CHAPTER 11

LAWYER WELL-BEING

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Well-being Challenges & Healthy Solutions

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Introduction and Welcome

Doug Querin
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A. Introduction

1. Welcome.
2. Oregon Attorney Assistance Program (OAAP)- Free, Confidential and Voluntary.
3. OAAP Services.
4. Access.

Recent Research Regarding Well-Being of American Lawyers

Jennifer Harrington
Attorney Counselor

A. Collaboration: American Bar Association (ABA) & Hazelden Betty Ford Foundation.

B. Purposes: Assess major conditions affecting Lawyer Well-Being in U.S.

1. Prevalence: "Problematic Substance (alcohol) Use" (i.e., at levels considered Hazardous, Harmful, and/or indicating Possible Dependence);
2. Prevalence: Depression, Anxiety, and Unhealthy Stress;
3. Identify Obstacles to Treatment.

C. The national survey (2016).

1. 13,000 U.S. lawyers;
2. Participants anonymously answered personal and professional demographic questions & completed self-report screening instruments.

D. Study findings: rates of problematic alcohol use.

1. Rates in U.S. Adult Population: 6%;
2. Rates among Physicians, reportedly: 15%;
3. Rates among Lawyers (per study): 21%;
4. Gender:
   - Men 25.1%;
   - Women 15.5%;
5. Practice Environments:
   - Private firms: 23.4%;
   - Government, public, or non-profit: 19.2%;
   - Solo practitioners: 19.0%;
   - In-house corporate or for-profit institutions: 17.8%.
6. Significant Correlations – Rates of Problematic Use – Correlated with:
   - Years of practice/age (10-year increments);
     - Question: Do lawyers' problematic alcohol use rates increase, decrease, or stay the same over time?
   - Position/seniority in law firm (e.g., junior associate, senior associate, junior partner, senior partner).
     - Question: Do lawyers' problematic alcohol use rates increase, decrease, or stay the same as position/seniority increases in firm?

E. Study findings: rates of depression, anxiety, unhealthy stress.

1. Significant Levels of:
   - Depression: 28%;

- Anxiety: 19%;
- Unhealthy Stress: 23%.

2. Gender:
   - Men: Higher rates of Depression than women;
   - Women: Higher rates of Anxiety & Unhealthy Stress than men;
3. Practice Environments:
   - Solos – Highest levels of depression, anxiety, and stress;
   - Private law firm lawyers – Next highest levels.
4. Significant Correlations (Depression, Anxiety, Stress):
   - Lawyers' Ages & Years of Practice:
     - Question: Do rates of depression, anxiety, and stress increase, decrease, or stay the same as time passes?
   - Lawyers' position/seniority in law firm:
     - Question: Do rates of depression, anxiety, and stress increase, decrease, or stay the same as position/seniority increases?
   - Problem alcohol use Rates of Depression, Anxiety, and Stress.

F. Getting help: Many lawyers needing help, DO NOT seek it/get it.

G. Law students: Survey of Law Student Well-Being (2016).

1. 15 Law schools; 3300 students;
   - Findings:
     - 25% at risk for alcohol use disorder;
     - Only 4% received professional help for alcohol or drug issues;
     - 17% screened positive for depression;
     - 37% screened positive for anxiety;
     - 42% reported thinking they needed help for mental health concerns;
     - At least ½ of this group did not seek/receive professional help;
     - 50% of students surveyed reported they had a better chance of "getting admitted to the bar if health and substance use problems are hidden."

H. Therefore: What the research tells us.

1. Lawyers have significantly higher rates:
   - Problematic alcohol use,
   - Depression, anxiety, and unhealthy stress.
2. Our younger, less experienced lawyers are at Significant Risk, having even higher rates of problematic alcohol use & depression, anxiety, and stress than their older, more experienced peers;
3. Many lawyers needing help, do NOT seek it;
4. Law student studies show similar results.

Task Force Recommendations

Doug Querin
Attorney Counselor

A. Response to recent studies.

1. Media response.
2. Creation of ABA National Task Force.

B. Task force recommendations.

3. Action needed by all Stakeholders, invested in the Profession's well-being:
    a. Law firms and lawyers;
    b. Law schools and students;
    c. Bar admissions and regulatory bodies;
    d. Bar associations, state and local;
    e. Professional associations;
    f. Judiciary;
    g. Professional Liability Insurance Carriers;
    h. Lawyer assistance programs/resources.
4. Expand educational outreach:
    a. Signs & symptoms of conditions;
    b. Knowledge of resources and how to access;
    c. Effectiveness of treatment.
5. Address Stigma;
6. Re-consider the role that alcohol and substance use play in the legal profession;
7. Create a culture of Well-Being within the legal profession.

C. COVID's effects on recommendations.

How to End Stigma in the Legal Community

Kyra Hazilla
Attorney Counselor

A. Talk openly about mental health, well-being, and substance use.

- Start these conversations early and often.
- Talk about this in law school, with mentees, with friends and colleagues.

B. Educate yourself and others.

- Counter harmful stereotypes and unrealistic expectations.
- MHSU Credit is real, resources on the PLF website (old CLEs), OAAP website.

C. Be conscious of problematic standards.

- Drinking culture.
- Overwork culture.

D. Encourage equality between physical and mental illness.

- We don't expect a person with cancer to just power through, a diabetic to use willpower to control their blood sugar.
- Needing support, treatment, or a leave from work is not weakness.

E. Model compassion and expect culture change.

- When we are in a position to offer some gentleness to colleagues or speak on the subject of well-being, use the opportunity!

F. Choose empowerment over shame.

- For ourselves and others around us. Use strengths-based language.

G. Share personal experiences where you can.

- When we can safely and authentically share our experiences, it humanizes us.

H. Have high expectations for our community, let others know when they are perpetuating stigma. Address harmful and unrealistic standards in the legal community.

I. Don't harbor self-stigma.

Connection As The First Step

Bryan Welch
Attorney Counselor

A. Help a colleague in need: connecting with empathy/breaking stigma since we all need help at times.

1. Recognize isolation due to COVID.
2. Be aware of potential for marginalization.
3. What to do: get to know your colleagues and then have discrete conversations.
    - Share your concerns & observations;
    - Avoid judgment and confrontation;
    - Care, Compassion, and Candor;
    - Don't need to be a mental health expert; don't diagnose;
    - Listen!
    - Recognize: Helping is a process, not one-time event;
    - Utilize Oregon Attorney Assistance Program resources.

B. Asking for help for yourself:

1. Finding support people.
2. Be specific about what you need.
3. Consult with the OAAP.

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US Department of Health and Human Services. (2016). Facing Addiction In America: The Surgeon General's Report On Alcohol, Drugs, and Health. Chapter 2: The Neurobiology of Substance Use, Misuse, and Addiction. Retrieved from https://addiction.surgeongeneral.gov/executive-summary/report/neurobiology-substance-use-misuse-and-addiction.

Resources:

For online screening tools, see:

- Rethinking Drinking: Alcohol & Your Health. National Institutes of Health, U.S. Department of Human Services. https://www.rethinkingdrinking.niaaa.nih.gov/.
- AUDIT: Alcohol Use Disorders Identification Test. World Health Organization. https://auditscreen.org/.

For a comprehensive list of symptoms related to individual substances, see:

- Mayo Clinic – Drug Addiction (Substance Use Disorder). https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112.
- Centers for Disease Control – Marijuana and Public Health. https://www.cdc.gov/marijuana/index.htm.

For a comprehensive discussion anxiety and depression, see the following pages from the National Institute of Mental Health:

OAAP

OREGON ATTORNEY ASSISTANCE PROGRAM

About the **OAAP**

We help lawyers, judges, and law students develop the skills they need to meet the demands of their professional and personal lives in a healthy way. Our services are **confidential** and free. Call or email us - we offer hope and help.

- *Well-being and stress*
- *Anxiety or depression*
- *Problem substance use*
- *Compulsive & challenging behaviors*
- *Career and lifestyle*
- *Relationships*
- *Challenging times*

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Confidential Assistance

All communications with the OAAP are completely confidential and will not affect your standing with the Professional Liability Fund (PLF) or the Oregon State Bar. The OAAP is a confidential service of the PLF for all members of the Oregon legal community. Call us at **(503) 226-1057** or visit us at **www.oaap.org.**

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In Sight for Oregon Lawyers and Judges

Improving the Quality of Your Personal and Professional Life

100th Issue!

NATIONAL STUDY ON LAWYER SUBSTANCE USE AND MENTAL HEALTH

For the first time ever, a national research study has been undertaken to empirically quantify the prevalence of substance use and other behavioral health conditions within the lawyer population of the United States. Results of the study, jointly undertaken by the American Bar Association (ABA) and the Hazelden Betty Ford Foundation (ABA-Hazelden Study), have been published in the February 2016 edition of the *Journal of Addiction Medicine*. The study, "The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys," presents a revealing picture of our profession that is old news to some and disturbing news to many others.[1]

Nearly 13,000 currently employed attorneys completed anonymous surveys assessing alcohol and drug use and symptoms of depression, anxiety, and stress. Specifically, the survey utilized (1) the Alcohol Use Disorders Identification Test (AUDIT)[2], a self-report instrument developed by the World Health Organization to screen for hazardous use, harmful use, and the potential for alcohol dependence; and (2) the Depression Anxiety Stress Scales-21 (DASS-21)[3], a widely used self-report mental health questionnaire.

The study sample's demographic profile was obtained by the participants' self-reports. The personal characteristics of the group were as follows:

GENDER*	
Men	53.4%
Women	46.5%

*Election options limited to the male-female gender binary.

AGE	
30 or younger	11.9%
31-40	25.2%
41-50	21.0%
51-60	23.2%
61-70	16.1%
71 or older	2.7%

Participants were asked to identify legal, illicit, and prescribed substance use within the preceding 12 months. Participants reported as follows:

Alcohol	84.1%
Tobacco	16.9%
Sedatives	15.7%
Marijuana	10.2%
Opioids	5.6%
Stimulants	4.8%
Cocaine	0.8%

The study also elicited detailed information about the participants' professional characteristics, asking respondents to identify their age (≤30, 31-40, 41-50, etc.), their years in the field (≤10, 11-20, 21-30, etc.), work environments (solo practitioner, private firm, government, non-profit, corporation in-house, etc.), firm position (junior associate, senior associate, junior partner, etc.), hours worked per week (≤10, 11-20, 21-30, etc.), and whether or not they did litigation. All personal and professional data obtained were statistically analyzed, revealing the following regarding the rates of substance use[4] among practicing attorneys in the United States:

- Over 20% of the lawyers who responded scored at a level consistent with problematic drinking[5]; that is, using AUDIT criteria, they screened positive for hazardous and/or harmful use, having the potential for alcohol dependence. This rate is over twice that of the general adult population in this country.[6]

- Men scored significantly higher for problematic alcohol use than women, reporting 25.1% and 15.5%, respectively.

- Problematic alcohol use was highest (28.1%) among attorneys in the early stages of their careers (0-10 years), with declining rates reported thereafter:

Years in Legal Field	Problematic %
0-10	28.1%
11-20	19.2%
21-30	15.6%
31-40	15.0%
41 or more	13.2%

- Problematic alcohol use was highest (31.9%) among attorneys ages 30 or younger, with declining rates reported thereafter:

Age Category	Problematic %
30 or younger	31.9%
31-40	25.1%
41-50	19.1%
51-60	16.2%
61-70	14.4%
71 or older	12.1%

- Within different work environments, reported problematic alcohol use rates were varied, though clearly highest in private law firms (23.4%):

Work Environment	Problematic %
Private firms	23.4%
In-house gov't, public, or non-profit	19.2%
Solo practitioner	19.0%
In-house corp. or for-profit institution	17.8%

- Within private firms, reported problematic alcohol use rates tended to be inversely related to law firm seniority:

Firm Position	Problematic %
Junior associate	31.1%
Senior associate	26.1%
Junior partner	23.6%
Managing partner	21.0%
Senior partner	18.5%

The ABA-Hazelden Study produced a second, and equally revealing, set of statistical data concerning depression, anxiety, and stress within the American lawyer population, as follows:

- Utilizing the DASS-21 mental health questionnaire, male respondents reported significantly higher levels of depression than women, a finding generally contrary to conventional findings among the U.S. adult population.[7]

- Female respondents' anxiety and stress scores were higher than corresponding male scores.

- Depression, anxiety, and stress scores among responding lawyers generally decreased as age increased and also as years in practice increased.

- Solo practitioners in private practice reported the highest levels of depression, anxiety, and stress, followed by lawyers working in private firms.

- In private law firm environments, more senior positions were generally associated with lower reported symptoms of depression, anxiety, and stress; that is, fewer senior lawyers reported greater symptom levels of these conditions.

- Significantly, when respondents' AUDIT and DASS-21 scores were compared, a correlation was found – those with problematic alcohol use scores reported higher rates of depression, anxiety, and stress.

- Finally, participating lawyers were asked about past mental health concerns over their legal career. The most common mental health conditions reported were anxiety (61.1%), depression (45.7%), social anxiety (16.1%), attention deficit hyperactivity disorder (12.5%), panic disorder (8.0%), and bipolar disorder (2.4%).

While this study is subject to certain inherent limitations (e.g., participants were not randomly selected, but rather self-selected by voluntarily responding to emails, news postings, and websites; given the nature of the survey, the participants may have overstated or understated their individual symptoms, etc.), it does produce an abundance of data that seem to reinforce in an empirical way what many intuitively suspect represents a fairly accurate description of the behavioral health of our profession. At a minimum, the study does suggest that the prevalence of problematic drinking, depression, anxiety, and stress within the American lawyer population should be cause for significant concern.

In Part II of this article we will discuss some of the implications of the ABA-Hazelden Study and, in particular, provide some recommendations that may be of value in specifically assisting our Oregon legal community.

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[2] http://pubs.niaaa.nih.gov/publications/Audit.pdf

[3] https://www.cesphn.org.au/images/mental_health/Frequently_Used/Outcome_Tools/Dass21.pdf

[4] For statistical reasons, no significant inferences could be drawn about participating lawyers' use or misuse of substances other than alcohol.

[5] The AUDIT generates scores ranging from 0 to 40. Scores of 8 or higher indicate hazardous or harmful alcohol intake and also possible dependence. 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. The study uses the phrase "problematic use" to capture all three of the zones related to a positive AUDIT score.

[6] https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-use-disorders

[7] http://www.mayoclinic.org/diseases-conditions/depression/in-depth/depression/art-20047725?p=1.

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In Sight for Oregon Lawyers and Judges

Improving the Quality of Your Personal and Professional Life

NATIONAL TASK FORCE REPORT ON LAWYER WELL-BEING

In 2017, the National Task Force on Lawyer Well-Being (Task Force), consisting of the American Bar Association (ABA) Commission on Lawyer Assistance Programs and a broad coalition of other organizations, published the most comprehensive report (Report) to date on the well-being of American lawyers. The Report, *The Path to Lawyer Well-Being: Practical Recommendations for Positive Change*, relied on numerous empirical studies, two of the most notable being the recent ABA-Hazelden Betty Ford Foundation survey of nearly 13,000 currently practicing U.S. lawyers and the 2016 Survey of Law Student Well-Being, surveying over 3,300 law students from 15 law schools throughout the country. These studies revealed that many lawyers and law students struggle with anxiety, depression, and/or substance use issues.

Well-Being in the Legal Profession

The findings of these studies and the national media attention their publication generated, sparked the creation of the Task Force and its Report. The central question for the Task Force was how the profession can best address these health concerns in a collaborative, comprehensive, and sustainable way to meet the needs of all concerned.

The Report made clear that, although a disturbing portion of our legal profession has substance use and behavioral health challenges, the majority of lawyers and law students do not. It noted, however, ". . . that does not mean that they're thriving. Many lawyers experience a 'profound ambivalence' about their work, and different sectors of the profession vary in their levels of satisfaction and well-being." Well-being is thus more than "the absence of illness; it includes a positive state of wellness." To be a good lawyer, the Report noted, one has to be a healthy lawyer, and the research suggests that "the current state of lawyers' health cannot support a profession dedicated to client service and dependent on the public trust." The Task Force thus undertook to address not only mental health and problematic substance use concerns, but also the overarching issue of lawyer well-being within the profession. How can lawyers experience well-being and actually thrive in their personal and professional lives?

The Task Force defined lawyer well-being as a continuous process whereby one seeks to thrive in six primary areas of one's life:

Emotional health – identifying and managing emotions in personal and professional environments;

Occupational pursuits – cultivating personal satisfaction, growth, enrichment, and financial stability;

Creative or intellectual endeavors – engaging in continuous learning and the pursuit of creative or intellectually challenging activities;

Spirituality – experiencing a sense of meaningfulness and purpose in all aspects of life;

Social connections – developing a sense of belonging and support with others important in one's life; and

Physical health – striving for regular physical activity, proper diet, nutrition, sufficient sleep, and recovery from the use of unhealthy substances.

Stakeholders

The Task Force's Report makes over 40 recommendations, some general to all stakeholders within the legal community and some very specific to each individual stakeholder group. The Report is nothing less than a call to action. It seeks to encourage through collective action significant change in the culture of the legal profession. The stakeholder groups addressed include judges, regulators, legal employers, law schools, bar associations, professional liability carriers, and lawyer assistance programs.

Task Force Recommendations

To their credit, many of the stakeholders in Oregon are committed to lawyer well-being and have already begun implementing some of the Task Force's recommendations. However, there is always room for additional improvement when it comes to one of the most important issues for this and future generations of our legal community.

Some of the general recommendations to all stakeholder groups include:

- Take action to minimize the stigma that is often attached to mental health and substance use disorders; encourage those with such conditions to seek help.
- Foster collegiality and respectful engagement throughout the profession; reduce chronic incivility that can foment a toxic culture that is counter to well-being.
- Promote diversity and inclusivity initiatives that encourage both individual and institutional well-being.
- Create meaningful mentoring and sponsorship programs, which research shows can aid well-being and career progress, particularly for women and diverse professionals.
- Guide and support the transition of older lawyers to, among other things, capitalize on the wealth of experience they can offer and, at the same time, reduce risks sometimes faced by senior lawyers challenged by the demands of technically evolving professional environments.
- De-emphasize alcohol at social events, and provide a variety of alternative non-alcoholic beverages at such events.
- Utilize monitoring to support recovery from substance use disorders in environments where it can be supportive.

Some of the recommendations to specific stakeholder groups include:

- Conduct judicial well-being surveys.
- Provide well-being programming for judges and staff.
- Encourage judicial participation in the activities of lawyer assistance programs, such as volunteering as speakers, particularly when the judge is in recovery him/herself.
- Educate and inform the judiciary regarding signs and symptoms associated with substance use and behavior health conditions so they are better able to identify when a lawyer may be in need of assistance.
- Adopt regulatory objectives that prioritize lawyer well-being, such as expanding continuing education requirements to include well-being topics; require law schools to create well-being education as a criterion for ABA accreditation; more closely focus on conduct and behavior rather than diagnosis and treatment as character and fitness bar admission criteria so as to avoid stigmatizing mental and behavioral health conditions and treatment; educate and accurately inform law students about bar admission criteria to reduce their fear that getting needed professional treatment will hinder their chances of bar admission.
- Adopt diversion programs and other alternatives to discipline for minor lawyer misconduct to encourage treatment for underlying substance use and mental health disorders.
- Add well-being-related questions to the multistate professional responsibility exam.
- In legal work environments, form active lawyer well-being committees; monitor for signs of work addiction and poor self-care in legal work; and actively combat social isolation and encourage interconnectivity.
- In law schools, create best practices for assisting law students experiencing psychological distress; provide training to law school faculty regarding student mental

What the Research Tells Us

For years, many have voiced varying degrees of concern about the physical and behavioral health of the legal profession. The findings of the two research studies referred to above clearly signaled "an elevated risk in the legal community for mental health and substance use disorders tightly intertwined with an alcohol-based social culture." Below are some highlights of that research:

Among law students surveyed:

- 17% experienced some level of depression;
- 14% experienced severe anxiety;
- 23% had mild or moderate anxiety;
- 6% reported serious suicidal thoughts in the past year;
- 43% reported binge drinking at least once in the prior two weeks;
- Nearly one-quarter reported binge drinking two or more times in the prior two weeks;
- 25% qualified as being at risk for alcoholism for which further screening was recommended; and
- 50% reported that chances of bar admission are better if a mental health or substance use problem is hidden.

Among lawyers surveyed:

- Between 21% and 36% qualified as problem drinkers (i.e., hazardous use, possible dependence);
- 28% struggled with depression;
- 19% struggled with anxiety; and
- 23% struggled with unhealthy stress.

Lawyers with less than 10 years of practice and those working in private law firms experienced the highest rates of problem drinking and depression and elevated levels of other difficulties, including social isolation, work addiction, suicide, sleep deprivation, job dissatisfaction, and work-life conflicts.

health and substance use disorders; and develop mental health and substance use disorder resources, including taking active steps to encourage help-seeking practices by students.

- Empower law students to help fellow students in need; facilitate a confidential recovery network for students; provide educational opportunities on well-being-related topics in law schools; and discourage alcohol-centered law-school-related events.
- Encourage local and state bar associations to sponsor quality CLE programming on well-being topics, and utilize the resources of state lawyer assistance programs when appropriate.
- Emphasize well-being in loss prevention programs, including being aware of the role of lawyer impairment in claims activity.
- Among lawyer assistance programs, encourage emphasis on confidentiality; high-quality well-being programming; and appropriate and stable funding for outreach, screening, counseling, professional staffing, and preventative education.

The Task Force Report "makes a compelling case that the legal profession is at a crossroads" and the time for action is now. It is premised on the belief that, through collective action by all of us, we have the capacity to create a better future for our nation's lawyers. Improving lawyer well-being is a win-win for everyone: it is good for clients, good for business, good for the profession – and it is the right thing to do!

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  https://jle.aals.org/home/vol66/iss1/13

OAAP

helping lawyers, judges, and law students since 1982

Helping A Friend or Colleague Who Is Suffering

✓ Offering Assistance Helps

You do not have to be a mental health expert to be of assistance to someone who appears to be struggling with mental health or substance use concerns.

- In most cases, if you have concerns about a potentially impaired person, there are likely others who have similar concerns.
- *Trust your instincts.*
- In most cases, professionals who emotionally implode or get into serious personal and/or professional trouble were previously known by others to be struggling; many of the signs of a problem have existed for some time and have been observed by others.
- *Doing something is generally better than doing nothing.*
- Personal contact (phone or in-person) is generally better than emails & texts
- Emails & texts are generally better than no contact.
- Law firm professionals who are personally/professionally struggling are often unwilling to seek assistance; they are embarrassed, do not want to impose on others, or are in denial. But they may respond to offers to talk.

✓ Having a Compassionate, Non-Judgmental Conversation Helps.

Compassion, Curiosity, Lack of Judgement and Genuine Concern Are Key.

- When the potentially impaired person is someone you do not feel comfortable dealing with directly, look for alternatives (e.g., OAAP).
- Avoid "ganging-up." Especially for an initial conversation, having a private conversation with one or two people present who can express concern, and can discuss behaviors they have observed, is usually more helpful.
- Compassion & candor can go together; be direct ("I'm very concerned about you. You seem to be really struggling with _____. Can I help you?").

- Focus on behaviors that you have observed. Avoid second-hand reports if possible. Avoid labeling.
- Be prepared to encounter denial, rationalization, justification and blame.
    - Listening to a person deny what to you is an obvious problem can be very frustrating. Continuing to focus the conversation on specific observed problems (e.g. missed appointments, unanswered phone calls) rather than arguing can be helpful.
    - If the person's problem is substance use, they may want to make a change, but are also likely getting some benefit from the behavior ("checking-out", anxiety relief, etc.). They may rationalize or justify their behavior while at the same time acknowledging a problem on some level. Try to talk to the part of them that wants to change or recognizes the problem, rather than arguing with part of them that doesn't.
    -
- Have a plan in case the person is ready to get help – a phone number to call or a person to talk to. E.g. "**Here is a number for someone who can help…can we make the call right now?**"

OAAP - 503.226.1057

National Suicide Prevention Lifeline - 1.800.273.TALK (8255) (available 24/7)

✓ For A Person Seeking Help, Just Listening Helps.

- Be available to just talk, listen, and be present. Often, this is the most valuable support that can be offered.
- Be supportive and encouraging.
- Be curious and interested.
- Share your experience if relevant.
- Be sensitive to feelings of shame, guilt and embarrassment.
- Be discrete.
- More being than doing (really hard for lawyers!).

Common Signs and Symptoms of Depression and Anxiety

- **Depression:**
  - Prolonged and debilitating feelings of sadness, hopelessness, worthlessness, despair;
  - Feelings of hopelessness, pessimism;
  - Loss of interest in activities once enjoyable;
  - Difficulty focusing, concentrating, tracking, decision-making;
  - Changes in:
    - Energy levels (agitation or lethargy);
    - Sleep Habits (insomnia or sleeping too much);
    - Eating (eating too much or too little; losing or gaining weight);
  - Paralyzed from taking action in their self-interest; procrastination;
  - Can include recurrent thoughts of death or suicide.

  Symptoms are usually severe enough to cause noticeable problems in relationships with others or in day-to-day activities, such as work, school or social activities.

  Clinical depression can affect people of any age, including children. However, clinical depression symptoms, even if severe, usually improve with psychological counseling, antidepressant medications or a combination of the two.

  Mayo Clinic, "Clinical Depression: What Does That Mean," 2019. https://www.mayoclinic.org/diseases-conditions/depression/expert-answers/clinical-depression/faq-20057770

- **Anxiety:**
  - Fight, flight, or freeze response is locked in the on-position;
  - Prolonged debilitating anxiety or worry;
  - Procrastination;
  - Irritability;
  - Prolonged disruption of sleep (inability to fall asleep/ stay asleep);
  - Avoidance of situations;
  - Distress in social situations;
  - Obsessive or compulsive behavior;
  - Difficulty focusing, concentrating, tracking;

- Difficulty self-regulating emotions (crying, irritability, anger, restlessness);
- Paralyzed from taking action in their self-interest;
- Panic attacks: The sudden onset of intense apprehension, fearfulness or terror. During these attacks, symptoms such as shortness of breath, heart palpitations, chest pains, chocking or smothering sensations and/or fear of "going crazy" or losing control.

- **Acute Stress or Trauma:**
  - Hyperarousal: Startling easily and in a manner that doesn't fit the situation.
  - Re-experiencing intrusive thoughts, images or memories (flashbacks or nightmares).
  - Avoidance or Numbing: Flat affect, little emotion in face or voice, deep blank stare, fixed look.
  - Disassociation from present state (eg. presence of unaccounted-for time, incoherent storyline, impaired memory -- especially during emotional content.
  - Change in perspective, cynical or negative view of the world, self-doubt, dampened spiritual beliefs, shame or self-blame, obsessed with trauma. Feelings of hopelessness.
  - Sleep disturbance: Difficulty falling asleep, staying asleep, or getting up in the morning.
  - Somatic disturbance: e.g. headaches, body aches, digestive problems, lack of energy.
  - An inability to stop crying.
  - Feeling sad most of the time, or having thoughts of suicide.

Coping With Anxiety & Depression

Connect – Don't Isolate. Connecting with other people especially during moments of anxiety or depression can make a huge difference in our outlook and mood. It can change our thoughts, and feelings as well as encourage us to take new positive actions. Remain open to asking for help. Reach out to friends, family, colleagues, peers, or mentors and expand your support system. Contact professionals such as clinicians or counselors, including the OAAP, for added support.

Identify & Reframe Negative Thoughts. Our thoughts can empower us or constrain us. Negative thoughts may be the result of being stuck with a particular way of thinking ("cognitive distortions"). These limiting thoughts can reinforce feelings of depression and anxiety. Some of the common cognitive distortions:

- **All or Nothing Thinking**: Viewing situations in dichotomies – black or white; right or wrong; good or bad without any middle ground. As an example,
  - "If I don't do well on this exam then I am a failure."
- **Overgeneralization**: Taking a solitary negative experience and generalizing it as permanently true. As an example,
  - "I can't get ***anything*** right as a law student" (after misunderstanding the holding of one case);
- **The Mental Filter**: Focusing on the negative only and not giving weight to any positive aspects of an event.
- **Diminishing the Positive**: Discounting the positive experiences or events. Examples:
  - "My professor said that my legal memo was exceptionally written ***but*** that was a fluke."
  - "My friend liked my presentation, ***but*** anybody could have done it."

What is the evidence that support the above negative thoughts? Is there another way we might look at the situation? Recognizing that we can view our situations differently and aiming for a balanced thinking can help us move away from limited thinking.

Practice Self-Compassion. When we practice self-compassion, we take on an attitude of kindness and understanding toward ourselves much like a trusted and loving friend who listens to us with empathy, and is encouraging and validating. Self-compassion has been associated with lowered anxiety while allowing us to see shortcomings with greater calm and as a learning opportunity (Seppala, 2011).

Exercising Gratitude. Gratitude elicits positive feelings and leads to emotional well-being. A study of a three-month trial of gratitude journaling showed a significant favorable impact on well-being, affect, and depression (O'Connell, O'Shea, & Gallagher, 2017). Setting up a diary of positive experiences provide the opportunity to experience these emotions again and again when re-reading the diary entries (Seligman et al. 2005). Keeping a journal, a file, or record of events with favorable outcomes can help us cultivate gratitude.

Problem Substance Use

Unhealthy ways of coping with daily stress from work, school or personal life can lead to experiences of emotional dysregulation, anxiety and depression as well as substance use. Regular use of substances such as street drugs, medications or alcohol may lead to dependence, serious consequences, and for some, addiction as well as other mental health or medical concerns.

When Is Alcohol or Other Substance Use "Problematic"?

- *A strong relationship with a substance that no longer serves you well, and that you cannot change without help. Continuing to use despite adverse consequences.*
- **Red Flags.**
    - Taking the substance in larger amounts or for a longer period of time than you meant to.
    - Persistent desire or unsuccessful efforts to cut down or stop using the substance.
    - Not managing to do what you should at work, home or school, because of substance use.
    - Continuing to use, even when it causes problems in relationships.
    - Giving up important social, occupational or recreational activities because of substance use.
    - Using substances again and again, even when it puts you in danger.
    - Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
    - Spending a lot of time getting, using, or recovering from use of the substance.
    - Cravings and urges to use the substance.
    - Needing more of the substance to get the desired effect (tolerance).
    - Development of withdrawal symptoms, which can be relieved by taking more of the substance.
- Watch for: sudden changes in mood, appearance or behavior; isolation; decreased performance or motivation; inattentiveness or procrastination; excuses that don't neet the circumstances.
- **CAGE Screen** for Substance Use Disorders: Yes answers to two or more of the following indicates a need for further screening and assessment.

    Cutting Down: Have you tried to cut down or quit drinking/drug use?
    Annoyance: Has anyone annoyed you by suggesting that you quit or cut down?
    Guilt: Have you ever felt guilty about your drinking/drug use?
    Eye-Opener: Have you ever needed a drink or a drug to "get started" in the morning?

Helpful approaches to addressing substance misuse:

- Develop adaptive coping skills to manage stress, anxiety, depression or other mental health concerns.
- Recognize the signs and symptoms of substance abuse.
- Get help sooner rather than later.
- Talk to people you trust. That could be family, friends, or supportive school staff. Your campus counseling center, or dean of students can be very helpful resources.
- Call the Oregon Attorney Assistance Program, www.oaap.org.