

CULTIVATING LAWYER WELL-BEING AND ASKING FOR HELP

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Chapter 18

CULTIVATING LAWYER WELL-BEING AND ASKING FOR HELP

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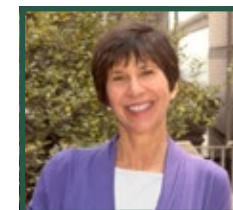
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About the **OAAP**

We provide CONFIDENTIAL and free counseling assistance to lawyers, judges, law students, their family members, and members of the legal community. We can help with your concerns about your well-being, or the well-being of someone you care about. We offer short-term individual counseling, referral to other resources when appropriate, support groups, workshops, CLEs, and educational programs. Most of our programs and services are free. We are funded by the Professional Liability Fund (PLF).

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OAAP Attorney Counselors

Our experience as practicing lawyers gives us a strong foundation for understanding the situations that you face. Our training and experience as counselors provide us with the ability to listen and help you navigate toward solutions.



Douglas S. Querin
JD, LPC, CADC I

practiced law for over 25 years, before becoming a licensed professional counselor. Working at the OAAP since 2006,

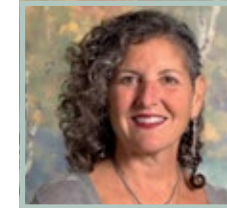
he provides individual counseling on issues including stress management, anxiety, depression, relationship challenges, career satisfaction, and retirement planning. Doug is in long-term recovery and frequently provides counseling and support for lawyers dealing with substance use issues. Additionally, he facilitates work-life balance and healthy habit workshops for lawyers.



Bryan R. Welch
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practiced family law before joining the OAAP in 2015. He is in long-term recovery and provides counseling

for issues including problem substance use, career satisfaction, ADHD, and stress management. Bryan also facilitates workshops and support groups for lawyers practicing law with ADHD; with anxiety and depression; while experiencing divorce; or who are seeking greater career satisfaction.



Shari R. Pearlman
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is the assistant director of the OAAP. She has over 19 years of experience providing individual counseling and

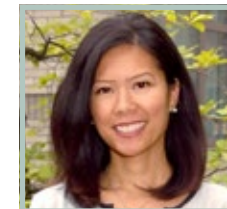
facilitating support groups including women and trauma, trans*, and career satisfaction. Her work is fueled by her passion for helping people and building community. She has served on the executive boards of OWLS, the OSB Diversity and Inclusion Section, and the OSB Advisory Committee on Diversity and Inclusion.



Kyra M. Hazilla
JD, LCSW

first started working at the OAAP as an attorney counselor in 2014. She provides individual counseling and facilitates

groups on trauma; building resilience; mindfulness; parenting; depression, anxiety and other mental health conditions; career transitions; recovery; and support for trans law professionals. Kyra's previous counseling experience includes crisis intervention and helping survivors of family violence. Her legal career has focused on the practice of juvenile law.



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JD, MA-MCFC Candidate

is working towards her MA in Marriage, Couple, and Family Counseling, a degree that will prepare her for attaining dual

licensure as a professional counselor and marriage and family therapist. Her work at the OAAP includes individual counseling and co-facilitating groups. Prior to joining the OAAP staff in 2018, she practiced law in California, litigating primarily family law and personal injury cases.

CULTIVATING LAWYER WELL-BEING AND ASKING FOR HELP

Douglas Querin
Attorney Counselor

Recent Research Regarding Well-Being of American Lawyers

- A. COLLABORATION: American Bar Association (ABA) & Hazelden Betty Ford Foundation.
- B. PURPOSES: Assess major conditions affecting Lawyer Well-Being in U.S.
 - a. Prevalence: “Problematic Substance (alcohol) Use” (i.e., at levels considered Hazardous, Harmful, and/or indicating Possible Dependence);
 - b. Prevalence: Depression, Anxiety, and Unhealthy Stress;
 - c. Identify Obstacles to Treatment.
- C. THE NATIONAL SURVEY (2016).
 - a. 13,000 U.S. lawyers;
 - b. Participants anonymously answered personal and professional demographic questions & completed self-report screening instruments.
- D. STUDY FINDINGS: RATES OF PROBLEMATIC ALCOHOL USE.
 - a. Rates in U.S. Adult Population: 6%;
 - b. Rates among Physicians, reportedly: 15%;
 - c. Rates among Lawyers (per study): 21%;
 - d. Gender:
 - i. Men 25.1%;
 - ii. Women 15.5%;
 - e. Practice Environments:
 - i. Private firms: 23.4%;
 - ii. Government, public, or non-profit: 19.2%;
 - iii. Solo practitioners: 19.0%;
 - iv. In-house corporate or for-profit institutions: 17.8%.
 - f. Significant Correlations – Rates of Problematic Use – Correlated with:
 - i. Years of practice/age (10-year increments);
 - Question: Do lawyers’ problematic alcohol use rates increase, decrease, or stay the same over time?
 - ii. 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.

- a. Significant Levels of:
 - i. Depression: 28%;
 - ii. Anxiety: 19%;
 - iii. Unhealthy Stress: 23%.
- b. Gender:
 - i. Men: Higher rates of Depression than women;
 - ii. Women: Higher rates of Anxiety & Unhealthy Stress than men;
- c. Practice Environments:
 - i. Solos – Highest levels of depression, anxiety, and stress;
 - ii. Private law firm lawyers – Next highest levels.
- d. Significant Correlations (Depression, Anxiety, Stress):
 - i. Lawyers' Ages & Years of Practice:
 - Question: Do rates of depression, anxiety, and stress increase, decrease, or stay the same as time passes?
 - ii. Lawyers' position/seniority in law firm:
 - Question: Do rates of depression, anxiety, and stress increase, decrease, or stay the same as position/seniority increases?
 - iii. 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).

- a. 15 Law schools; 3300 students;
 - i. 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 1/2 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.

- a. Lawyers have significantly higher rates:
 - i. Problematic alcohol use,

- ii. Depression, anxiety, and unhealthy stress.
 - b. 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;
 - c. Many lawyers needing help, do NOT seek it;
 - d. Law student studies show similar results.
- I. RESPONSE TO RECENT STUDIES.
- a. Media response.
 - b. Creation of ABA National Task Force.
- J. TASK FORCE RECOMMENDATIONS.
- a. Action needed by all Stakeholders, invested in the Profession's well-being:
 - i. Law firms and lawyers;
 - ii. Law schools and students;
 - iii. Bar admissions and regulatory bodies;
 - iv. Bar associations, state and local;
 - v. Professional associations;
 - vi. Judiciary;
 - vii. Professional Liability Insurance Carriers;
 - viii. Lawyer assistance programs/resources.
 - b. Expand educational outreach:
 - i. Signs & symptoms of conditions;
 - ii. Knowledge of resources and how to access;
 - iii. Effectiveness of treatment.
 - c. Address Stigma;
 - d. Re-consider the role that alcohol and substance use play in the legal profession;
 - e. Create a culture of Well-Being within the legal profession.

Barriers to Accessing Support

Only 7% of lawyers get help for their problematic drinking and only 37% of lawyers suffering with depression and anxiety seek treatment. Why not?

- Stigma:
 - Fear that others would find out the lawyer needed help.
 - Concerns regarding privacy or confidentiality
- Shame
 - Inability to recognize signs and symptoms.
 - Not knowing how to access support or being too busy.
- Viewing help-seeking as a sign of weakness, having a strong preference for self-reliance, and/or having a tendency toward perfectionism.

Taking Action to Reduce Stigma

- Allow for vulnerability in the profession.
- Doing something is almost always better than doing nothing.
- You do not have to be a mental health expert to assist an impaired person.
- Normalize struggles and seeking support.
- Encourage distressed colleagues to get help.
- Foster collegiality and respectful engagement.

Recognizing Signs of Problematic Substance Use and Other Mental and Behavioral Health Issues

A. Red Flags common with problem substance use:

- *Trust your instincts.*
- Continuation of problematic behaviors despite adverse consequences.
 - Legal problems (e.g., DUIIs).
 - Social or interpersonal problems (e.g., domestic troubles).
 - High-risk behavior (e.g., driving at excessively high speeds; driving while intoxicated, stealing, unsafe sex).
 - Not meeting major responsibilities (work, school, home, etc.).
 - Reports of concern expressed by family, friends, or clients.
- Difficulty in controlling, or inability to control, substance use.
 - Taking the substance in larger amounts or for longer periods than intended.
 - Persistent desire or unsuccessful attempts to cut down or stop using.
 - Spending more money than you can afford.
 - Making sure you don't run out.
- Cravings.
- Withdrawal and Tolerance. *High tolerance* (having to drink/use more to achieve desired effect); signs of *withdrawal* in the absence of the substance (e.g., tremors, anxiety, nausea, lethargy, etc.).
 - Alcohol withdrawal can be fatal. In cases of high frequency and quantity of use withdrawal from alcohol should be medically managed.

B. Red Flags common with substance use, mental or behavioral health issues:

- Isolation and/or reclusive behavior – especially if there is no family/support system.
- Having difficulty making contact: No response to calls, emails, texts, etc.; telephone voice mail box full; mail not picked up or opened.
- Failure to respond to lawyer and/or to attend to discovery requests and/or other case requirements.
- Paralysis (by anxiety, fear, insecurity, etc.) in handling work/personal responsibilities.
- Excessively passive behavior - especially when inaction may have significant consequences.
- Missed appointments; failure to follow through.

- Decline in personal hygiene or appearance.
- Extreme anxiety over their case, or in performing tasks related to their case.
- Emotional Dysregulation:
 - Grossly exaggerated anger.
 - Unusually low capacity tolerating frustration; highly emotionally reactive
 - Extreme highs and lows in mood
 - Difficulty responding to and bouncing back from adverse events-often brought on by or triggered by their case
 - Excessively needy or demanding.
- Unrealistic or improbable excuses for unavailability or inappropriate conduct. Coming in late to work and leaving early.
- Decline in cognitive functioning.
 - Significant memory problems.
 - Difficulty understanding issues.
 - Difficulty understanding, following instructions.
 - Confused thinking.
- Inappropriate/bizarre behavior.
 - Paranoid, exaggerated suspicion or sense of persecution.
 - Phone calls, emails, texts at odd hours (e.g., 2 a.m.).
 - Clearly delusional beliefs.
- Talk or behavior suggesting intent to harm self, loss of hope, or desire to no longer be alive.

C. Risk Factors For Substance Use Disorders

- Family history of substance misuse.
- Early age of first use.
- Personal or family history of emotional or behavioral disorders: e.g. anxiety, depression, ADHD, PTSD.
- Stressful Personal or Family Situations.
 - Known/suspected financial difficulties or bankruptcy.
 - Pending or potential domestic/relationship problems.
 - Pending or potential criminal charges.
 - Significantly ill parent, spouse, child, close friend, etc.

Relevance of Self-Care

A. The definition of self-care can be deeply personal and tends to be different for everyone. One comprehensive definition is from the literature research on the concept of self-care from varying industry perspectives done by Christina M. Godfrey, RN, PhD, and her colleagues. They shared, “*Self-care involves a range of care activities deliberately engaged throughout life to promote physical, mental and emotional health, maintain life and prevent disease.*” Moreover, they stated, “*Self-care is performed by the individual on their own behalf, for their families, or communities, and includes care by others. . . Self-care includes social support and the meeting of social and psychological needs. . .*” These statements reflect self-care as caring for self, caring for others and being cared for by others, all of which is at the core of having a positive well-being.

B. Self-care can serve as a buffer against the stressful and challenging demands of the legal profession, including those intense negative experiences that occur suddenly or repeatedly overtime, which could lead to burnout, compassion fatigue and secondary traumatic stress (secondary trauma):

- *Burnout* is “the physical and emotional exhaustion that workers can experience when they have low job satisfaction and feel powerless and overwhelmed at work” (Mathieu, 2012, p. 10).
- *Compassion fatigue* is the emotional and physical exhaustion that professionals can experience from working in the capacity of helping others, in which there is a gradual erosion of empathy, hope, and compassion for others and themselves (Mathieu, 2012).
- *Secondary trauma* refers to the experience of trauma following repeated exposure to another person’s trauma.

Lawyers can build their resiliency through self-care. Regularly participating in activities that replenishes your energy, sustains you and satisfies your mental, social and psychological needs equips you to better manage your stress, bounce back from adversity, sustain any ongoing hardship, and experience growth in the process. Remember to pay attention to your body and become familiar with your own signals of distress. Recognizing your own symptoms of stress would be helpful in allowing you to recognize it in others.

C. Self-care is also the link between one's well-being and professionalism, which includes competence and practicing ethically. As noted by the National Task Force on Lawyer Well-Being following in its report, "To be a good lawyer, one has to be a healthy lawyer."

Using the Dimensions of Lawyer Well-Being in Self-Care Practices

- A. The report of the National Task Force on Lawyer Well-Being initially listed six dimensions of well-being:
1. Occupational - Finding satisfaction, meaning and financial stability through work.
 2. Emotional - Being able to regulate our emotions.
 3. Physical - Engaging in physical activity, healthy diet, and sufficient sleep.
 4. Intellectual - Pursuing one's creative or intellectual outlets for continued personal or professional growth and development.
 5. Spiritual - Being attuned to those qualities that allows you to find meaning in daily experiences or transcend physical and emotional discomfort.
 6. Social - Supporting your need for belonging.

As an important add-on, in maintaining a positive well-being, it is just as crucial to sustain a connection to culture.

7. Cultural Well-Being - Supporting your need to honor your heritage or traditions, and expanding your cultural knowledge.

Self-Care Inventory

Take a moment to assess your own self-care practices by reviewing the different areas of self-care listed in the attached inventory.

How are you doing in each of these areas, and which areas might you spend more time on? Which one might you newly incorporate to your day-to-day?

Consider further the additional questions listed in the inventory

HELP A COLLEAGUE IN NEED: Reaching out to a colleague needing help.

- i. Doing nothing vs. Doing something – Have a conversation;
- ii. Share your concerns & observations;
- iii. Avoid judgment and confrontation;
- iv. Care, Compassion, and Candor;
- v. Do not need to be a mental health expert; do not need to diagnose;
- vi. Listen!;
- vii. Recognize: Helping is a process, not one-time event;
- viii. Utilize Oregon Attorney Assistance Program resources.

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June 2016

Issue No. 100

*National Study on
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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 use⁴ among practicing attorneys in the United States:

- Over 20% of the lawyers who responded scored at a level consistent with problematic drinking⁵; 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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References

¹ http://journals.lww.com/journaladdictionmedicine/Fulltext/2016/02000/The_Prevalence_of_Substance_Use_and_Other_Mental.8.aspx

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>.



March 2018

Issue No. 107

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

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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 multi-state 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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OAAP ATTORNEY COUNSELOR**

References appear on page 4

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Defining Lawyer Well-Being: A Multi-Dimensional Approach

Well-being cannot be defined just by the absence of illness but also encompasses a positive state of wellness. From a whole-health perspective, it can be viewed as a continuous process in which we work across multiple dimensions of wellness. The way we function in one dimension can enhance or impede the way we function in another dimension. The [report](#) of the National Task Force on Lawyer Well-Being identified six dimensions that make up full well-being for lawyers:

1. Occupational.

Cultivating personal satisfaction, growth, and enrichment in work; financial stability.

2. Emotional.

Recognizing the importance of emotions. Developing the ability to identify and manage our own emotions to support mental health, achieve goals, and inform decision-making. Seeking help for mental health when needed.

3. Physical.

Striving for regular physical activity, proper diet and nutrition, sufficient sleep, and recovery; minimizing the use of addictive substances. Seeking help for physical health when needed.

4. Intellectual.

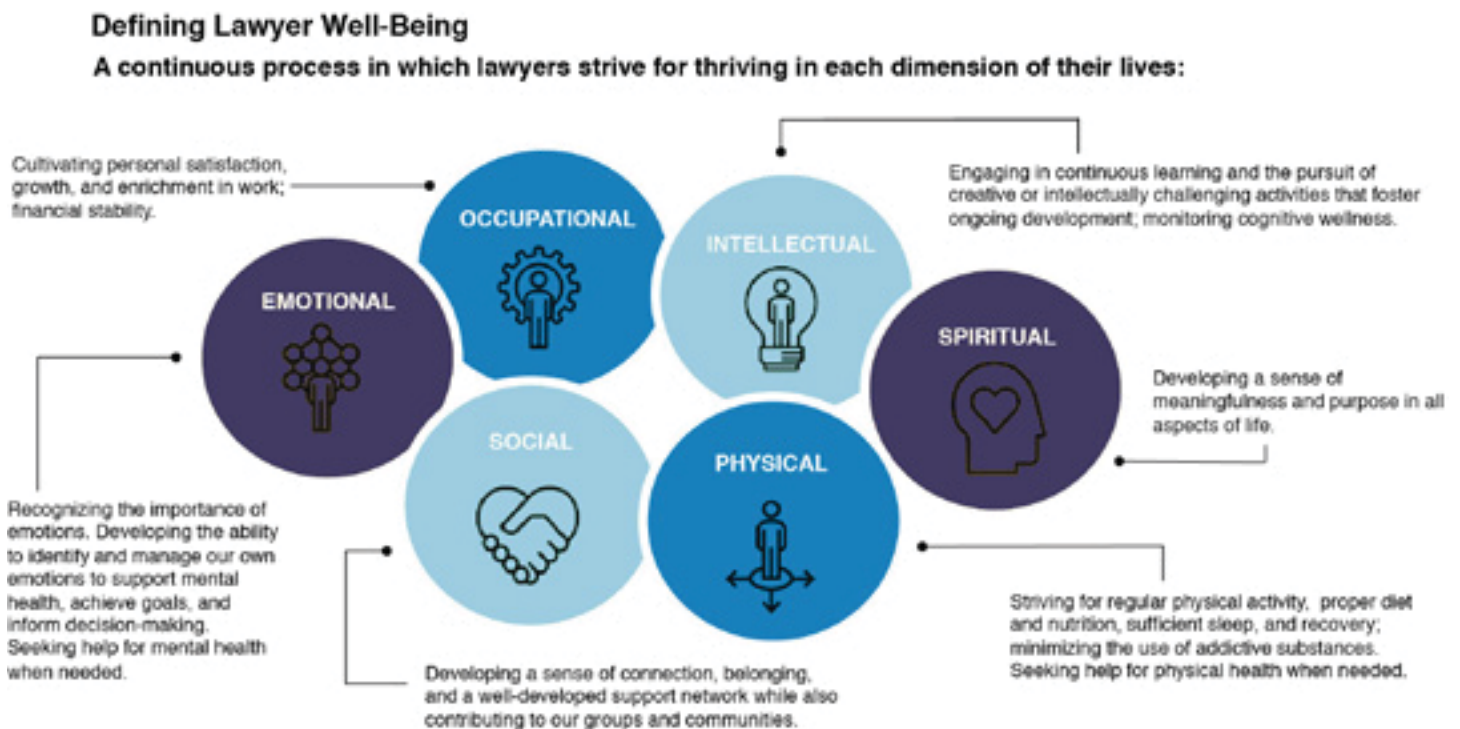
Engaging in continuous learning and the pursuit of creative or intellectually challenging activities that foster ongoing development; monitoring cognitive wellness.

5. Spiritual.

Developing a sense of meaningfulness and purpose in all aspects of life.

6. Social.

Developing a sense of connection, belonging, and a well-developed support network while also contributing to our groups and communities.



* OAAP adds Cultural Well-Being as a 7th dimension asking you if you are fulfilled in practicing your traditional celebrations/rituals/foods/language/learning practices.

Self-Care Inventory

How frequently do I do the following?

0	1	2	3
Never	Rarely	Sometimes	Often

Physical Self-Care

- Eat regularly (e.g., breakfast, lunch, & dinner)
- Eat healthy foods
- Exercise regularly (3 times per week)
- Get enough sleep
- Preventative medical care
- Medical care when needed
- Take time off work when sick
- Get massages
- Dance, swim, walk, run, play sports, sing, or do other physical activity you enjoy
- Take time to be sexual
- Take vacations

Psychological Self-Care

- Decrease stress in your life
- Make time away from demands
- Write in a journal
- Read literature that is unrelated to work
- Do something at which you are not an expert or in charge
- Let others know different aspects of you
- Be curious
- Say no to extra responsibilities

Emotional Self Care

- Connect with others whose company you enjoy
- Stay in contact with the people that matter in your life
- Love yourself
- Laugh
- Cry
- Play with animals
- Play with children
- Identify comforting activities, objects, people, relationships, places and seek them

Spiritual Self-Care

- Spend time in nature
- Find spiritual connection or community
- Cherish optimism and hope
- Be open to not knowing
- Sing

- _____ Pray
- _____ Spend time with children
- _____ Be open to inspiration
- _____ Have gratitude
- _____ Meditate
- _____ Listen to music
- _____ Engage in artistic activity
- _____ Yoga
- _____ Have experiences of awe
- _____ Be mindful of what is happening in your body and around you
- _____ Make meanings from the difficult periods
- _____ Seek truth

Workplace or Professional Self-Care

- _____ Take time to eat lunch
- _____ Take time to connect with co-workers
- _____ Make quiet time to complete tasks
- _____ Identify projects or tasks that are exciting/rewarding
- _____ Set limits with clients and colleagues
- _____ Balance your workload so that you are not "overwhelmed"
- _____ Arrange your workspace so that it is comfortable and comforting
- _____ Get regular supervision and consultation
- _____ Negotiate for your needs (benefits, pay raise)
- _____ Have a peer support group

Adapted from "Compassion Fatigue Prevention and Resiliency," J. Eric Gentry, PhD, LHC, and from "Risking Connection: A Training Curriculum for Working with Survivors of Childhood Sexual Abuse," Saakvitne, K.W., Gamble, S., Pearlman, L.A., Lev, B.T. (2000). Baltimore, MD: Sidran Press.

Evaluating ourselves:

_____ What are the healthy behaviors/activities you are involved with that you would like to keep doing or do more of?

_____ Are there risky or unhealthy behaviors that you would like to address/change?

_____ Are there healthy activities that you would like to embark on, if so what are they?