE/IN-HOUSE
- **17%** COLLEGE/LAW SCHOOL
- **16%** JUDICIARY

PRIVATE PRACTICE FIRM

JUNIOR ASSOCIATE	31%
SENIOR ASSOCIATE	26%
JUNIOR PARTNER	24%
MANAGING PARTNER	21%
SENIOR PARTNER	19%

THE GENDER GAP

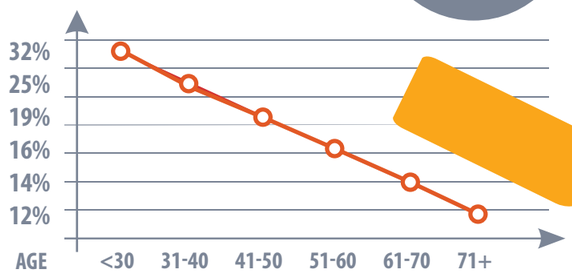
Male attorneys more susceptible to problem drinking

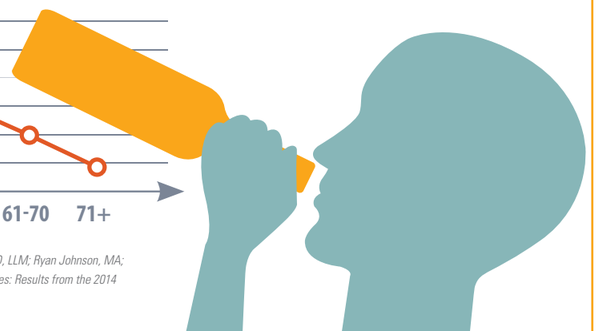
25% MALES

16% FEMALES

YOUNGER LAWYERS HIT HARDEST

Problematic drinking rates by lawyer age





*Sources: "The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys," by Patrick R. Krill, JD, LLM; Ryan Johnson, MA; Linda Albert, MSSW (Journal of Addiction Medicine: Feb. 2016 pp. 46–52), except *: "Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health," U.S. Substance Abuse and Mental Health Services Administration, Sept. 2015*

INTERVIEW:

ABA/Hazelden study co-author Linda Albert

Bench & Bar: *It had been a long time since there had been any systematic study of lawyers and alcohol and mental health. Two-part question: Why do you think it had been so long, and what did you learn?*

Linda Albert: I don't know that it's ever been done before on a national level—in fact, I don't believe it has—that we have taken a look at the legal community and the current prevalence of both substance use issues and mental health concerns. I think that's what makes it a landmark study. I believe the amount of years that can go by is due to the difficulty of getting the data and having the resources to put together a scientific study. So that's where the collaboration was so critical between the American Bar Association Commission on Lawyer Assistance Programs and the Hazelden Betty Ford Foundation. We needed both of these large leaders from the fields of the legal profession and the treatment of addiction and co-occurring disorders to join together to have enough resources to do a national study.

So with the collaboration, we had the ability to do this. For the first time now, we have the current rates. I think there are several things that we have learned. I think we've learned that attorneys in the United States have significantly higher rates of problematic drinking, along with depression and anxiety, than the general population. I think another piece of information that was new is that… we found, contrary to previous research, that it's our younger lawyers who have higher levels of problematic drinking and mental health concerns. We also were able to [measure] how the level of problematic drinking compares to levels of depression, anxiety and stress. What we saw is that they do parallel each other—the higher the level of problematic drinking, the higher the levels of depression, anxiety, and stress our lawyers were experiencing.

Another key finding is that there is very limited help-seeking behavior among this population. For me, it almost seems like a fear-based population when it comes to trying to seek help. I look at it as errors in the thinking about the confidentiality [of assistance programs]. I believe that services are confidential and that people can get help without others finding out or having it impact their licenses. Yet overwhelmingly, the data demonstrated that there was a fear of telling anybody—even going to a self-help group. I think that plays out significantly in addressing the problem and decreasing the levels of problematic use as well as depression or anxiety.

B&B: *What, if anything, surprised you in the results?*

Albert: It was disheartening to see the high level of depression. Previous studies had been in the 15-18 percent range, and our study had 28 percent of subjects indicating some form of depression. Along with depression can come other problems—problems handling cases, being able to concentrate, being able to get good sleep. It can affect physical health and wellness.

And how has that felt to you? Are you annoyed by that? If you're finding yourself reacting defensively to someone else's concern, then it may be time to take a look. Lawyers or their family members can call LCL, and we can offer an evaluation. Sometimes there are underlying situations that can trigger unhealthy drinking. It may be that they're dealing with a high degree of stress and that's one of the ways they handle it. It may be that attending to those causes will decrease their use. Some people, on the other hand, are at a point where they really should stop drinking. A thorough evaluator will assess your use and other factors and make recommendations.

When we look at these statistics—20.6 percent met the criteria for problem drinking based on subjective questions, and an even higher percentage met the criteria based on questions about frequency and amount of use—not all of these people are addicts, or attending to client matters under the influence. Rather it's use that often occurs after work. There are certainly people who do work under the influence, but in many cases this is what we're doing [after hours] to relieve our stress. And that can definitely impact our effectiveness the next day.

"This isn't a lawyer assistance program issue. It's a profession issue."

I am actually more concerned about the figures regarding depression. The rate of problem drinking receives the most coverage. Drinking may or may not be outside of work but depression is 24/7. And 28 percent of respondents reported symptoms of depression. That concerns me much more.

B&B: *Obviously there is sometimes a synergy between drinking and depression, but it sounds like you encounter a lot of lawyers who grapple with depression irrespective of chemical issues.*

Bibelhausen: That's right. Depression and anxiety. More men reported symptoms of depression and more women symptoms of anxiety. They're both mental health issues that can affect one's ability to work, to function effectively, to feel any joy in what they're doing in their work or personal lives. These are brain diseases and they need treatment. And yet, so often in the legal or general press and in other settings, there's ridicule. In our profession, we'll hear statements like somebody "just can't cut it." Or "they can't handle their liquor." Things like that. If we pay attention to these issues in each other, maybe we can start to make a difference.

This isn't a lawyer assistance program issue. It's a profession issue. It's up to all of us to be mindful that something we say can make the difference in someone getting or not getting the help that they need.

B&B: *What advice do you have for someone who's concerned about a colleague's drinking or personal affect or energy level? What should they do?*

Bibelhausen: They can get coaching from a lawyer assistance program on how to talk to somebody with dignity, compassion, and respect. We can hear what the concerns are and talk about how to reach out. Lawyer assistance programs are confidential—particularly in Minnesota, where I think we have the highest confidentiality rules in the country. If someone calls LCL we'll ask questions and offer guidance and suggestions. If it seems it might be helpful to involve some of our volunteers—many of whom are in recovery themselves—we can put that in place.

Sometimes a lawyer will say "I'm not hurting anybody else. I haven't missed a court date. I haven't gotten a complaint from the Lawyers Board." Yet they're really not bringing their A game. That's the question to ask: Are you impacted by what might be a mental health issue or by the use of alcohol or other substances? And is it enough to make a difference in how you're performing personally and professionally? In some cases we can facilitate an intervention, for either substance use or mental health issues. Reaching out to someone in a group setting can be very powerful and motivating.

It's important to recognize that lawyer assistance programs in each state approach things differently. In some states, such as Wisconsin, when a lawyer is involved with the discipline system and has an alcohol problem, discipline and the lawyer assistance system may work together. In Minnesota, if people wonder when LCL is going to talk to the Office of Lawyers Professional Responsibility, the answer is never. We want people to feel they can call us, regardless of what's going on, and get help. LCL will not report to the Office of Lawyers Professional Responsibility (and under MRPC Rule 8.3(c) we're exempt from doing so), will not report to a law school, will not report to an employer. Someone can call us and ask for help and it will be nonjudgmental and absolutely confidential. We'll refer them to the help they need, which includes up to four free counseling sessions throughout Minnesota.

We want to hear from people who have ideas about how to get the profession talking about these kinds of issues. What can we do to improve those statistics? What can we do to get the resources out to the people who need them? We're interested in working together, because we're better together. This is not just an LCL issue; it's an issue for everyone in the profession. It's an issue for every legal employer who now knows that their lawyers in the first 10 years are most distressed. LCL can help. There are many who need us who have not been comfortable calling. The entire profession can be an ally in helping lawyers, judges and law students know that it's okay to ask for help and there's a safe place to call.

"In Minnesota, if people wonder when LCL is going to talk to the Office of Lawyers Professional Responsibility, the answer is never."

The profession could support lawyers' assistance at a much higher level. Most lawyers' assistance programs are woefully underfunded. Minnesota is supported in part by a portion of the lawyer license fee, but we also must fundraise. We don't have enough to do a lot of the work that we would like to do. This is a critical issue in our profession. It doesn't have to be this way. We don't have to have these rates of substance use, we don't have to have these rates of depression and anxiety, and we don't have to have 11 percent of the people who answered this survey saying they've had thoughts of suicide. That's horrifying. We can change that and we need to. ▲

***JOAN BIBELHAUSEN,** J.D. University of Minnesota, is executive director of Minnesota Lawyers Concerned for Lawyers. She has spent more than two decades working with lawyers who are at a crossroads because of mental illness and addiction concerns as well as work/life balance, stress, and related issues. She has served on the ABA Commission on Lawyers Assistance Programs (CoLAP) and is currently on its Advisory Commission.*

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That was certainly a surprise—to see that there was such a jump in the percentage of lawyers experiencing depression.

B&B: *With respect to both drinking and depression, there were gender gaps in the results. What did you make of those?*

Albert: The gender gap has been demonstrated pretty consistently in the research on alcohol use disorders, where men are experiencing this at a higher rate than females are. Certainly there isn't anything from our study that can let us say, this is why. I think from being in the field myself as a licensed alcohol and drug therapist and mental health therapist, I can say that the culture influences that—that women will say there's more permission for men to go out and drink together. Even though women have become much more engaged in careers and out in the community, there still isn't the same type of acceptance for women to go out and drink hard in our culture as there is for men.

The other thing we don't know is whether, because of women feeling more of a stigma about their drinking and being more likely to hide their use of alcohol, they just aren't reporting it at that level. So I can't tell you definitively. Some of the things women have told us about the culture and the stigma could certainly impact that.

"We saw men experience depression at a higher rate than women did. But women had a higher rate of anxiety."

B&B: *What sort of gender gap did you see in the mental health categories?*

Albert: We saw men experience depression at a higher rate than women did. But women had a higher rate of anxiety. That was interesting. I would have anticipated seeing a higher rate of depression among women. Anecdotally, we think about women being more likely to go in to their doctors and talk about depression and seek help for it. But within the legal field, we found that men scored higher for depression on our instrument.

B&B: *Why the spike in problem drinking among younger lawyers, do you think?*

Albert: We think it's really a confluence of factors that could be pushing that. Certainly the changes in our economy since 2008 have changed the options for young lawyers, with fewer job options. There are generational differences with our younger lawyers where many of them are wanting to be in the larger cities and they aren't willing to relocate out into the rural areas, so maybe they aren't finding the work.

Their large level of student loan debt [is a factor]. It's very expensive to go to law school, and most law students enter law school believing they will get a lucrative position, and then they find upon graduating that it's difficult to get a job and the starting salaries aren't sufficient for them to both support other expenses and pay off their student debt. So they end up putting off traditional developmental milestones such as marriage, having children, buying homes. And the pressures they feel financially can impact their health and well-being. For some, [there is] a sense of disillusionment about what they thought practicing law was going to bring them versus what it does. So they experience a lot of stress, which results in depression and anxiety. And some use alcohol to cope. It's just a very difficult time for young lawyers.

B&B: *One factor that always comes up in discussions about lawyers and issues of alcohol abuse or depression is the abiding fear in the profession about having one's reputation damaged if one comes forward with chemical or mental health issues. Are we making progress on that stigma? Has it lessened through the years?*

Albert: Well, from the data in our study, what we found is that that is a huge barrier to lawyers getting the help that they need. So I certainly can't say there's evidence that it is decreasing. There is a messaging system that law students and lawyers seem to adhere to that says, don't get help—because if you do, it's not going to be good for you professionally. The permission to seek help is not there. That's going to take a system-wide response for all entities within the legal profession that interface with law students and lawyers and judges. They need to be giving a different message, and that will take some time.

Lawyer assistance programs have been working on this for the past 30 years, but my belief is that it has to expand well beyond lawyer assistance programs. This has to be taken on in strategic plans of lawyer regulation and bar administration and law schools and large firms. Any entity that interfaces with legal professionals needs to take a look at what we can do differently to encourage legal professionals to believe it's okay to have a problem, that it's okay to be a human being, that you'll have the support you need as long as you're addressing this and going in a healthy direction.

Illustration by Grandfailure © istockphoto.com

"[O]verwhelmingly, the data demonstrated that there was a fear of telling anybody—even going to a self-help group."

But also [there's a need] to address the parts of the culture where law students talk about the competitive nature in law schools and the stress they feel from that, and lawyers talk about the adversarial, competitive nature of practice, but they leave themselves out of the equation. The teaching and the messaging from all systems has to be, "Keep yourself in the equation. Be very intentional about your health and wellness." You know, health and wellness is not fluff. There's so much rhetoric about it, but lawyers and law students have to be very intentional to stay well in this profession. ▲

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