Don't Give Up 5 Minutes Before the Miracle

Lawyers Concerned for Lawyers of PA

Confidential Helpline: 1-888-999-1941

www.lclpa.org

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Independent, non-profit PA corporation

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24 hrs./day, 7 days/week, 365 days/year

- Free information and literature
- Free evaluation by a healthcare professional
- Free assistance with interventions
- Peer support
- Lawyer/Judges-only 12 Step meetings
- LCL staff support

Our services are **free**, **confidential**, **non-judgmental** and **non-obligatory**.

Why Are We Here?

- The legal profession has the highest rate of major depression (at least 20%) of any occupation.
- Attorneys are nearly 4 times more likely to suffer from depression than others.
- 28% of lawyers screened positive for depressive symptoms in a recent landmark study of >12,000 U.S. attorneys. (Krill, et al.)
- Attorneys are nearly twice as likely than the general population to develop a substance use disorder (18-21%).

Why Are We Here?

At least 1 in 5 lawyers will develop a substance use (SUD) and/or mental health disorder.

- Only 1 in 10 in the general population will develop a SUD.
- 40-70% of all disciplinary cases involve chemical dependency.
- Many substance abusers appear ‘functional’ in the workplace.
- The job is often the last place things fall apart.

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Why Are Attorneys at High Risk of Mental Health & Substance Use Disorders?

- High expectations and accountability
- Lack of work-life balance
- High stress level
  - High stress levels & work-weeks >50 hrs. are consistent predictors of SUDs and their severity.
  - 67% of attorneys work more than 40 hours/week.
- Inherent pessimism

- Excessive self-reliance
- Conflict driven and adversarial profession
- Emotional detachment
- Win-lose, often rigid thinking (black and white thinking)
- Perfectionism

These characteristics are highly beneficial and rewarded in the practice of law but are often harmful to mental health. It's very difficult to turn these 'off' after work, thus leading to an increased risk of mental health and substance abuse issues.

PTSD and Substance Abuse in Attorneys

High levels of 'burnout,' PTSD & secondary traumatic stress (highest for family and criminal lawyers) due to:

- chronic exposure to traumatized clients and the details of their stories
- bad behavior and negativity of clients
- challenges to personal values when representing clients

…increase a lawyer's mental health and SUD risk.

Workplace Culture of the Legal Profession

- Many firms are highly permissive of drinking. (with colleagues & clients, to celebrate a successful case, etc.)
- 66% of attorneys reported social drinking connected to work.
- 77% of lawyers who self-reported an alcohol use problem were drinking at lunch.
- Colleagues tend to ignore, tolerate, and enable substance use.

The problem is bad and getting worse.

Data from Krill, Johnson & Albert 2016 survey of >12,000 lawyers:

- 28% of lawyers suffer depression symptoms (vs. 19% in 1990 study)*
- 21% of lawyers exhibit problem drinking (vs. 18% in 1990).*

Problematic Alcohol Use*

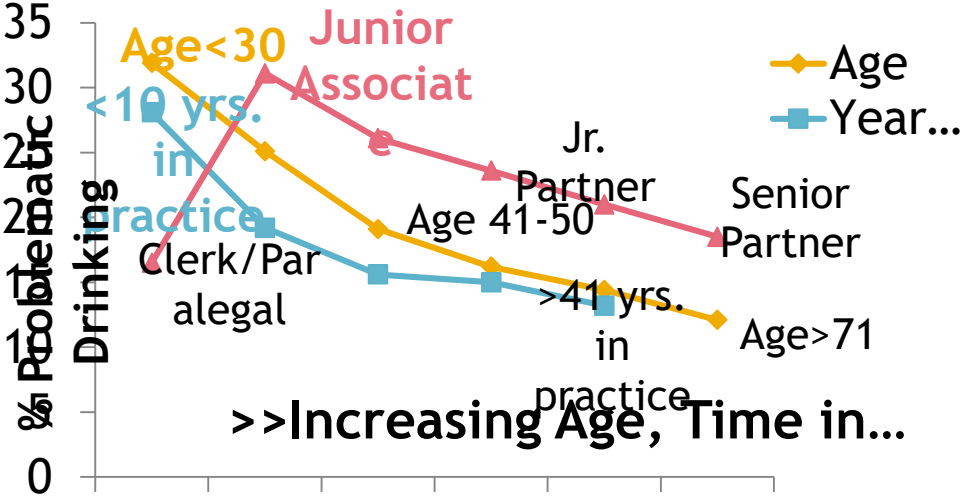
ATTORNEYS	ALL HIGHLY EDUCATED WORKERS
21%	12%

*Using the AUDIT Alcohol Use Test; indicates hazardous, harmful, and potentially alcohol-dependent drinking

Which Attorneys Are at Highest Risk for Alcohol Use Disorder?

- Lawyers practicing within the first 15 yrs. after law school
- Lawyers at or under age 30 (32%)
- Male attorneys > Female attorneys
- Those working in lower level positions in private firms (i.e. junior associates)

Problematic Drinking by Lawyers



Substance Abuse vs. Addiction & Alcoholism

With substance abuse (or misuse), the use of a substance is beginning to cause problems with school, work, relationships, finances, the law, etc.

- Upon becoming aware that the substance use is causing problems, substance abusers can moderate or discontinue their use.
- In contrast, true addiction/alcoholism is…

Alcoholism & Addiction

- A primary, chronic, progressive and often fatal disease of the brain reward, motivation, memory and related circuitry.
- Genetic, psychosocial, biologic and environmental factors influence its development and symptoms.
- Characterized by continuous or periodic:
  - impaired control over use
  - continued use despite negative consequences
  - cravings/preoccupation with the substance
  - development of tolerance (need/use increasing amounts)
  - occurrence of withdrawal symptoms when not using
  - cognitive distortions (impaired thinking & often denial)

Biology of Addiction

- Drugs and alcohol 'highjack' the brain over time, causing significant changes in how brain regions communicate with each other (via changes in chemicals called neurotransmitters).
- Decreased activity in the brain's pre-frontal cortex, where rational thinking, decision making and prediction of consequences 'lives.'
- Decreased communication between the frontal cortex and the 'primitive' mid-brain (which is primarily the 'fight or flight' part of the brain) impairs impulse control.

Biology of Addiction

- Decreased size of hippocampus over time causes memory loss.
- Family history- several genes identified that increase the risk; up to 50% of your risk is determined by genetics

Many of the brain chemicals and areas affected by addiction are also implicated in major depression.

The Impact of Untreated Addiction & Mental Health Concerns on Clients and Firms

- Inconsistent work quality; inattentiveness to detail
- Diminished diligence/competence
- Impaired response inhibition; losing his/her temper with co-workers and clients; behaving badly in court, etc.
- Absenteeism/tardiness; long unexplained absences and ‘work’ lunches

The Impact of Untreated Addiction & Mental Health Concerns (contin.)

- Memory loss; forgetting appointments, conversations, etc.
- Isolation and unwillingness to cooperate on cases
- Missing filing deadlines; incomplete case documentation
- Professional misconduct complaints
- Malpractice claims against the lawyer and firm

The longer an SUD remains untreated, the more likely you are to become subject of a malpractice suit, disciplinary action, or disbarment.

Addiction in Sole Practitioners

- Unlike those in larger firms, they often do not have the resources to:
  - recover/assuage concerned & upset clients,
  - pick up the 'slack' related to impaired behaviors and diminished productivity,
  - prevent/mitigate major negative consequences after impairment-related errors in practice,
  - have their altered behavior/appearance frequently assessed by others,
  - take a leave of absence for treatment while keeping the practice afloat.

- They often practice in the highest risk areas for SUD and MDD- Family and Criminal Law.

These factors cause GP's/SP's to incur a disproportionate number of misconduct complaints and malpractice claims related to addiction and mental illness.

Warning Signs of Substance Use Problems

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- Using/drinking is causing problems at work or home.
- You are using/drinking more than you used to.
- It is difficult to control your drinking/using and/or to predict your behavior once started.
- People in your life believe that you have a problem.
- You get angry when others express concern.

Spotting the Impaired Colleague

- Unkempt appearance, poor hygiene
- Absenteeism & tardiness
- Financial problems
- Declining work productivity & quality
- Attitude problems, moody, disagreeable
- Alcohol or drug related arrests or warnings
- Erratic or irresponsible behavior
- Frequent illness, injuries, an accident
- Not acting like themselves
- Isolating/avoiding social interaction
- Health issues (change in sleeping, eating, etc.)

Major Depression and Substance Use Disorders Share Many Similar Symptoms

They both interfere with:

- Critical thinking and planning skills
- Ability to concentrate
- Motivation
- Comprehension
- Sleep
- Eating
- Sexual drive

Due to symptom overlap and spectrum, only a health care professional should evaluate and diagnose.

Motivational Interventions

The goal is to motivate the attorney/judge/law student in distress to accept help.

1. Identify various approaches.
2. Discuss the pros and cons of each approach.
3. Choose the optimal approach.
4. Learn what to say and how to say it.
5. Learn what not to say.
6. Friends/colleagues may participate in the approach if indicated.

Things to Know Before an Approach

- The goal is to help a troubled colleague who is likely fearful, confused and therefore defensive.

- If there is co-occurring depression and substance use disorder, he/she may interpret helpful conversation negatively. This may reinforce his/her feelings of failure, worthlessness and hopelessness.

More Things to Know…

- Seek professional assistance before any approach.
- A carefully thought out, thoroughly discussed and prepared/scripted approach is ideal.
- Expressing your own anger and frustration is usually hurtful and counter-productive.

Choosing the Best Approach

Consider the following:

- What is the risk of harm to self, others, or clients? Is there any history of violence?
- What is the primary reason you have decided to make an approach?
- Have there been any prior approaches?
- What support systems are available to you and your colleague after the approach?
- Who is willing and appropriate to be involved?

Key Principles of Motivational Interventions

- It should be a collaborative conversation, not a confrontation.
- Build rapport, create trust, and convey that your primary concern is their health and best interest.
- Ask open-ended questions.
- Re-state what the person says to act as a ‘mirror’ for them and to illustrate that you are listening attentively.
- Do not engage in argument or debate; no ‘right-fighting.’

Key Principles (cont'd)

- Do not label them as an 'addict' or 'alcoholic' or as 'depressed.'
- Do not rely on hearsay.
- Do not use a 'laundry list' to prove your point.
- Make sure your body language and voice tone convey concern and kindness, not judgment.
- Use leverage as a last resort- when the risk of harm to self, others, clients, etc. is unacceptable.

A Step-up Plan of Action

Start with the least confrontational approach possible under the circumstances, then increase pressure/incentive as needed:

1. Private meeting-conversational; build trust
2. Group meeting without leverage
3. Group meeting with leverage

“Depression” vs Major Depression (aka Major Depressive Disorder/MDD)

“Depression” is a **short term** state of depressed mood or unhappiness; a **normal emotional reaction** (low spirits, gloominess, dejection, sadness) **to a loss or disappointment** that passes on its own within a relatively short period of time.

This common type of “depression” does not meet the DSM-V Manual clinical criteria for the diagnosis of a depressive mood disorder like Major Depression.

Attorneys & Mental Health

- Practicing lawyers exhibit anxiety & depressive symptoms and feelings of hostility 8-15 times more than the general population.

- 28% of US lawyers (>12,000 surveyed) screened positive for depression symptoms in 2016 study.

Attorneys & Major Depression

Attorneys have the highest rates of major depression (aka major depressive disorder/MDD) of any occupation.

- 3.6 X more likely to suffer from MDD than the general population (6.9% of the general population will suffer from MDD in a given year).
- 1 in 5 attorneys will suffer from MDD in their lifetime.

Major Depression (MDD) aka Clinical Depression

- An extreme, disabling, prolonged episode (at least two weeks duration)
- …of sadness and feelings of hopelessness
- …in which a person loses interest or pleasure in previously enjoyed activities.

Wide Spectrum of Symptoms and Severity of Major Depression

Relative persistence over a two week period of:

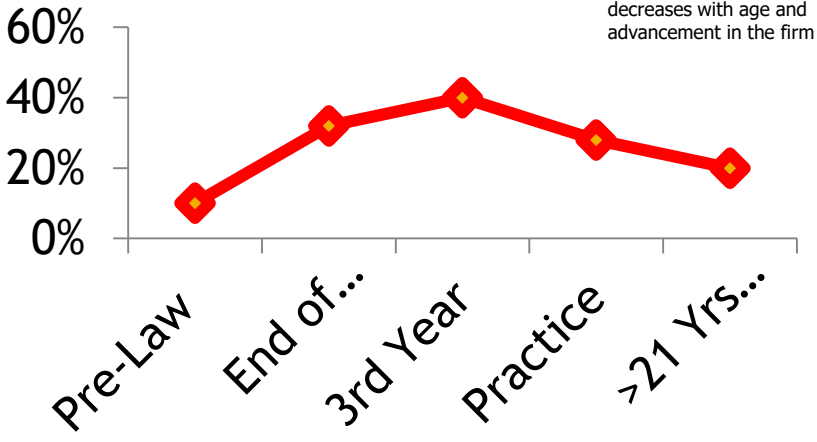
- persistently sad or empty mood
- loss of interest in pleasurable activities
- withdrawal from family and friends
- dwelling negatively on the past
- negative thoughts and urges
- over-reacting / under-reacting
- emotional feelings of despair & hopelessness
- contemplation of death as a viable solution

More Signs of Major Depression

- □ change in eating habits/unusual weight gain/loss
- □ sleep pattern disrupted (too much / too little)
- □ difficulty in thinking, planning & concentrating
- □ difficulty in making decisions
- □ moodiness: irritable, anxious, easily angered
- □ feelings of inadequacy and helplessness
- □ feelings of worthlessness; undeserving of help

Prevalence of Major Depression Among Attorneys

Peak age for depression after law school: 31-40 years old, then decreases with age and advancement in the firm & field.

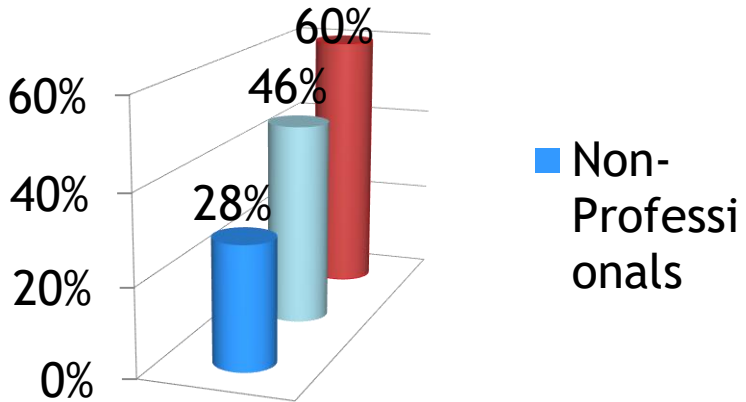


Co-occurring Disorders (Dual Diagnosis)

Simultaneous existence of a psychological and substance use disorder (SUD) is common:

- 60% of attorneys in SUD treatment had a dual diagnosis compared to:
  - -46% of healthcare professionals
  - -28% of non-professionals
- 32% of attorneys with a dual diagnosis had major depression *and* a SUD.

Incidence of Co-occurring Substance Use and Mental Health Disorders



Why Don't Attorneys Seek Help?

- Perfectionism
- Fear of stigma
- Ego
- Excessive self-reliance
- Seen as problem-solvers
- Fear of impact on job & reputation
- DENIAL & rationalization; lack of insight into self

Why Attorneys Can Be Treatment Resistant

Rules of Recovery Practice	vs	**Rules of Legal**
• Don't analyze		Analyze
• Don't judge		Judge
• Don't compare		Compare
• Don't blame		Blame
• Don't justify		Justify

Treatment: There Is Hope

- Addiction and mental illness are treatable through a combination of therapy, medication &/or 12- Step and other support groups.

- Treatment addresses the underlying illness that may be a causal factor in professional impairment.

Drug & Alcohol Treatment
Levels of Care

- Medical detoxification if physically dependent
- Short term use of medication to reduce cravings or blunt the effect of alcohol or other mood altering drugs
- Outpatient therapy
- Intensive outpatient therapy
- Inpatient/residential treatment center stays

12 Step Recovery Support Groups

- Active attendance at AA, NA, GA, etc.
- Close contact with “Sponsor”
- “Working the Steps”
- Have a home group
- Help other alcoholics (addicts, gamblers)
- Take ownership of your part in things
- Healthy life style

Other Recovery Support Programs

- SMART (smartrecovery.org)
- Women for Sobriety (womenforsobriety.org)
- Secular Organization for Sobriety (sossobriety.org)
- Celebrate Recovery (Christian)

Antidepressants

- Help to restore homeostasis in the brain; re-balance brain chemicals that are altered in number and/or function during illness
- Medications neither cure the depression nor automatically clear up a person's negative self perceptions, attitudes or behaviors.
- Often used as adjuvant to talk therapy
- It is generally accepted that most anti-depressants are not prone to abuse or addiction as they are not "euphoric" by nature.

The Nature of Antidepressants

- Often requires 6-8 weeks of use before any notable benefit seen (need to reach therapeutic blood level)
- Gradual lifting of the depression
- Not an instant ‘fix’
- Requires individualized treatment; no one-size-fits-all approach
- May need to try several different types over time for optimal response; often best in combination with therapy
- Temporary side effects may include dry mouth, constipation, decreased sex drive, sleep disturbance, headaches, fatigue, etc.

Talk Therapy

1. Behavioral – concentrate on identifying and changing current behaviors
2. Cognitive – focus on your thoughts and beliefs regarding yourself & others; challenge negative thinking
3. Interpersonal – concentrate on current relationships at home and at work
4. Identify and address trauma history; develop coping skills

Take Home Messages

- 1 in 5 of you will suffer from Major Depression.
- 1 in 5 of you will suffer from Addiction &/or Alcoholism.
- It only gets worse if you don't get help.
- Get help, get better, and get back to your life.

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