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ANNUAL REPORT JULY 1, 2016 – JUNE 30, 2017

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PRESIDENT'S MESSAGE, Mark C. Surprenant

It is with great appreciation and gratitude that we present the FY 2016-2017 JLAP Annual Report. On every front, JLAP continues to reach new goals and each year JLAP saves more lives and careers than ever before.

At the forefront of progress, JLAP's services are now utilized predominantly by members of the profession who have reached out in total confidence to JLAP before there is an issue with discipline. Last year, 55% of JLAP's case load was totally confidential. **This year, seventy percent (70%) of JLAP cases were totally voluntary and confidential.** In FY 2016-2017, literally hundreds of members of the legal profession accessed first-rate free, professional clinical services from JLAP, all in absolute privacy.

There was a time in the past when legal professionals were cautious of JLAP. In the last seven years, however, JLAP has conducted scores of presentations, published dozens of articles, and created a JLAP website to educate fully the profession about JLAP's trustworthy promise of confidentiality and the extent of JLAP's comprehensive mental health services.

JLAP has made great progress in building trust in the confidentiality of its program. If people know nothing else about JLAP, it is critical that they know that there is no mental health and addiction clinical resource more secure, discreet, and confidential than JLAP. The confidential path to JLAP is clear and trustworthy and being utilized on an unprecedented level.

There is also excellent news regarding JLAP's very specialized services in the category of cases referred by discipline and bar admissions. JLAP is truly unique in that it is a fully-developed and highly specialized professionals' peer-support program supported by state statute, supreme court rule, and a statewide bar association peer-support committee.

To ensure JLAP renders cutting-edge services, in 2015, JLAP conducted an in-depth Performance Audit of its formal assessment, treatment, and monitoring services. Per the Audit, JLAP has been certified as a top-tier program in the nation.

With feedback from the Audit, and with highly specialized professionals' program protocols in place, **this year, JLAP's monitoring participants enjoyed a ninety-seven percent (97%) no-relapse success rate.** This sets a new milestone in saving lives and protecting the public in these cases.

JLAP is extremely grateful for the support which it receives from all stakeholders and volunteers in the profession. Without your strong funding and volunteer support, our progress would not be possible. Together we are all making a difference.

EXECUTIVE DIRECTOR'S MESSAGE, Buddy Stockwell

In the FY 2016-2017 JLAP's professional staff has dedicated great effort and industry toward expanding its mental health services and resources, fine-tuning its formal monitoring program, and promoting the profession's utilization of JLAP's confidential services in the form of early intervention and totally discreet help. Set forth in this report, JLAP is very grateful to have witnessed yet another dramatic increase in rendering voluntary, confidential help.

JLAP's mission isn't just worthy and timely; it's crucial. In this JLAP Annual Report you will learn that the ABA has published an unprecedented report entitled "The Path to Lawyer Wellbeing." Scores of national leaders spent literally thousands of hours generating the report. Our profession is at a "tipping point" from a mental health perspective, and the experts declare that we are at a crossroads.

This may be news to the profession at large, but the professional staff and board at JLAP have all been aware of these issues for several years now, proactively and intentionally designing and putting in-place the depth, breadth and scope of top-tier professionals' programming it will take to render effective professional clinical support and the specialized peer-support programming expertise it will take to effectively meet all the challenges. The ABA report calls on all of us to take action and hear the ABA's clarion call to "construct a profession built on greater well-being, increased competence, and greater public trust."

With the benefit of full funding, an excellent clinical staff dedicated solely to the unique needs of legal professionals, a statewide network of extremely active and dedicated volunteers, and strong support from all entities and stakeholders in the profession, our JLAP has been able to develop one of the most comprehensive professionals' programs in the nation.

Our network of clinical support includes national leaders in professionals' programming from all sectors including sister LAPs/JLAPs, state Physicians' Programs, and state Nurses Programs. JLAP also interacts routinely with the top treatment teams and facilities in the nation. JLAP is vigilant in keeping abreast of the latest developments in the exclusive area of mental health and addiction peer-support services for licensed professionals.

It is extremely humbling that JLAP's efforts have been praised by leading national experts and medical doctors. They are very supportive of the strong progress by our Louisiana JLAP. But there are no plateaus. JLAP will not rest. While JLAP's programming has never been better, JLAP will nonetheless continue to strive for even greater effectiveness in saving the lives and careers of members of the legal profession.

JLAP BOARD



Mark C. Surprenant, President

Mark C. Surprenant is a partner at Adams and Reese where he has practiced law since 1977. Mark is the partner in charge of all of the firm's pro bono work throughout its 16 offices. He is the co-founder of SOLACE, Inc. (Support of Lawyers/Legal Personnel All Concern Encouraged). In 2013-2014, Mark was the President of the New Orleans Bar Association. He is a past chair of The Pro Bono Project. He is also the founder of his firm's community action program (HUGS) and started its pro bono program (CA&RE).

Among other community activities, he is presently the secretary-treasurer of Saint Andrew's Village; a member of the Louisiana State Bar Association's Access to Justice and Community Action Committees; a member of The Pro Bono Project's Resource Development and Nominating Committees and a member of the American College of Trial Lawyers' Access to Justice and Emil Gumpert Award Committees. Over the years, Mark has received numerous awards from many organizations for his volunteer work including the 2012 Times Picayune Loving Cup. For a complete list of Mr. Surprenant's extensive history of service to the profession, please visit this link: www.adamsandreese.com/mark-c-surprenant.



Joseph L. Shea, Jr., Vice-President

Larry Shea, a founding member of the firm Bradley Murchison Kelly & Shea, LLC, has been practicing law for over 35 years. His professional experience includes extensive litigation representing various businesses, numerous oil and gas producers and pipelines in matters ranging from environmental complaints to oil field operations to contract disputes to ownership issues. He also has considerable experience in non-litigation matters, including oil and gas leasing and operations, exploration and production joint ventures, and business operations, formations, and acquisitions.

Mr. Shea has been a very active member of the LSBA and served as the President for the year 2014 – 2015. In 2002, he received the LSBA President's Award for Exceptional Service. He has also served in various leadership and member roles in the LSBA House of Delegates and numerous LSBA Committees. Mr. Shea was an Adjunct Professor of Business Law in the School of Business at Centenary College from 1998 - 2010. He was a member of the Louisiana Attorney Disciplinary Board from 1995-2002, and served as Chairman in 2002. For a complete list of Mr. Shea's extensive history of service to the profession, please visit this link: www.bradleyfirm.com/staff/sheajr.



Barry Grodsky, Treasurer

Barry Grodsky is a partner at the Taggart Morton law firm in New Orleans practicing primarily in the areas of creditor rights, property management law, banking law, bankruptcy and commercial litigation. Barry received his business degree from the University of Texas in 1979 and his law degree from Tulane in 1982. After internships with Congressman Billy Tauzin and U.S. District Judge Morey Sear and serving as a law clerk to State Judge Steven Plotkin he went into private practice.

After serving on several committees and as Secretary of the Louisiana State Bar Association, Barry was elected President of the LSBA and will take office in June 2018. He has received various awards from the State Bar Association. As a teacher at Tulane University, Barry has received teaching awards and was a Faculty Fellow. He is married to Cheri Grodsky, an attorney, who is the Associate Executive Director of the Louisiana State Bar Association and they have one daughter, Caroline. For a complete list of Mr. Grodsky's extensive history of service to the profession, please visit this link: <http://www.taggartmortonlaw.com/attorneys/uncategorized/barry-h-grodsky.html>.



Donald C. Massey, Secretary

Donald "Don" Massey is General Counsel and Chief Legal Officer for Delta SubSea, LLC, which specializes in deep-water, subsea construction and ROV operations. Based in the Conroe, TX area, Delta SubSea is a multinational group of companies, with operations spanning the globe, from Trinidad and the South Atlantic, to Canada, the Middle East, Africa, the Pacific Rim and China. Don is based in New Orleans.

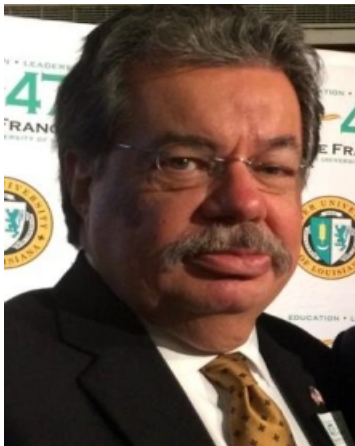
In addition, Don is Of Counsel with Couhig Partners, where he maintains an active business and litigation practice, focused on product liability, motor carrier and class action/complex litigation. Don is often First Chair for cases in multiple jurisdictions. He has a broad range of civil and criminal trial experience and has served as liaison counsel in multiple major class action/mass tort cases. He has also had appellate experience in all Louisiana appellate courts, the United States Fifth Circuit Court of Appeals and the United States Supreme Court. Also, Don has been called upon by Courts to serve in Special Master and Court Compliance Officer roles in class action and complex litigation. For a complete list of Mr. Massey's extensive history of service to the profession, please visit this link: <http://www.deltasubsea-rov.com/don-massey>.



Rachael D. Johnson

Honorable Rachael D. Johnson is the Div. B District Court Judge for the Orleans Parish Civil District Court. She received a B.A. degree in Psychology from Spelman College in Atlanta, a Masters in Social Work from Smith College, and a law degree from Tulane in 2005. Prior to being elected to the bench, her experience includes serving as Senior Staff Attorney with the Law Offices of Julie Vaicius; as an Asst. City Attorney with the City of Riviera Beach, FL; and with Gary, Williams, Finney law firm in Stuart, FL. representing hundreds of plaintiffs in Vioxx litigation, personal injury and wrongful death cases.

In both leadership and service roles, Judge Johnson has been involved over the years in numerous associations including the Juvenile Litigation Law Clinic, Black Law Students Association, Louis A. Martinet Legal Society, Louisiana State Bar Association Board of Governors, the Board of Directors of the Louisiana Association of Defense Counsel, the New Orleans Bar Association, the A. P. Tureaud Chapter of the Inns of Court and the National Bar Association and the Executive board of the New Orleans Chapter of the Links, Inc. For a complete list of Judge Johnson's extensive history of service to the profession, please visit this link: <http://www.orleanscdc.com/divb1.htm>.



Ivan Lemelle

Senior Judge Lemelle, a native of Opelousas, La., came to New Orleans in 1967 to attend Xavier University of Louisiana. He graduated with honors from Xavier in 1971 and Loyola University School of Law in 1974. During law school, he held law clerkships with Judge Robert F. Collins, New Orleans Legal Assistance Corp. (NOLAC), Thierry & Gerdes (successor to Tureaud & Morial firm), and Fifth Army Judge Advocate General Corps in San Antonio, TX.

After law school, Judge Lemelle practiced as an Assistant District Attorney in New Orleans, then as member of Douglas, Nabonne & Wilkerson law firm, and with additional service as Assistant City Attorney for the City of New Orleans. From October 3, 1984 to 1998, he was U.S. Magistrate Judge for the U.S. District Court for the Eastern District of Louisiana. That appointment made him the first African American U.S. Magistrate Judge in Louisiana federal courts and only the sixth in the Nation. In 1998, President Clinton appointed Judge Lemelle to the position of United States District Judge. He attained Senior Judge status in June 2015. He has enjoyed service with numerous civic, fraternal and professional organizations. For a complete list of Judge Lemelle's extensive history of service to the profession, please visit this link: <https://www.fjc.gov/history/judges/lemelle-ivan-l-r>.



C.A. "Hap" Martin III

Clarence A. "Hap" Martin, III born in Orlando, Florida, April 19, 1955; admitted to bar, 1980, Louisiana. Education: Louisiana Tech University (B.S. Civil Engineering, 1977); Louisiana State University (J.D., 1980). Phi Delta Phi. Louisiana Section on Insurance, Negligence, Compensation and Admiralty Law (Member of Executive Council 1988 – Present, Chairperson 1991-1992); Mediation Training (Basic 1996, Advanced 1998); Arbitration Training (2002).

Member: Fourth Judicial District, Louisiana State and American Bar Associations; Louisiana Association of Defense Counsel; Judge Fred Fudickar Chapter of the American Inns of Court (Sec.-Treas. 1999-2003). Practice Areas: Civil Litigation; Trial Practice; Appellate Practice; Commercial Law; Contracts; Corporate Law; Creditor Bankruptcy; Employment Law; Products Liability; Personal Injury Law; Real Estate; Mediation; Arbitration. For a complete list of Mr. Martin's extensive history of service to the profession, please visit this link: www.shotwell-law.com/attorneys.htm.

I. JLAP's MISSION STATEMENT

The Judges and Lawyers Assistance Program, Inc. (JLAP) is a 501(c)(3) non-profit corporation that serves the public, the bar and the profession by assisting, on a confidential basis, judges, lawyers, law students, and bar applicants whose professional impairment may stem from substance use disorders or other mental health issues. JLAP also provides assistance to family members of judges and lawyers.

JLAP is first and foremost an absolutely confidential method of providing life-saving help. By state statute and by state supreme court rule, any information received by the JLAP staff or LSBA Alcohol and Drug Abuse Committee member is absolutely privileged and confidential. JLAP also serves both the public and the profession by helping to protect the public from the damage impaired lawyers and judges can cause.

JLAP is meeting the challenge to provide increasingly comprehensive and effective mental health assistance to the Louisiana legal profession and their family members. JLAP is a specialized *professionals' program* that offers assistance with all types of mental health issues.

II. NATIONAL REPORT: "THE PATH TO LAWYER WELLBEING"

Across the nation, state Lawyers' Assistance Programs (LAPs) are energized by a new ABA report that has every potential to be a premier catalyst for significantly improving mental health in the legal profession. The report calls for all major stakeholders to get involved first-hand in a mission to support the wellness and mental health of judges, lawyers and law students.

The report, entitled "*The Path to Lawyer Well-Being: Practical Recommendations for Positive Change*", is by far the most comprehensive document ever generated as to precisely how courts, regulators, law firms, law schools, bar associations, liability carriers, and state Lawyers Assistance Programs can best work in concert to improve our profession's collective well-being **(Attached as EXHIBIT A)**.

The ABA report also recognizes the unique and highly specialized role of state LAPs and recommends that all stakeholders partner directly with their state LAP. Also, the report cites that stakeholders should provide stable and sufficient funding for their state-based LAP to ensure that the LAP can provide reliable clinical assistance that is specifically tailored to meet the precise needs of lawyers, judges, and law students, etc.

All stakeholders are encouraged to apply their respective expertise and influence within a unified mission to work with their state LAP so as to effectively address the plague of substance abuse, mental health, and general well-being threats that damage so many lives and careers in our profession (and often damage clients and the public as well).

The report was generated by a national task force initiated by the American Bar Association's Commission on Lawyers Assistance Programs (ABA CoLAP), the National Organization of Bar Counsel (NOBC), and the Association of Professional Responsibility Lawyers (APRL). Their recommendations represent literally thousands of hours of work. Scores of dedicated individuals participated, all with the experience and expertise that is required to provide a realistic roadmap to improved wellness.

It was two years ago, in 2015, that a prior report was released: *The Prevalence of Substance Use and other Mental Health Concerns Among American Attorneys*. It confirmed what we already knew: a shocking percentage of our brothers and sisters in the legal profession are suffering, often in silence, from various degrees of diagnosable substance use and mental health disorders. And in addition, many more still are simply unhappy and unfulfilled to various degrees in the practice of the law. **(Attached as Exhibit B).**

Of course, many of the mental health and substance abuse issues amongst our peers can be attributed to the stress and pressure of practicing law coupled with little or inadequate time spent on wellness and self-care.

There are five (5) central themes of focus in the 2017 Path to Well-Being Report:

- 1) identifying stakeholders and the role each of us can play in reducing the level of toxicity in our profession;
- 2) eliminating the stigma associated with help-seeking behaviors;
- 3) emphasizing that well-being is an indispensable part of a lawyer's duty of competence;
- 4) educating lawyers, judges, and law students on lawyer well-being issues; and
- 5) taking small, incremental steps to change how law is practiced and how lawyers are regulated to instill greater well-being in the profession.

As to the overarching, general recommendation for all stakeholders, the experts suggest that the first step is for everyone to acknowledge the problems and take responsibility. Every single person can make a difference within their own spheres to shift from "passive denial of problems to proactive support for change."

Moreover, the report invites everyone to raise awareness and get involved: "We invite you to read this report, which sets forth the basis for why the legal profession is at a tipping point, and we present these recommendations and action plans for building a more positive future. We call on you to take action and hear our clarion call."

As a full-service and fully-developed state program, our JLAP is perfectly poised to completely fulfill every recommendation in the ABA report.

JLAP invites all stakeholders to consider the recommendations of the ABA report and partner directly with JLAP to support and effect the recommended actions. JLAP will be reaching out to all stakeholders in the coming year to try and identify steps we can begin to take together to hopefully improve the mental health and well-being of our profession.

III. JLAP PERFORMANCE AUDIT

In order to ensure that JLAP is operating effectively and utilizing appropriate clinical standards as is necessary to both save lives and help protect the public from the damage that impaired lawyers and judges can cause, in 2015 JLAP's Board of Directors commissioned an internal Performance Audit of JLAP to be carried out by a multi-disciplinary team of nationally recognized experts in the fields of both Lawyers and Judges Assistance Programs and also Physicians' Health Programs.

The Audit was conducted July 22 through August 26, 2015, and the complete written report, and JLAP's response to the report, are now available for review and download at www.louisianajlap.com.

The Audit Team was comprised of the following national experts:

- 1) Hon. Sarah "Sallie" L. Krauss (ret.) a Brooklyn NY Judge who is a past Chair of the ABA Commission on Lawyers Assistance Programs (ABA CoLAP), Advisory Committee member to CoLAP, and Chair of the CoLAP Judicial Assistance Initiative (JAI). She has also participated in the evaluation of the SD, TX, and NJ LAPs;
- 2) Tish Vincent, MSW, JD, a Program Administrator of the Michigan Lawyers and Judges Assistance Program who has extensive experience working in an adult Psychiatry unit, an in-patient Addiction unit, in a Behavioral Medicine managed care company, and as a treating therapist for Physicians and Lawyers in Michigan's PHP and LAP. In addition, she is a trained Mediator and Lawyer in Health Law and Dispute Resolution;
- 3) Martha E. Brown, MD, an Addiction Psychiatrist and former Medical Director of the LA Physicians Health Program who is currently the Associate Medical Director of Florida's PRN (Professional Resource Network). She is an Associate Professor in the Department of Psychiatry at the University of Florida College of Medicine; and
- 4) Lynn Hanks, MD, FASAM, an Addiction Medicine Specialist who is the former Director of the Washington Physicians Health Program and a Past President of the Federation of State PHPs. He has been involved in 8 Physician Health Program performance audits in the past several years.

As one of the most in-depth professionals' program performance audits ever conducted in the nation, the report includes information about JLAP's: Program Effectiveness; Relapse Analysis; Program Utilization; Evaluation and Treatment; Financials; Program Management; Public Safety; Public Relations; Emerging Trends; Relationships; Clinical Recommendations; Administrative Recommendations; Marketing/Education/Networking Recommendations; Relationship Recommendations; and, Audit Conclusions and Summary.

The report also includes the results of Anonymous Surveys conducted by the Audit Team with: JLAP-approved local evaluators; JLAP-approved inpatient evaluators and treatment centers; and JLAP monitoring participants. In addition, the report includes valuable educational information about the differences in treating mental illness versus addiction.

As for the Audit Team's final impression of Louisiana's JLAP, it is one of the leading programs in the nation:

"The LA JLAP has effectively facilitated the rehabilitation of its participants while simultaneously protecting the public. Its Board, Executive Director, and Staff are dedicated and committed to lofty ideals. The program has a clear legislative mandate, qualified immunity, and support from the legal community as evidenced by its high number of referrals.

While certain areas requiring attention have been noted, the JLAP's overall operation unequivocally qualifies it as a top tier program. The recommendations contained herein hopefully address concerns that naturally result from inevitable growth."

JLAP is extremely grateful for the Audit Team's efforts and JLAP continues to advance its program and provide top-tier professionals' programming services to the Louisiana legal profession. With feedback from the Audit in hand, JLAP's Staff and Board of Directors are dedicated to operating Louisiana's JLAP at the highest levels of excellence.

IV. JLAP PERFORMANCE AUDIT UPDATE

JLAP's written response to all of the Audit Recommendations can be reviewed at JLAP's website www.louisianajlap.com. One area of expanded services that JLAP has focused on in particular, post-audit, is increasing the number of JLAP-approved evaluation and treatment provider options so that people formally referred to JLAP by discipline or bar admissions have more options from which to choose.

1) Treatment Center Relations and Inspections

JLAP maintains inspections of facilities and personally visits JLAP-approved treatment facilities to verify current suitability for referrals. JLAP does not publish a list of treatment centers or providers because the industry is dynamic and treatment that was great last year, month, or

week may have experienced a problem or change that now renders it unsuitable for JLAP-approval.

Moreover, depending on the person's individual symptomology and circumstances, there may be certain facilities that are better suited to provide treatment. Also, it is JLAP's duty to ensure that any JLAP-approved effort is reliable, genuine and based on complete disclosure of clinically-relevant information and history.

As such, persons seeking JLAP's help should always contact JLAP's clinical staff and discuss their assessment and treatment needs prior to selecting a facility. It can be very frustrating to complete a non-approved assessment or treatment program and then find out after the fact that JLAP cannot endorse those efforts.

In FY 2016-2017 JLAP's Staff personally inspected 5 inpatient facilities with professionals' track treatment programs and with expertise in diagnosing and treating ASAM Safety Sensitive Workers. At present, JLAP has 10 different facilities available.

JLAP's clinical professionals stand ready to facilitate, on a case-by-case basis and based upon each person's specific issues, an inpatient assessment or treatment that is tailored to the individual to best meet their individual clinical needs.

2) Local Low-Level Evaluator Resources

In many referral cases to JLAP, after JLAP's clinical intake, it is determined that a multi-day assessment at a facility is not indicated and instead a local, low-level evaluation with a JLAP-approved psychologist is an adequate level of initial clinical inquiry.

To provide more local options across the state, JLAP has increased the number of JLAP-approved low-level evaluators and will continue to do so. In FY 2016-2017 JLAP expanded those local resources from 3 and now has a total of 9 JLAP-approved psychologists available, located in areas in or near Lafayette, New Orleans, Baton Rouge, and Monroe.

V. JLAP OPERATIONS STATISTICS 2016-2017

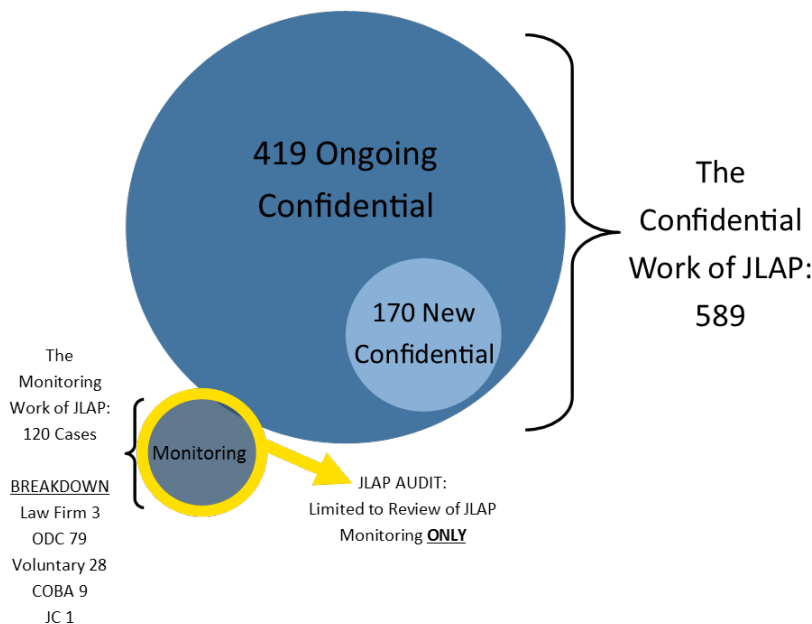
In the FY 2016-2017 JLAP initiated new methods for collecting performance data, all as was developed in concert with JLAP's 2015 Performance Audit.

1) JLAP Case Load for the Year

For FY July 1, 2016, through June 30, 2017, JLAP serviced 709 formal files.

Of the 709 files, 120 were formal recovery monitoring files, 170 were other, brand new files, and 419 other files were either ongoing from a file opened the prior year(s) or re-opened from

an inactive file from the past due to a former client experiencing new mental health challenges and reaching out again to JLAP.



Unlike legal matters, there are never any closed files at JLAP. Mental health issues are not subject to prescription or preemption. At any time, as long as the person who JLAP assisted is still alive, their old file can become active again. In some cases, a file becomes active again years or even decades after it was placed into inactive status. The person encounters some new mental health complication that causes them to circle back to JLAP for its help once again.

2) Relapse Statistics

Of 120 total participants under monitoring, four (4) participants relapsed while under contract in FY 2016-2017. A ratio of 4 out of 120 demonstrates a 3% Relapse Rate for the FY 2016-2017 and thus rendered a **97% relapse-free success rate under JLAP monitoring**.

As to final outcomes for those who relapsed, one of the four went for an evaluation at a JLAP-approved facility, but would not follow discharge recommendations. As such, the person was discharge from JLAP monitoring. One participant chose to go straight to treatment, but was discharged administratively from the facility due to a positive drug test. The other two participants who relapsed chose not to participate in the evaluation and were discharged from JLAP monitoring. Three relapses were detected through random drug/alcohol testing and one was through self-report.

It is of moment to note that there has never been a report of any client harm or harm to the public in cases wherein the person cooperated with JLAP's clinical recommendations and remained compliant in JLAP monitoring. It is additionally noteworthy that under JLAP monitoring, the relapses were quickly detected due to JLAP's effective drug and alcohol

screening protocol combined with peer-support monitors and recovery activity requirements. Thus, both the health interests of the participant and the public's need for protection are served.

3. Referral Sources

The below charts represent the referral sources and type for all of JLAP's newly opened files in the FY 2016-2017.

In the last 7 years, JLAP has expended tremendous effort to promote its totally confidential services and has encouraged members of the profession to reach out to JLAP confidentially before mental health or substance abuse issues ripen into disciplinary issues.

Via communication modes such as JLAP's articles and advertisements in the *Louisiana Bar Journal*, JLAP's top-quality website, live CLE presentations and word of mouth by successful confidential clients, JLAP is very grateful that it continues to see very significant and unprecedented increases in its voluntary, confidential case load wherein members of our profession are reaching out for help proactively in total privacy and before there is any involvement of discipline.

The news for this year is excellent!

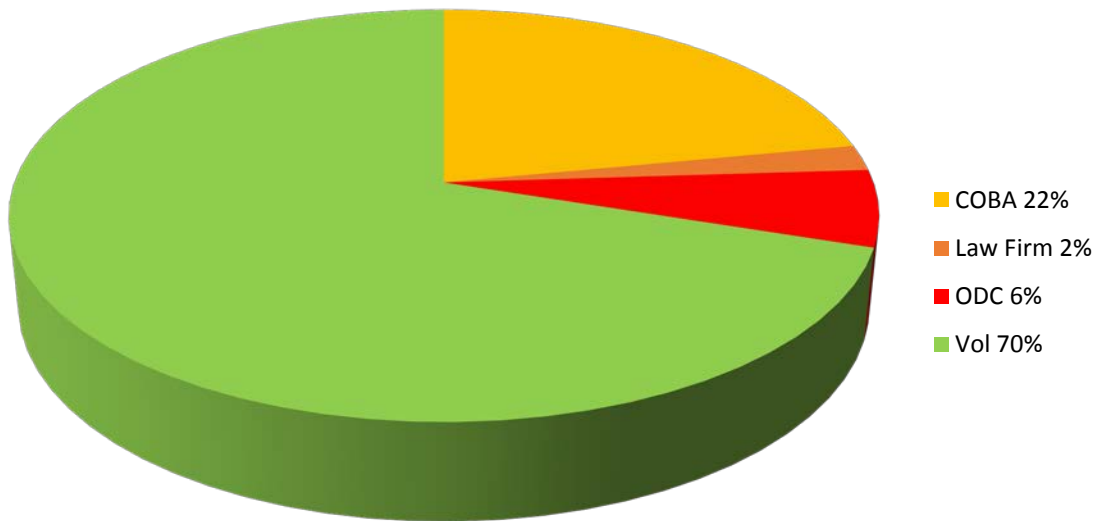
Last year, in FY 2015-2016, JLAP's 55% of JLAP's cases were voluntary, confidential cases. **This FY 2016-2017, 70% of JLAP's cases were voluntary, confidential cases.**

When a life and career is restored in total privacy and before severe consequences and damages have occurred, it saves not only the person but greatly benefits: their family; friends; immediate professional peers; every single stakeholder and entity in the legal profession; the person's law office, staff and clients; and, the public at large by ensuring that the public's trust in that person and in our legal profession is reliably honored.

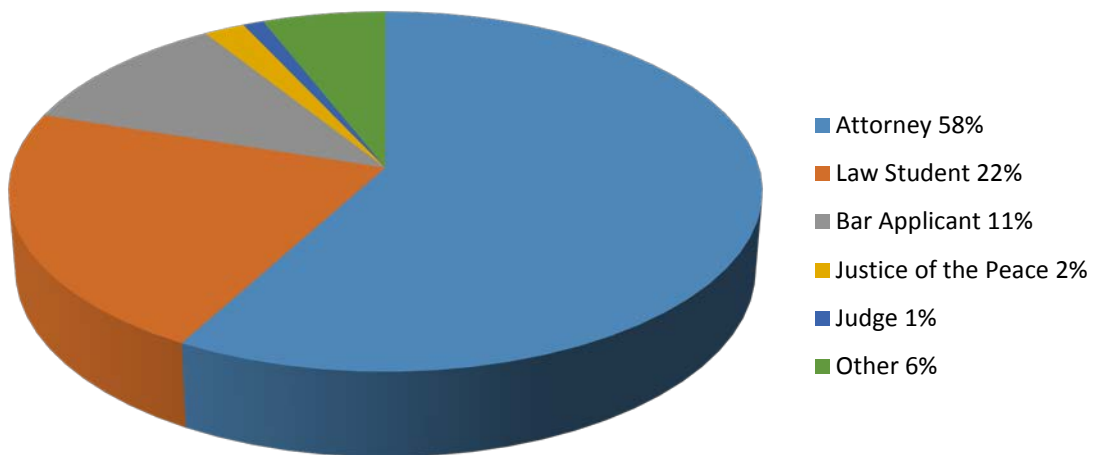
As such, when one person receives successful confidential help from JLAP, there are literally scores of other persons and entities benefitting directly and in large measure from JLAP's assistance to that one person.

It is this realm of services that JLAP's mission is fulfilled at the very highest level.

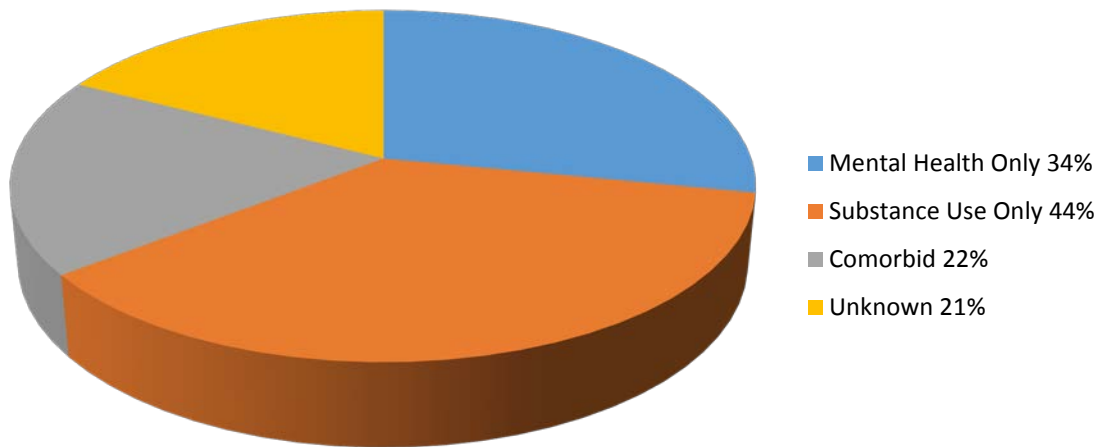
Referral Source



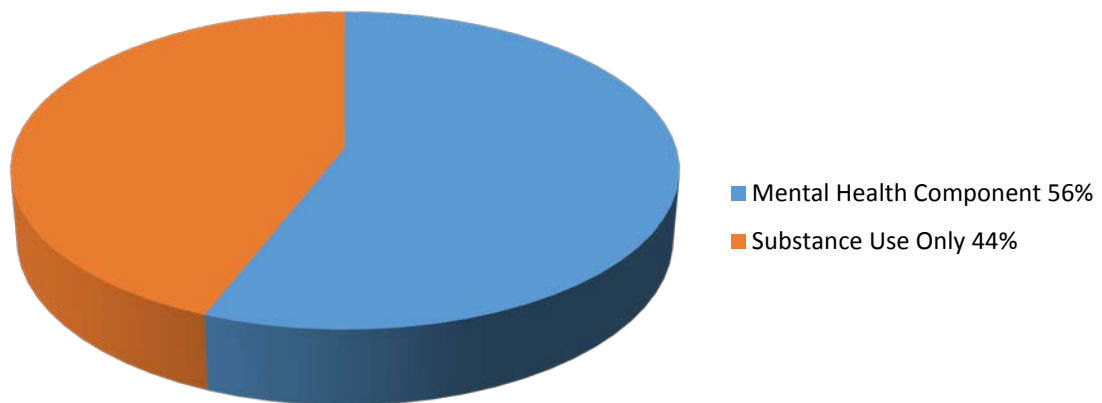
Referral Type

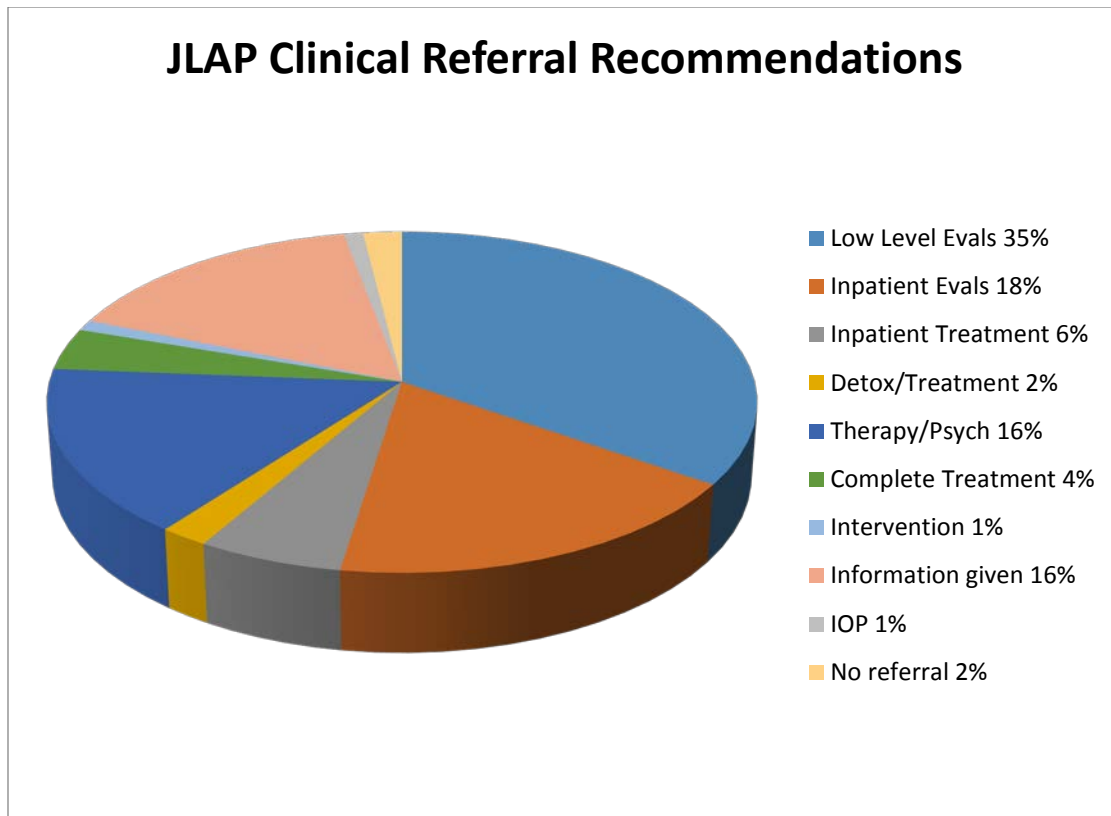


Mental Health and SUD Referrals



Mental Health vs SUD





The above chart represents JLAP's clinical referrals and responses for new cases in the FY 2016-2017.

When a person seeks JLAP's help or is referred to JLAP, the first step is to determine the appropriate level of evaluation or assessment that is needed to objectively and reliably rule out or diagnose mental health and/or substance use issues. JLAP's professional Clinical Staff determines the clinically-indicated level of JLAP-facilitated evaluations or assessments, all within the clinical standards applicable to licensed professionals.

A) Low-Level Evaluations

The majority of JLAP's participants begin with a low-level evaluation. There were a total of 59 participants who were initially referred for low level evaluations. The following demonstrates the outcome recommendations of those evaluations:

- No recommendations - 31 (52%)
- Not scheduled - 15 (25%)
- Bumped to inpatient evaluation - 8 (14%)
- Intensive Outpatient Program - 3 (6%)
- Scheduled - 3 (5%)
- Individual Therapy - 2 (4%)
- Monitoring - 1 (2%)
- Inpatient Treatment - 1 (2%)

B) Low-Level Evaluations converted to Inpatient Evaluations

There was a total of 59 participants referred for low level evaluations. Eight (8) received a referral for an additional inpatient evaluation as a result of the initial evaluation. The following demonstrates the outcome recommendations of the inpatient evaluations:

- No show for inpatient evaluation - 2
- IOP - 1
- Referred for inpatient treatment - 3
- Currently scheduled to attend the inpatient evaluation - 2

C) Inpatient Evaluations

Thirty (30) participants were referred straight to an inpatient evaluation by JLAP clinical staff. The following demonstrates the outcomes of those referrals:

- Participated in the inpatient evaluation - 12
- Did not participate - 17
- Unknown - 1

Of the 12 that attended the evaluation; eight went to inpatient treatment, 2 attended IOP, 1 was referred for monitoring having already completed treatment, and 1 outcome is unknown due to the individual revoking the release.

D) Conversion Rates

The internal status of cases at JLAP can and do change sometimes depending on what circumstances and events are concurrently developing externally and independently from JLAP participation.

For example, a voluntary participant may reach out confidentially to JLAP and be receiving JLAP's support in total privacy and doing well in addressing their mental health issues through JLAP. But at some certain moment, and wholly unrelated to confidential JLAP participation, some third party may place demands upon the JLAP participant.

Outside pressure can come to bear due to a client filing a complaint with the Office of the Disciplinary Counsel, or some other third party such as an employer may discover a problem that emanated from the prior impairment of the person and that pre-dated the person's involvement in assessment, treatment, and recovery in JLAP.

At that point, the JLAP participant, **and only the participant**, decides if it is in his or her best interest to waive confidentiality so that JLAP can report that they sought JLAP-approved assistance and are JLAP-compliant. JLAP compliance is not a defense to unethical conduct, but it can serve in some cases as a mitigating factor in disciplinary consequences.

The following are conversions in JLAP case classification in 2016-2017:

- Voluntary to ODC: 3
- Voluntary to COBA: 3
- COBA to ODC: 1
- Voluntary to Law Firm: 0
- Voluntary to COBA to ODC: 0
- COBA to Law Firm: 1

4) Annual Anonymous Survey of Monitoring Participants

The Annual Survey invited JLAP's formal monitoring participants to report on the status of their careers and personal lives while under JLAP monitoring. Of those who responded 76% reported that they were more satisfied with work, 66% reported that they feel less stressed or burned-out at work, 74% reported that their professional relationships have improved, and 71% reported that their work feels more meaningful. 82% reported that they are not easily irritated by small problems or co-workers. 69% reported that they are not under an unpleasant level of pressure to succeed.

The survey also asked participants to share improvements they have seen in their self-esteem, mood, personal care practices and spiritual activities. 87% reported that their overall mood had improved. 79% of respondents also reported that their personal life has been less stressful while under JLAP monitoring and 72% of the respondents noted improvement in their personal relationships and increased time spent with family and friends. **An overwhelming 82% of monitoring participants reported that they feel they are better off since coming to JLAP.**

As to the quality of services that JLAP provides to the monitoring population, 82% of the respondents reported that they are satisfied with JLAP. **89% of participants shared that they would refer a colleague to JLAP who appeared to be impaired by a substance use or mental health issue.** Most participants reported that their perception of JLAP has improved over time for the positive.

JLAP continues to look for ways in which it can improve relationships with members of the bar and especially with the participants under formal monitoring. Of course, there are always participant concerns about the financial burden of monitoring and the logistics of random drug and alcohol screening.

While JLAP cannot attenuate or eliminate the responsibilities that are central to effective monitoring, JLAP is sympathetic to the needs of its participants and strives to support those under financial stress by offering participants hardship waivers for program fees and educating them on drug screening collection sites that offer the lowest out-of-pocket expenses.

JLAP's Clinical Director and Case Manager are always available to help participant's problem solve time management concerns that come up when drug screening or other tasks interfere with the participant's professional responsibilities.

In summary, anonymous feedback from JLAP's monitoring participants indicates a high level of participant satisfaction and appreciation for their Recovery success through JLAP's formal monitoring services.

VI. JLAP SERVICES AND ACTIVITIES FY 2016-2017

1) 2017 Summer Newsletter: JLAP's totally confidential services

JLAP's 2017 Summer Newsletter provides readers with many updates on JLAP's services and activities last year **(Attached as Exhibit C)**.

The most important features of the 2017 Summer Newsletter are two different articles that contrast in detail the two distinct worlds of JLAP's services:

- a) totally voluntary and confidential cases wherein the person knows that they are experiencing mental health or substance use problems and they reach out to JLAP and want JLAP's help; and,
- b) disciplinary and bar admissions referral cases wherein the person has been ordered to participate in JLAP's formal evaluation, treatment and monitoring program and need to prove by "clear and convincing" evidence that they are fit to practice. In many of these cases they do not want JLAP's help, even though JLAP is there to try and help them.

Nonetheless, in all cases, if the person is simply willing to cooperate with JLAP it often happens that, in the fullness of time, the person becomes very grateful for JLAP's support and programming.

The 2017 Summer Newsletter includes numerous testimonials of gratitude from both categories of JLAP's clients, with many often crediting JLAP with saving their lives and careers.

2) JLAP's Wellness CLE

JLAP's Wellness CLE was held in Baton Rouge, Louisiana, on March 24, 2016. There were 88 attendees present and the program provided 5.5 hours of CLE credit including ethics and

professionalism. The agenda included a JLAP luncheon wherein JLAP volunteers were recognized for their service to JLAP and support of recovery in the profession.

CLE Presentations included:

Family Reimagined: Revolutionizing Treatment and Recovery

Debra Jay, Love First and National Expert in Interventions

Is Addiction Really a Disease, and If So, So What?

Dr. Lynn Hanks, National Expert in Professionals' Programing

Ethical Considerations of Addiction and Mental Health Impairments,

Hon. Madeleine Landrieu, 4th Cir. Appellate Court Judge/JLAP Operations Committee Member

The Professional Responsibility of Self-Care

Buddy Stockwell, JLAP Executive Director

Personal Story of Recovery

Remy Donnelly, JLAP Operations Committee Member

3) JLAP Website

JLAP continues to maintain and develop a comprehensive website at www.louisianajlap.com.

On the JLAP website, one can readily find information that is clearly organized in categories that are specific to judges, lawyers, law firms, law students and family members, etc.

The website provides a complete overview of JLAP's history, governance and services, answers to frequently asked questions, and external links to resources that can help with all types of mental health and substance use issues that are routinely encountered by members of the legal profession.

Also available on the website are PDF documents of important studies and reports, and a News information page updating the profession on recent JLAP developments.

A library of JLAP's *Louisiana Bar Journal* articles is available online as well, with a myriad of topics providing insight and information that can render hope to individuals in need.

There are even various mental health "self-tests" available on the JLAP website so that visitors can privately conduct preliminary investigations into whether or not they, or someone they know, are experiencing mental health symptoms that may warrant further investigation or a confidential call to JLAP's professional clinical staff for additional information and advice.

If you or someone you know needs information about JLAP and mental health issues in the legal profession, there is no better place to start than to spend some time perusing JLAP's comprehensive website.

4) JLAP Statewide and National CLE Presentations and Events

JLAP is very grateful to state and local bar associations, courts, inns of court, law sections, regulatory agencies, disciplinary agencies, and law schools who invited JLAP to participate in CLE programs and presentations, both locally and nationally.

The most effective mode of communication between JLAP and the profession occurs when JLAP interacts personally with live audiences and via personal follow-up conversations.

In the FY 2016-2017, JLAP's Executive Director participated in the following programs:

<u>EVENT</u>	<u>DATE(S)</u>	<u>LOCATION</u>
23rd Judicial District Bar Association	7/29/2016	Gonzales, LA
ABA CoLAP Meeting	08/05-08/07/16	San Francisco, CA
LSBA Stress Management	8/19/2016	New Orleans, LA
Judges Programming for JC	8/25/2016	New Orleans, LA
LSU Family Law CLE	9/8/2016	Baton Rouge, LA
LSU Law - Christine Lipsey's Class	9/12/2016	Baton Rouge, LA
ABA CoLAP Meeting	10/04-10/07/16	Vancouver
LSBA 56th Bi-Annual Bridging the Gap	10/18/2016	New Orleans, LA
Louisiana Hospital Association CLE	10/27/2016	Baton Rouge, LA
Uncommon Counsel - LSU	10/28/2016	Baton Rouge, LA
David Cooley CLE @ White Oak	11/7/2016	Baton Rouge, LA
ABA Meeting-10th Annual Section of L&E Law	11/09-11/10/16	Chicago, IL
Inn of Court - Judge Lemelle	11/15/2016	New Orleans, LA
Family Law CLE Suicide Prevention - Ann Miles	11/17/2016	Baton Rouge, LA
Drug Court Presentation with Judge Landrieu	12/8/2016	New Orleans, LA
LSBA Summer School	12/08-12/09/16	New Orleans, LA
Pursuit of Balance CLE	12/13/2016	New Orleans, LA
December CLE by the Hour - Judge Pittman	12/14/2016	Shreveport, LA
LSBA Nola Ethics School	1/13/2017	New Orleans, LA
LADB Hearing Committee Training	1/19/2017	Metairie, LA
C&F Panel - Southern Law School	3/7/2017	Baton Rouge, LA
C&F Panel - LSU Law School	3/7/2017	Baton Rouge, LA
JLAP Annual Wellness CLE	3/24/2017	Baton Rouge, LA
C&F Panel - Loyola Law	3/30/2017	New Orleans, LA
Nola Bench Bar	03/31-04/02/17	Point Clear, AL
Management Information Exchange CLE	4/7/2017	New Orleans, LA

National Conference Legal Services CLE	4/7/2017	New Orleans, LA
C&F Panel - Tulane Law	4/18/2017	New Orleans, LA
FSPHP	04/19-04/22/17	Ft. Worth, TX
Independent LAP Directors Meeting	05/05-05/07/17	Atlanta, GA
LSBA 57th Bi-Annual Bridging the Gap	5/9/2017	New Orleans, LA
LSBA Access to Justice-Fit to Practice	5/18/2017	New Orleans, LA
Professional Duty of Self Care/Monitor Training	5/23/2017	New Orleans, LA
LSBA/LJC Joint Summer School	06/03-06/09/17	Destin, FL
LSU Law - Christine Lipsey's Class	6/16/2017	Baton Rouge, LA

5) Louisiana Bar Journal Articles

JLAP publishes an article in every issue of the *Louisiana Bar Journal*. Topics cover a very wide range of subjects and JLAP strives to provide information about current developments in mental health and addiction issues that are relevant to the legal profession.

The following articles were published in FY 2016-2017:

- 75 Years of Hope, Recovery and JLAP
- Anxiety and Perfectionism
- Saving a Family
- JLAP Help on the Rise
- Law Students and Depression
- JLAP's Annual Report
- JLAP Releases Performance Audit

In addition to the articles published this year, you can also access a complete library of JLAP's *Bar Journal* articles at JLAP's website here: <http://louisianajlap.com/resources/lbsa-journal-articles/>.

6) LSBA's Summer School

JLAP has increased its presence at the LSBA Summer School in the last few years including providing an information booth in the Exhibitors Hall manned by JLAP's Executive Director and Clinical Staff to provide information to the Summer School attendees.

JLAP also conducts a CLE presentation that provides one hour of Ethics credit.

In keeping with JLAP's expanded mental health and wellness services, JLAP's professional clinical staff also conducts meditation classes each morning so that Summer School attendees can learn how to practice mindfulness and meditation as a tool to reduce stress and better manage the pressure of practicing law.

7) 2016 ABA CoLAP

The JLAP Director attended the 2016 ABA National Conference of Lawyers Assistance Programs (CoLAP) Annual Seminar in Vancouver, British Columbia, Canada, October 4-6, 2016.

Presentations during the CoLAP Seminar included:

[Best Practices for Increasing Diversity and Inclusion in LAPs and the Legal Profession Implicit Bias Videos and Toolkit](#)

Hon. Donald L. Allen, Member (2013-16), ABA Commission on Lawyer Assistance Programs and District Court Judge, 55th Judicial District Court, Ingham County Michigan
Paulette Brown, Immediate Past President, American Bar Association
Tish Vincent, MSW, JD, Program Administrator, Michigan Lawyers & Judges Assistance Program

[How to Offend without Really Trying: The Ethics of Cultural Self-Awareness](#)

Michael Kahn, LPC, JD, Reel to Real Workshops

[The Joyful Journey: How Lawyers Can Navigate Professional and Personal Suffering to Find Fulfilment](#)

Robert Bianchi, Esq., Partner, The Bianchi Law Group

[We Learn by Listening-Law Students Get Personal](#)

Tom Roman, Member, Law School Assistance Committee, ABA Commission on Lawyers Assistance Programs
Judith M. Rush, JD, Director of Mentor Externship, University of St. Thomas School of Law, Minneapolis, Minnesota
Chase Andersen, Esq., Case Manager, Minnesota Lawyers Concerned for Lawyers
Yvette Hourigan, Esq., Director, Kentucky Lawyer Assistance Program
Robynn Moraites, Esq., Director, North Carolina Lawyer Assistance Program

[Using Acceptance Commitment Therapy \(ACT\) as an Initial Intervention in a Residential or Outpatient Drug and Alcohol Treatment Setting](#)

Joseph Troncale, MD, DFASAM., Medical Director, Retreat Premier Addiction Treatment Centers
Anne McDonald, Esq., Executive Director, Kansas lawyers Assistance Program

[LAPs and Treatment Providers: Best Practices for Experience, Strength and Hope](#)

Joan Bibelhausen, JD, Executive Director, Minnesota Lawyers Concerned for Lawyers
Chelsy A. Castro, JD, MA, MSW, Clinical Case & Program Manager, Illinois Lawyers' Assistance Program, Inc.
Dr. Janet Hicks, Director of Professionals Program, Cornerstone of Recovery
Cathy Killian, Clinical Director, North Carolina Lawyer Assistance Program
Phillip A. Kosanovich, Executive Vice President & Chief Operating Officer, The Manor

[Practicing Law with Attention Deficit/Hyperactivity Disorder \(AD/HD\)](#)

Bryan Welch, Attorney Counselor, Oregon Attorney Assistance Program
Diane Markel, MS, LADC, Case Manager, Minnesota Lawyers Concerned for Lawyers

[Challenging Stigma to Encourage Lawyers and Judges to Seek Help Early](#)

Derek C. LaCroix, QC, Executive Director, Lawyers Assistance Program of British Columbia
Douglas Querin, Attorney Counselor, Oregon Attorney Assistance Program
Bree Buchanan, JD, Director, Texas Lawyers' Assistance Program

[We Get By With a Little Help From Our Friends](#)

Laura McClendon, MA, CEAP, Executive Director, Tennessee Lawyers Assistance Program
Loretta Oleksy, JD, LSW, Deputy Director, Indiana Judges and Lawyers Assistance Program

[Bridging The Gap: Helping Lawyers Transition From Working Full Time To Not Working At All](#)

Jennifer-Kate Aaronson, Esq., Chief Disciplinary Counsel, Delaware Office of Disciplinary Counsel
Johnathan H. Mack, Psy.D., Forensic Psychology and Neuropsychology Services, P.C.
R. Judson Scaggs, Esq., Chair, Delaware Lawyers Assistance Committee
Carol P. Waldhauser, Esq., Executive Director, Delaware Lawyers Assistance Program

[Explanations Not Excuses: The Intersection of Lawyer Misconduct and Addiction – How Regulators and Assistance Programs Work Together](#)

Tracy Kepler, Esq., Member, ABA Commission on Lawyer Assistance Programs
James C. Coyle, Esq., Regulation Counsel for the Colorado Supreme Court
Aria Eee, Esq., Deputy Bar Counsel, Maine Board of Overseers of the Bar
Barbara Ezyk, Esq., Executive Director, Colorado Lawyers Assistance Program
William Kane, Esq., Director, New Jersey Lawyers Assistance Program
William D. Slease, Esq., Chief Disciplinary Counsel, New Mexico Supreme Court Disciplinary Board

[Being a Zealous Advocate and Helping Other Lawyers](#)

Derek LaCroix, QC, Executive Director, Lawyers Assistance Program of British Columbia
Andrea Jones, JD, President, Lawyers Assistance Program of British Columbia
Scott Meiklejohn, Esq., Vice-Chair, Colorado Lawyers Helping Lawyers

8) National Workshop for State LAP Directors

For the first time in the history of Lawyers Assistance Programs, a confidential, independent workshop for State LAP Directors was held on May 5th-7th 2017. LAP Directors from across the country and Canada came together in Atlanta, GA, for the first ever Independent Annual Retreat for LAP Directors and Assistant LAP Directors.

The event was organized by the Louisiana, Colorado, Delaware, Montana, New Jersey, Mississippi and Montana LAP programs.

This one-and-one-half day seminar was a closed forum for LAP leaders to discuss internal operating challenges and share experiences on how to address them. LAP Directors came to Atlanta from as far away as Vancouver, BC and even the Hawaiian Islands.

Several presentations were made, including Louisiana's JLAP wherein the Michigan and Louisiana Directors made a presentation on Louisiana's 2015 Performance Audit and answered questions about the Audit. The attendees were very grateful that the Louisiana Audit was available to them.

Many other presentations and topics were covered by various State LAPs over the course of the weekend and it was a great success. The Seminar is already scheduled again for April 2018 and State LAP Directors will be repeating the seminar every year in May for the foreseeable future.

9) Federation of State Physicians Health Programs (FSPHP)

The JLAP Director and Clinical Staff attended the 2017 Federation of State Physician Health Programs Annual Education Conference and Business Meeting in Ft. Worth, Texas, April 19 – 22, 2017.

This annual conference brings together the nation's leading addiction and mental health experts in the realm of professionals' programming. State Physicians Health Programs, Nurses Programs and representatives from Airline Pilots' and Lawyers' programs are updated on the very latest issues and information as to best-practices in terms of evaluations, assessments, treatment and peer-support recovery monitoring by professionals' programs. The attached agenda demonstrates the scope, depth and breadth of clinical information presented and the expertise of the presenters **(Attached as Exhibit D)**.

In accordance with the recommendations in the 2015 JLAP Performance Audit, each year JLAP's professional staff attends the FSPHP conference to ensure that JLAP's clinical policies and procedures are reviewed annually and adjusted as JLAP deems necessary to provide the very best services possible to its participants.

10) JLAP Client Testimonials

As to participant satisfaction, JLAP often receives client feedback. This feedback comes from two sectors of JLAP's programming.

The first sector of JLAP's assistance involves totally voluntary cases wherein the person knows they have a problem and they come to JLAP confidentially on their own accord. They want JLAP's help. They are grateful at the outset for JLAP's support.

Here are some examples of feedback in these totally voluntary cases:

"I have complete confidence that the service JLAP provides is 100% confidential. Simply put, JLAP is unquestionably a trustworthy program."

"JLAP saved my life and career. JLAP holds a very special place in my heart."

"I can manage my expectations more, blessed with humility and gratitude and a shared, though unique, experience with so many others."

"Your phone call is the best thing that has happened to me in a long time. You have shown me more compassion than members of my family."

"I have struggled with depression for a large portion of my life. I did not know who to turn to until I heard JLAP speak at a presentation. JLAP's help is greatly appreciated."

The second sector of JLAP's help involves cases wherein the person has been referred to JLAP by some other party such as their employer, the Office of the Disciplinary Counsel, or the Supreme Court's Committee in Bar Admissions. Many are resentful and angry about it.

They don't want help and misperceive being sent to JLAP as punishment when in fact JLAP participation and compliance can help mitigate damages they may sustain as to the result of the alleged conduct (DWI arrest, drug arrest, lack of diligence due to impairment, or other unethical conduct, etc.).

Most of these participants, however, become grateful for JLAP in the fullness of time and come to appreciate JLAP's support and programming.

Here are some examples of feedback in disciplinary referral cases:

"I personally do not believe it matters how you get to JLAP and/or to begin a Recovery journey, just know that if you are there, it is not by chance or mistake - you have some problem and need help. I know I did not drink like a normal person, and quite frankly, by the time I ended up on the telephone with Buddy Stockwell, I did not think like a normal person. Buddy assisted me through a difficult season in my life - his was the reassuring voice to nudge me in the right direction."

I was skeptical of JLAP, and Buddy himself, but in the end, Buddy was incredible and of vital assistance to me in early Recovery. He was personable and made me feel comfortable in uncharted waters. JLAP lead me to the services I needed to get back on track in life, be successful in my Recovery, and saved my employment status from suspension or disbarment."

Since then, I have learned a lot about myself, and how to deal with the people and situations I encounter to be a responsible and positive, contributing member of society. I am grateful for JLAP and Buddy Stockwell - for helping me to steer my ship in the right direction, and while the journey has not always been easy, I am quite enjoying my life in Recovery.”

“I remember how I felt, scared of the unknown, and admittedly a bit angry. I now realize that JLAP actually improved my life. Admittedly, I have not always felt that way, but I have to admit to myself that, without JLAP, I am fairly certain I would not be where I am today and would most likely not be sober.”

VII. SUMMARY

Your Louisiana JLAP is stronger and more effective than ever. Clients who successfully complete JLAP’s formal monitoring program for alcoholism and addiction experience greater than a 90% no-relapse recovery rate. As such, JLAP’s programming renders outcomes that are extremely reliable in supporting the health of the participant and, in addition, JLAP’s assistance is effective in helping to protect the public from the damage impaired professionals can cause.

JLAP’s highly-specialized expertise in peer-support programming emanates from over 30 years of national synergy with other state LAPs through the ABA CoLAP, coupled with decades of support from a fully-developed statewide network of volunteer lawyers and judges, many of them personally in Recovery.

The fabric of Louisiana’s specialized Recovery Community of legal professionals, and the LSBA’s Committee on Alcohol and Drug Abuse in support of that community, is very robust and represents literally hundreds of collective years of Recovery support.

JLAP’s current level of accomplishment could not be possible at all, however, without solid support from the entire legal profession. JLAP is extremely grateful for the following:

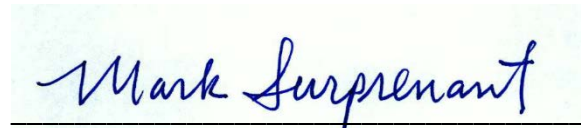
- 1) strong governance and stable funding from the LSBA;
- 2) program utilization and funding from the Louisiana Supreme Court;
- 3) program utilization from the Louisiana Disciplinary Board;
- 4) program utilization from the Office of the Disciplinary Counsel;
- 5) program utilization from the LASC Committee on Bar Admissions;
- 6) program utilization from the Judiciary Commission;
- 7) program utilization from Loyola, LSU, Southern, and Tulane Law Schools; and,
- 8) program utilization from the professional liability insurance carrier Gilsbar.

JLAP also owes an ongoing and overarching debt of gratitude to the Louisiana State Legislature for its enactment and recent amendments to La. R.S. 37:221 wherein it declared it to be the public policy of the State of Louisiana to specifically support JLAP and its critical mission to provide confidential assistance to lawyers, judges and others in the legal profession who may suffer from substance use disorders, mental health problems, or gambling addiction, etc.

JLAP looks forward to next year and continuing its quest to help our profession meet the well-being challenges delineated in the ABA “Path to Lawyer Wellbeing” *supra*.

Above all else, JLAP remains keenly true to its core mission every day and that is to ensure that whenever an individual in need reaches out for help, JLAP will be there to reach back and do all it can to provide the finest professionals’ programming and life-saving clinical support possible.

Respectfully Submitted,

A handwritten signature in blue ink that reads "Mark Surprenant". The signature is written in a cursive, flowing style. It is positioned above a horizontal line.

Mark Surprenant, President

A handwritten signature in blue ink that reads "Buddy Stockwell". The signature is written in a cursive, flowing style. It is positioned above a horizontal line.

J.E. “Buddy” Stockwell III, Executive Director

EXHIBIT A

The Path to Lawyer Well-Being: Practical Recommendations for Positive Change

The Report of the National Task Force on Lawyer Well-Being

Task Force Chairs:

Bree Buchanan

James C. Coyle

TASK FORCE CHAIRS

Bree Buchanan
James C. Coyle

ENTITIES REPRESENTED:

ABA LAW PRACTICE DIVISION
ABA CPR PROFESSIONALISM
ABA/HAZELDEN STUDY
APRL
ALPS
CoLAP
CONFERENCE OF CHIEF JUSTICES
NCBE
NOBC

TASK FORCE MEMBERS:

Anne Brafford
Don Campbell
Josh Camson
Charles Gruber
Terry Harrell
David Jaffe
Tracy Kepler
Patrick Krill
Chief Justice Donald Lemons
Sarah Myers
Chris Newbold
Jayne Reardon
Judge David Shaheed
Lynda Shely
William Slease

STAFF ATTORNEY:

Jonathan White

NATIONAL TASK FORCE ON LAWYER WELL-BEING

Creating a Movement To Improve
Well-Being in the Legal Profession

August 14, 2017

Enclosed is a copy of *The Path to Lawyer Well-Being: Practical Recommendations for Positive Change* from the National Task Force on Lawyer Well-Being. The Task Force was conceptualized and initiated by the ABA Commission on Lawyer Assistance Programs (CoLAP), the National Organization of Bar Counsel (NOBC), and the Association of Professional Responsibility Lawyers (APRL). It is a collection of entities within and outside the ABA that was created in August 2016. Its participating entities currently include the following: ABA CoLAP; ABA Standing Committee on Professionalism; ABA Center for Professional Responsibility; ABA Young Lawyers Division; ABA Law Practice Division Attorney Wellbeing Committee; The National Organization of Bar Counsel; Association of Professional Responsibility Lawyers; National Conference of Chief Justices; and National Conference of Bar Examiners. Additionally, CoLAP was a co-sponsor of the 2016 ABA CoLAP and Hazelden Betty Ford Foundation's study of mental health and substance use disorders among lawyers and of the 2016 Survey of Law Student Well-Being.

To be a good lawyer, one has to be a healthy lawyer. Sadly, our profession is falling short when it comes to well-being. The two studies referenced above reveal that too many lawyers and law students experience chronic stress and high rates of depression and substance use. These findings are incompatible with a sustainable legal profession, and they raise troubling implications for many lawyers' basic competence. This research suggests that the current state of lawyers' health cannot support a profession dedicated to client service and dependent on the public trust.

The legal profession is already struggling. Our profession confronts a dwindling market share as the public turns to more accessible, affordable alternative legal service providers. We are at a crossroads. To maintain public confidence in the profession, to meet the need for innovation in how we deliver legal services, to increase access to justice, and to reduce the level of toxicity that has allowed mental health and substance use disorders to fester among our colleagues, we have to act now. Change will require a wide-eyed and candid assessment of our members' state of being, accompanied by courageous commitment to re-envisioning what it means to live the life of a lawyer.

This report's recommendations focus on five central themes: (1) identifying stakeholders and the role each of us can play in reducing the level of toxicity in our profession, (2) eliminating the stigma associated with help-seeking behaviors, (3) emphasizing that well-being is an indispensable part of a lawyer's duty of competence, (4) educating lawyers, judges, and law students on lawyer well-being issues, and (5) taking small, incremental steps to change how law is practiced and how lawyers are regulated to instill greater well-being in the profession.

The members of this Task Force make the following recommendations after extended deliberation. We recognize this number of recommendations may seem overwhelming at first. Thus we also provide proposed state action plans with simple checklists. These help each stakeholder inventory their current system and explore the recommendations relevant to their group. We invite you to read this report, which sets forth the basis for why the legal profession is at a tipping point, and we present these recommendations and action plans for building a more positive future. We call on you to take action and hear our clarion call. The time is now to use your experience, status, and leadership to construct a profession built on greater well-being, increased competence, and greater public trust.

Sincerely,

Bree Buchanan, Esq.
Task Force Co-Chair
Director
Texas Lawyers Assistance Program
State Bar of Texas

James C. Coyle, Esq.
Task Force Co-Chair
Attorney Regulation Counsel
Colorado Supreme Court

"Lawyers, judges and law students are faced with an increasingly competitive and stressful profession. Studies show that substance use, addiction and mental disorders, including depression and thoughts of suicide—often unrecognized—are at shockingly high rates. As a consequence the National Task Force on Lawyer Well-being, under the aegis of CoLAP (the ABA Commission on Lawyer Assistance programs) has been formed to promote nationwide awareness, recognition and treatment. This Task Force deserves the strong support of every lawyer and bar association."

*David R Brink**
Past President
American Bar Association

* David R. Brink (ABA President 1981-82) passed away in July 2017 at the age of 97. He tirelessly supported the work of lawyer assistance programs across the nation, and was a beacon of hope in the legal profession for those seeking recovery.

The background of the cover features a photograph of a wooden boardwalk leading through tall grass towards a grassy dune under a blue sky with clouds. The image is overlaid with large, diagonal, semi-transparent geometric shapes in shades of blue and green. The title is in a bold, green, sans-serif font, and the subtitle is in a black, sans-serif font.

THE PATH TO LAWYER WELL-BEING:

Practical Recommendations
For Positive Change

[THE REPORT OF THE
NATIONAL TASK FORCE ON
LAWYER WELL-BEING]

August 2017

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 - 20.2 Modify the Rules of Professional Responsibility to Endorse Well-Being as Part of a Lawyer's Duty of Competence.
 - 20.3 Expand Continuing Education Requirements to Include Well-Being Topics.
 - 20.4 Require Law Schools to Create Well-Being Education for Students as an Accreditation Requirement.
21. Adjust the Admissions Process to Support Law Student Well-Being.
 - 21.1 Re-Evaluate Bar Application Inquiries About Mental Health History.
 - 21.2 Adopt Essential Eligibility Admission Requirements.
 - 21.3 Adopt a Rule for Conditional Admission to Practice Law with Specific Requirements and Conditions.
 - 21.4 Publish Data Reflecting Low Rate of Denied Admissions Due to Mental Health Disorders and Substance Use.
22. Adjust Lawyer Regulations to Support Well-Being.
 - 22.1 Implement Proactive Management-Based Programs (PMBP) That Include Lawyer Well-Being Components.
 - 22.2 Adopt a Centralized Grievance Intake System to Promptly Identify Well-Being Concerns.

- 22.3 Modify Confidentiality Rules to Allow One-Way Sharing of Lawyer Well-Being Related Information from Regulators to Lawyer Assistance Programs.
- 22.4 Adopt Diversion Programs and Other Alternatives to Discipline That Are Proven.
- 23. Add Well-Being-Related Questions to the Multistate Professional Responsibility Exam (MPRE).

- 31. Commit Resources for Onsite Professional Counselors.
- 32. Facilitate a Confidential Recovery Network.
- 33. Provide Education Opportunities on Well-Being Related Topics.
 - 33.1 Provide Well-Being Programming During the 1L Year.
 - 33.2 Create a Well-Being Course and Lecture Series for Students.
- 34. Discourage Alcohol-Centered Social Events.
- 35. Conduct Anonymous Surveys Relating to Student Well-Being.

RECOMMENDATIONS FOR LEGAL EMPLOYERS / p. 31

- 24. Establish Organizational Infrastructure to Promote Well-Being.
 - 24.1 Form a Lawyer Well-Being Committee.
 - 24.2 Assess Lawyers' Well-Being.
- 25. Establish Policies and Practices to Support Lawyer Well-Being.
 - 25.1 Monitor for Signs of Work Addiction and Poor Self-Care.
 - 25.2 Actively Combat Social Isolation and Encourage Interconnectivity.
- 26. Provide Training and Education on Well-Being, Including During New Lawyer Orientation.
 - 26.1 Emphasize a Service-Centered Mission.
 - 26.2 Create Standards, Align Incentives, and Give Feedback.

RECOMMENDATIONS FOR BAR ASSOCIATIONS / p. 41

- 36. Encourage Education on Well-Being Topics in Association with Lawyer Assistance Programs.
 - 36.1 Sponsor High-Quality CLE Programming on Well-Being-Related Topics.
 - 36.2 Create Educational Materials to Support Individual Well-Being and "Best Practices" for Legal Organizations.
 - 36.3 Train Staff to Be Aware of Lawyer Assistance Program Resources and Refer Members.
- 37. Sponsor Empirical Research on Lawyer Well-Being as Part of Annual Member Surveys.
- 38. Launch a Lawyer Well-Being Committee.
- 39. Serve as an Example of Best Practices Relating to Lawyer Well-Being at Bar Association Events.

RECOMMENDATIONS FOR LAW SCHOOLS / p. 35

- 27. Create Best Practices for Detecting and Assisting Students Experiencing Psychological Distress.
 - 27.1 Provide Training to Faculty Members Relating to Student Mental Health and Substance Use Disorders.
 - 27.2 Adopt a Uniform Attendance Policy to Detect Early Warning Signs of Students in Crisis.
 - 27.3 Provide Mental Health and Substance Use Disorder Resources.
- 28. Assess Law School Practices and Offer Faculty Education on Promoting Well-Being in the Classroom.
- 29. Empower Students to Help Fellow Students in Need.
- 30. Include Well-Being Topics in Courses on Professional Responsibility.

RECOMMENDATIONS FOR LAWYERS PROFESSIONAL LIABILITY CARRIERS / p. 43

- 40. Actively Support Lawyer Assistance Programs.
- 41. Emphasize Well-Being in Loss Prevention Programs.
- 42. Incentivize Desired Behavior in Underwriting Law Firm Risk.
- 43. Collect Data When Lawyer Impairment is a Contributing Factor to Claims Activity.

RECOMMENDATIONS FOR LAWYERS ASSISTANCE PROGRAMS / p. 45

- 44. Lawyers Assistance Programs Should Be Appropriately Organized and Funded.

- 44.1 Pursue Stable, Adequate Funding.
- 44.2 Emphasize Confidentiality.
- 44.3 Develop High-Quality Well-Being Programming.
- 44.4 Lawyer Assistance Programs' Foundational Elements.

CONCLUSION / p. 47

Appendix A / p. 48

State Action Plans Checklists

Appendix B / p. 50

Example Educational Topics for Lawyer Well-Being

- 8.1 Work Engagement vs. Burnout.
- 8.2 Stress.
- 8.3 Resilience & Optimism.
- 8.4 Mindfulness Meditation.
- 8.5 Rejuvenation Periods to Recover from Stress.
- 8.6 Physical Activity.
- 8.7 Leader Development & Training.
- 8.8 Control & Autonomy.
- 8.9 Conflict Management.
- 8.10 Work-Life Conflict.
- 8.11 Meaning & Purpose.
- 8.12 Substance Use and Mental Health Disorders.
- 8.13 Additional Topics.

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Appendix to Recommendation 9:

Guide and Support The Transition of Older Lawyers.

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Appendix to Recommendation 25:

Topics for Legal Employers' Audit of Well-Being Related Policies and Practices.

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Appendix to Recommendation 33.2:

Creating a Well-Being Course and Lecture Series for Law Students.

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Task Force Member Biographies and Acknowledgments

THE PATH TO LAWYER WELL-BEING: Practical Recommendations For Positive Change

Although the legal profession has known for years that many of its students and practitioners are languishing, far too little has been done to address it. Recent studies show we can no longer continue to ignore the problems. In 2016, the American Bar Association (ABA) Commission on Lawyer Assistance Programs and Hazelden Betty Ford Foundation published their study of nearly 13,000 currently-practicing lawyers [the “Study”]. It found that between 21 and 36 percent qualify as problem drinkers, and that approximately 28 percent, 19 percent, and 23 percent are struggling with some level of depression, anxiety, and stress, respectively.¹ The parade of difficulties also includes suicide, social alienation, work addiction, sleep deprivation, job dissatisfaction, a “diversity crisis,” complaints of work-life conflict, incivility, a narrowing of values so that profit predominates, and negative public perception.² Notably, the Study found that younger lawyers in the first ten years of practice and those working in private firms experience the highest rates of problem drinking and depression. The budding impairment of many of the future generation of lawyers should be alarming to everyone. Too many face less productive, less satisfying, and more troubled career paths.

Additionally, 15 law schools and over 3,300 law students participated in the Survey of Law Student Well-Being, the results of which were released in 2016.³ It found

that 17 percent experienced some level of depression, 14 percent experienced severe anxiety, 23 percent had mild or moderate anxiety, and six percent reported serious suicidal thoughts in the past year. As to alcohol use, 43 percent reported binge drinking at least once in the prior two weeks and nearly one-quarter (22 percent) reported binge-drinking two or more times during that period. One-quarter fell into the category of being at risk for alcoholism for which further screening was recommended.

The results from both surveys signal an elevated risk in the legal community for mental health and substance use disorders tightly intertwined with an alcohol-based social culture. The analysis of the problem cannot end there, however. The studies reflect that the majority of lawyers and law students do not have a mental health or substance use disorder. But that does not mean that they’re thriving. Many lawyers experience a “profound ambivalence” about their work,⁴ and different sectors of the profession vary in their levels of satisfaction and well-being.⁵

Given this data, lawyer well-being issues can no longer be ignored. Acting for the benefit of lawyers who are functioning below their ability and for those suffering due to substance use and mental health disorders, the National Task Force on Lawyer Well-Being urges our profession’s leaders to act.

¹P. R. Krill, R. Johnson, & L. Albert, *The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys*, 10 J. ADDICTION MED. 46 (2016).

²A. M. Brafford, *Building the Positive Law Firm: The Legal Profession At Its Best* (August 1, 2014) (Master’s thesis, Univ. Pa., on file with U. Pa. Scholarly Commons Database), available at http://repository.upenn.edu/mapp_capstone/62/.

³J. M. Organ, D. Jaffe, & K. Bender, *Suffering in Silence: The Survey of Law Student Well-Being and the Reluctance of Law Students to Seek Help for Substance Use and Mental Health Concerns*, 66 J. LEGAL EDUC. 116 (2016).

⁴See D. L. Chambers, *Overstating the Satisfaction of Lawyers*, 39 LAW & SOC. INQUIRY 1 (2013).

⁵J. M. Organ, *What Do We Know About the Satisfaction/Dissatisfaction of Lawyers? A Meta-Analysis of Research on Lawyer Satisfaction and Well-Being*, 8 U. ST. THOMAS L. J. 225 (2011); L. S. Krieger & K. M. Sheldon, *What Makes Lawyers Happy? Transcending the Anecdotes with Data from 6200 Lawyers*, 83 GEO. WASH. L. REV. 554 (2015).

REASONS TO TAKE ACTION

We offer three reasons to take action: organizational effectiveness, ethical integrity, and humanitarian concerns.

First, lawyer well-being contributes to organizational success—in law firms, corporations, and government entities. If cognitive functioning is impaired as explained above, legal professionals will be unable to do their best work. For law firms and corporations, lawyer health is an important form of human capital that can provide a competitive advantage.⁶

For example, job satisfaction predicts retention and performance.⁷ Gallup Corporation has done years of research showing that worker well-being in the form of engagement is linked to a host of organizational success factors, including lower turnover, high client satisfaction,



Reasons to Improve Attorney Well-Being

- ✓ Good for business
- ✓ Good for clients
- ✓ The right thing to do

and higher productivity and profitability. The Gallup research also shows that few organizations fully benefit from their human capital because most employees (68 percent) are not engaged.⁸ Reducing turnover is especially important for law firms, where turnover rates can be high. For example, a 2016 survey by Law360 found that over 40 percent of lawyers reported that they were likely or very likely to leave their current law firms in the next year.⁹ This high turnover rate for law firms is expensive—with estimated costs for larger firms of \$25 million every year.¹⁰ In short, enhancing lawyer health and well-being is good business and makes sound financial sense.

Second, lawyer well-being influences ethics and professionalism. Rule 1.1 of the ABA's Model Rules of Professional Conduct requires lawyers to “provide competent representation.” Rule 1.3 requires diligence in client representation, and Rules 4.1 through 4.4 regulate working with people other than clients. Minimum competence is critical to protecting clients and allows lawyers to avoid discipline. But it will not enable them to live up to the aspirational goal articulated in the Preamble to the ABA's Model Rules of Professional Conduct, which calls lawyers to “strive to attain the highest level of skill, to improve the law and the legal profession and to exemplify the legal profession's ideals of public service.”

Troubled lawyers can struggle with even minimum competence. At least one author suggests that 40 to 70 percent of disciplinary proceedings and malpractice claims against lawyers involve substance use or depression, and often both.¹¹ This can be explained, in part, by declining mental capacity due to these conditions. For example, major depression is associated

⁶C. Keyes & J. Grzywacz, *Health as a Complete State: The Added Value in Work Performance and Healthcare Costs*, 47 J. OCCUPATIONAL & ENVTL. MED. 523 (2005).

⁷T. A. Judge & R. Klinger, *Promote Job Satisfaction through Mental Challenge*, in HANDBOOK OF PRINCIPLES OF ORGANIZATIONAL BEHAV. (E. A. Locke ed., 2009).

⁸J. K. HARTE, F. L. SCHMIDT, E. A. KILLHAM, & J. W. ASPLUND, Q12 META-ANALYSIS, GALLUP CONSULTING (2006), https://strengths.gallup.com/private/resources/q12meta-analysis_flyer_gen_08%2008_bp.pdf; see also Brafford, *supra* note 2, for a summary of studies linking engagement and other positive employee states to business success factors.

⁹C. Violante, *Law360's 2016 Lawyer Satisfaction Survey: By the Numbers*, Law360, Sept. 4, 2016, <https://www.law360.com/articles/833246/law360-s-2016-lawyer-satisfaction-survey-by-the-numbers>.

¹⁰M. Levin & B. MacEwen, *Assessing Lawyer Traits & Finding a Fit for Success Introducing the Sheffield Legal Assessment* (2014) (unpublished), available at <http://therightprofile.com/wp-content/uploads/Attorney-Trait-Assessment-Study-Whitepaper-from-The-Right-Profile.pdf> (discussing associate turnover statistics and estimated cost of turnover in large law firms).

¹¹D. B. Marlowe, *Alcoholism, Symptoms, Causes & Treatments*, in STRESS MANAGEMENT FOR LAWYERS 104-130 (Amiram Elwork ed., 2d ed., 1997) (cited in M. A. Silver, *Substance Abuse, Stress, Mental Health and The Legal Profession*, NEW YORK STATE LAW. ASSISTANT TRUST (2004), available at <http://www.nylat.org/documents/courseinbox.pdf>).

with impaired executive functioning, including diminished memory, attention, and problem-solving. Well-functioning executive capacities are needed to make good decisions and evaluate risks, plan for the future, prioritize and sequence actions, and cope with new situations. Further, some types of cognitive impairment persist in up to 60 percent of individuals with depression even after mood symptoms have diminished, making prevention strategies essential.¹² For alcohol abuse, the majority of abusers (up to 80 percent) experience mild to severe cognitive impairment.¹³ Deficits are particularly severe in executive functions, especially in problem-solving, abstraction, planning, organizing, and working memory—core features of competent lawyering.

Third, from a humanitarian perspective, promoting well-being is the right thing to do. Untreated mental health and substance use disorders ruin lives and careers. They affect too many of our colleagues. Though our profession prioritizes individualism and self-sufficiency, we all contribute to, and are affected by, the collective legal culture. Whether that culture is toxic or sustaining is up to us. Our interdependence creates a joint responsibility for solutions.

DEFINING “LAWYER WELL-BEING”

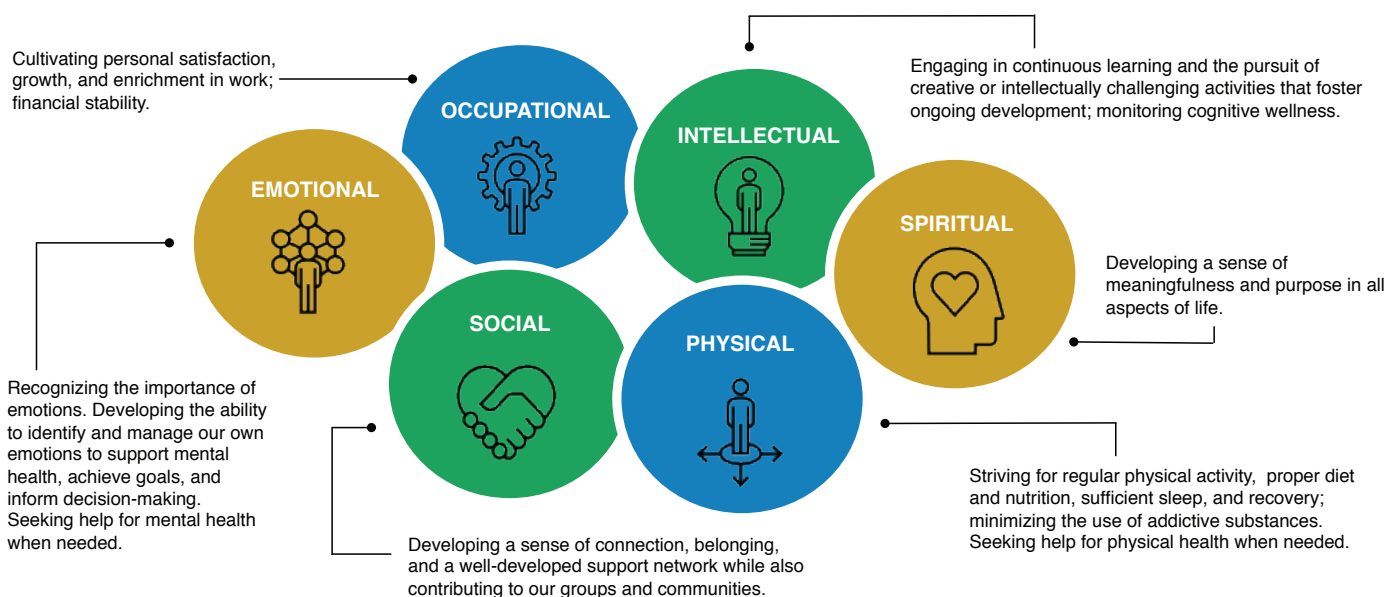
We define lawyer well-being as a continuous process whereby lawyers seek to thrive in each of the following areas: emotional health, occupational pursuits, creative or intellectual endeavors, sense of spirituality or greater purpose in life, physical health, and social connections with others. Lawyer well-being is part of a lawyer’s

“Well-Being”: A Continuous process toward thriving across all life dimensions.

ethical duty of competence. It includes lawyers’ ability to make healthy, positive work/life choices to assure not only a quality of life within their families and communities, but also to help them make responsible decisions for their clients. It includes maintaining their own long term well-being. This definition highlights that complete health

Defining Lawyer Well-Being

A continuous process in which lawyers strive for thriving in each dimension of their lives:



¹²P. L. Rock, J. P. Roiser, W. J. Riedel, A. D. Blackwell, *A Cognitive Impairment in Depression: A Systematic Review and Meta-Analysis*, 44 PSYCHOL. MED. 2029 (2014); H. R. Snyder, *Major Depressive Disorder is Associated with Broad Impairments on Neuropsychological Measures of Executive Function: A Meta-Analysis and Review*, 139 PSYCHOL. BULL. 81 (2013).

¹³C. Smeraldi, S. M. Angelone, M. Movalli, M. Cavicchioli, G. Mazza, A. Notaristefano, & C. Maffei, *Testing Three Theories of Cognitive Dysfunction in Alcohol Abuse*, 21 J. PSYCHOPATHOLOGY 125 (2015).¹⁴The WHO’s definition of “health” can be found at: <http://www.who.int/about/mission/en>. The definition of “mental health” can be found at: http://www.who.int/features/factfiles/mental_health/en/.

is not defined solely by the absence of illness; it includes a positive state of wellness.

To arrive at this definition, the Task Force consulted other prominent well-being definitions and social science research, which emphasize that well-being is not limited to: (1) an absence of illness, (2) feeling happy all the time, or (3) intra-individual processes—context matters. For example, the World Health Organization (WHO) defines “health” as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” It defines “mental health” as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”¹⁴

Social science research also emphasizes that “well-being” is not defined solely by an absence of dysfunction; but nor is it limited to feeling “happy” or filled with positive emotions. The concept of well-being in social science research is multi-dimensional and includes, for example, engagement in interesting activities, having close relationships and a sense of belonging, developing confidence through mastery, achieving goals that matter to us, meaning and purpose, a sense of autonomy and control, self-acceptance, and personal growth. This multi-dimensional approach underscores that a positive state of well-being is not synonymous with feeling happy or experiencing positive emotions. It is much broader.

Another common theme in social science research is that well-being is not just an intra-personal process: context powerfully influences it.¹⁵ Consistent with this view, a study of world-wide survey data found that five factors constitute the key elements of well-being: career, social relationships, community, health, and finances.¹⁶

The Task Force chose the term “well-being” based on the view that the terms “health” or “wellness” connote only physical health or the absence of illness. Our definition of “lawyer well-being” embraces the multi-dimensional

concept of mental health and the importance of context to complete health.

OUR CALL TO ACTION

The benefits of increased lawyer well-being are compelling and the cost of lawyer impairment are too great to ignore. There has never been a better or more important time for all sectors of the profession to get serious about the substance use and mental health of ourselves and those around us. The publication of this report, in and of itself, serves the vital role of bringing conversations about these conditions out in the open. In the following pages, we present recommendations for many stakeholders in the legal profession including the judiciary, regulators, legal employers, law schools, bar associations, lawyers’ professional liability carriers, and lawyer assistance programs. The recommendations revolve around five core steps intended to build a more sustainable culture:

- (1) Identifying stakeholders and the role that each of us can play in reducing the level of toxicity in our profession.
- (2) Ending the stigma surrounding help-seeking behaviors. This report contains numerous recommendations to combat the stigma that seeking help will lead to negative professional consequences.
- (3) Emphasizing that well-being is an indispensable part of a lawyer’s duty of competence. Among the report’s recommendations are steps stakeholders can take to highlight the tie-in between competence and well-being. These include giving this connection formal recognition through modifying the Rules of Professional Conduct or their comments to reference well-being.
- (4) Expanding educational outreach and programming on well-being issues. We need to educate lawyers, judges, and law students on well-being issues. This includes instruction in recognizing mental health and

¹⁴The WHO’s definition of “health” can be found at: <http://www.who.int/about/mission/en>. The definition of “mental health” can be found at: http://www.who.int/features/factfiles/mental_health/en/

¹⁵E.g., I. Prilleltensky, S. Dietz, O. Prilleltensky, N. D. Myers, C. L. Rubenstein, Y. Jin, & A. McMahon, *Assessing Multidimensional Well-Being: Development and Validation of the I COPPE Scale*, 43 J. CMTY. PSYCHOL. 199 (2015).

¹⁶T. RATH & J. HARTEY, WELL-BEING: THE FIVE ESSENTIAL ELEMENTS (2010).

substance use disorders as well as navigating the practice of law in a healthy manner. To implement this recommendation effectively, more resources need to be devoted to promoting well-being.

- (5) Changing the tone of the profession one small step at a time. This report contains a number of small-scale recommendations, such as allowing lawyers to earn continuing legal education (CLE) credit for well-being workshops or de-emphasizing alcohol at bar association social events. These small steps can start the process necessary to place health, resilience, self-care, and helping others at the forefront of what it means to be a lawyer. Collectively, small steps can lead to transformative cultural change in a profession that has always been, and will remain, demanding.

Historically, law firms, law schools, bar associations, courts, and malpractice insurers have taken a largely hands-off approach to these issues. They have dealt with them only when forced to because of impairment that can no longer be ignored. The dedication and hard work of lawyer assistance programs aside, we have not done enough to help, encourage, or require lawyers to be, get, or stay well. However, the goal of achieving increased lawyer well-being is within our collective reach. The time to redouble our efforts is now.

RECOMMENDATIONS

Below, the Task Force provides detailed recommendations for minimizing lawyer dysfunction, boosting well-being, and reinforcing the importance of well-being to competence and excellence in practicing law. This section has two main parts. Part I provides general recommendations for all stakeholders in the legal community. Part II provides recommendations tailored to a specific stakeholder: (1) judges, (2) regulators, (3) legal employers, (4) law schools, (5) bar associations, (6) lawyers' professional liability carriers, and (7) lawyer assistance programs.



“None of us got where we are solely by pulling ourselves up by our bootstraps. We got there because somebody bent down and helped us pick up our boots.” — Thurgood Marshall

First, we recommend strategies for all stakeholders in the legal profession to play a part in the transformational process aimed at developing a thriving legal profession.

1. ACKNOWLEDGE THE PROBLEMS AND TAKE RESPONSIBILITY.

Every sector of the legal profession must support lawyer well-being. Each of us can take a leadership role within our own spheres to change the profession’s mindset from passive denial of problems to proactive support for change. We have the capacity to make a difference.

For too long, the legal profession has turned a blind eye to widespread health problems.

For too long, the legal profession has turned a blind eye to widespread health problems. Many in the legal profession have behaved, at best, as if their colleagues’ well-being is none of their business. At worst, some appear to believe that supporting well-being will harm professional success. Many also appear to believe that lawyers’ health problems are solely attributable to their own personal failings for which they are solely responsible.

As to the long-standing psychological distress and substance use problems, many appear to believe that the establishment of lawyer assistance programs—a

necessary but not sufficient step toward a solution—has satisfied any responsibility that the profession might have. Lawyer assistance programs have made incredible strides; however, to meaningfully reduce lawyer distress, enhance well-being, and change legal culture, all corners of the legal profession need to prioritize lawyer health and well-being. It is not solely a job for lawyer assistance programs. Each of us shares responsibility for making it happen.

2. USE THIS REPORT AS A LAUNCH PAD FOR A PROFESSION-WIDE ACTION PLAN.

All stakeholders must lead their own efforts aimed at incorporating well-being as an essential component of practicing law, using this report as a launch pad. Changing the culture will not be easy. Critical to this complex endeavor will be the development of a National Action Plan and state-level action plans that continue the effort started in this report. An organized coalition will be necessary to plan, fund, instigate, motivate, and sustain long-term change. The coalition should include, for example, the Conference of Chief Justices, the National Organization of Bar Counsel, the Association of Professional Responsibility Lawyers, the ABA, state bar associations as a whole and specific divisions (young lawyers, lawyer well-being, senior lawyers, etc.), the Commission on Lawyer Assistance Programs, state lawyer assistance programs, other stakeholders that have contributed to this report, and many others.

3. LEADERS SHOULD DEMONSTRATE A PERSONAL COMMITMENT TO WELL-BEING.

Policy statements alone do not shift culture. Broad-scale change requires buy-in and role modeling from top

¹⁷E. SCHEIN, ORGANIZATIONAL CULTURE AND LEADERSHIP (2010); R. R. Sims & J. Brinkmann, *Leaders As Moral Role Models*, 35 J. BUS. ETHICS 327 (2002).

leadership.¹⁷ Leaders in the courts, regulators' offices, legal employers, law schools, and bar associations will be closely watched for signals about what is expected. Leaders can create and support change through their own demonstrated commitment to core values and well-being in their own lives and by supporting others in doing the same.¹⁸

4. FACILITATE, DESTIGMATIZE, AND ENCOURAGE HELP-SEEKING BEHAVIORS.

All stakeholders must take steps to minimize the stigma of mental health and substance use disorders because the stigma prevents lawyers from seeking help.

Research has identified multiple factors that can hinder seeking help for mental health conditions: (1) failure to recognize symptoms; (2) not knowing how to identify or access appropriate treatment or believing it to be a hassle to do so; (3) a culture's negative attitude about such conditions; (4) fear of adverse reactions by others whose opinions are important; (5) feeling ashamed; (6) viewing help-seeking as a sign of weakness, having a strong preference for self-reliance, and/or having a tendency toward perfectionism; (7) fear of career repercussions; (8) concerns about confidentiality; (9) uncertainty about the quality of organizationally-provided therapists or otherwise doubting that treatment will be effective; and (10) lack of time in busy schedules.¹⁹

The Study identified similar factors. The two most common barriers to seeking treatment for a substance use disorder that lawyers reported were not wanting others to find out they needed help and concerns regarding privacy or confidentiality. Top concerns of law students in the Survey of Law Student Well Being were fear of jeopardizing their academic standing or admission to the practice of law, social stigma, and privacy concerns.²¹

Research also suggests that professionals with hectic, stressful jobs (like many lawyers and law students) are more likely to perceive obstacles for accessing treatment, which can exacerbate depression. The result of these barriers is that, rather than seeking help early, many wait until their symptoms are so severe that they interfere with daily functioning. Similar dynamics likely apply for aging lawyers seeking assistance.

Removing these barriers requires education, skill-building, and stigma-reduction strategies. Research shows that the most effective way to reduce stigma is through direct contact with someone who has personally experienced a relevant disorder. Ideally, this person should be a practicing lawyer or law student (depending on the audience) in order to create a personal connection that lends credibility and combats stigma.²² Viewing video-taped narratives also is useful, but not as effective as in-person contacts.

The military's "Real Warrior" mental health campaign can serve as one model for the legal profession. It is designed to improve soldiers' education about mental health disorders, reduce stigma, and encourage help-seeking. Because many soldiers (like many lawyers) perceive seeking help as a weakness, the campaign also has sought to re-frame help-seeking as a sign of strength that is important to resilience. It also highlights cultural values that align with seeking psychological help.²³

5. BUILD RELATIONSHIPS WITH LAWYER WELL-BEING EXPERTS.

5.1. Partner With Lawyer Assistance Programs.

All stakeholders should partner with and ensure stable and sufficient funding for the ABA's Commission on Lawyer Assistance Programs (CoLAP) as well as

¹⁸L. M. Sama & V. Shoaf, *Ethical Leadership for the Professions: Fostering a Moral Community*, 78 J. BUS. ETHICS 39 (2008).

¹⁹T. W. Britt, T. M. Greene-Shortridge, S. Brink, Q. B. Nguyen, J. Rath, A. L. Cox, C. W. Hoge, C. A. Castro, *Perceived Stigma and Barriers to Care for Psychological Treatment: Implications for Reactions to Stressors in Different Contexts*, 27 J. SOC. & CLINICAL PSYCHOL. 317 (2008); S. Ey, K. R. Henning, & D. L. Shaw, *Attitudes and Factors Related to Seeking Mental Health Treatment among Medical and Dental Students*, 14 J. C. STUDENT PSYCHOTHERAPY 23 (2000); S. E. Hanisch, C. D. Twomey, A. H. Szeto, U. W. Birner, D. Nowak, & C. Sabariego, *The Effectiveness of Interventions Targeting the Stigma of Mental Illness at the Workplace: A Systematic Review*, 16 BMC PSYCHIATRY 1 (2016); K. S. Jennings, J. H. Cheung, T. W. Britt, K. N. Goguen, S. M. Jeffers, A. L. Peasley, & A. C. Lee, *How Are Perceived Stigma, Self-Stigma, and Self-Reliance Related to Treatment-Seeking? A Three-Path Model*, 38 PSYCHIATRIC REHABILITATION J. 109 (2015); N. G. Wade, D. L. Vogel, P. Armistead-Jehle, S. S. Meit, P. J. Heath, H. A. Strass, *Modeling Stigma, Help-Seeking Attitudes, and Intentions to Seek Behavioral Healthcare in a Clinical Military Sample*, 38 PSYCHIATRIC REHABILITATION J. 135 (2015).

²⁰Krill, Johnson, & Albert, *supra* note 1, at 50.

²¹Organ, Jaffe, & Bender, *supra* note 3, at 141.

²²P. W. Corrigan, S. B. Morris, P. J. Michaels, J. D. Rafacz, & N. Rüsch, *Challenging the Public Stigma of Mental Illness: a Meta-Analysis of Outcome Studies*, 63 PSYCHIATRIC SERV. 963 (2012).

²³Wade, Vogel, Armistead-Jehle, Meit, Heath, Strass, *supra* note 19. The Real Warrior website can be found at www.realwarriors.net.



for state-based lawyer assistance programs. ABA CoLAP and state-based lawyer assistance programs are indispensable partners in efforts to educate and empower the legal profession to identify, treat, and prevent conditions at the root of the current well-being crisis, and to create lawyer-specific programs and access to treatment.²⁴ Many lawyer assistance programs employ teams of experts that are well-qualified to help lawyers, judges, and law students who experience physical or mental health conditions. Lawyer assistance programs' services are confidential, and many include prevention, intervention, evaluation, counseling, referral to professional help, and on-going monitoring. Many cover a range of well-being-related topics including substance use and mental health disorders, as well as cognitive impairment, process addictions, burnout, and chronic stress. A number also provide services to lawyer discipline and admissions processes (e.g., monitoring and drug and alcohol screening).²⁵

Notably, the Study found that, of lawyers who had reported past treatment for alcohol use, those who had used a treatment program specifically tailored to legal professionals reported, on average, significantly lower scores on the current assessment of alcohol use.²⁶ This at least suggests that lawyer assistance programs, which are specifically tailored to identify and refer lawyers to treatment providers and resources, are a better fit than general treatment programs.

Judges, regulators, legal employers, law schools, and bar associations should ally themselves with lawyer assistance programs to provide the above services. These stakeholders should also promote the services of state lawyer assistance programs. They also should emphasize the confidential nature of those services to reduce barriers to seeking help. Lawyers are reluctant

to seek help for mental health and substance use disorders for fear that doing so might negatively affect their licenses and lead to stigma or judgment of peers.²⁷ All stakeholders can help combat these fears by clearly communicating about the confidentiality of lawyer assistance programs.

We also recommend coordinating regular meetings with lawyer assistance program directors to create solutions to the problems facing the profession. Lawyer assistance programs can help organizations establish confidential support groups, wellness days, trainings, summits, and/or fairs. Additionally, lawyer assistance programs can serve as a resource for speakers and trainers on lawyer well-being topics, contribute to publications, and provide guidance to those concerned about a lawyer's well-being.

5.2. Consult Lawyer Well-Being Committees and Other Types of Well-Being Experts.

We also recommend partnerships with lawyer well-being committees and other types of organizations and consultants that specialize in relevant topics. For example, the American Bar Association's Law Practice Division established an Attorney Well-Being Committee in 2015. A number of state bars also have well-being committees including Georgia, Indiana, Maryland, South Carolina, and Tennessee.²⁸ The Florida Bar Association's Young Lawyers Division has a Quality of Life Committee "for enhancing and promoting the quality of life for young lawyers."²⁹ Some city bar associations also have well-being initiatives, such as the Cincinnati Bar Association's Health and Well-Being Committee.³⁰ These committees can serve as a resource for education, identifying speakers and trainers, developing materials, and contributing to publications. Many high-quality consultants are also available on well-being subjects.

²⁴The ABA Commission on Lawyer Assistance Programs' (CoLAP) website provides numerous resources, including help lines and a directory of state-based law assistant programs. See http://www.americanbar.org/groups/lawyer_assistance.html.

²⁵COMM'N ON LAWYER ASSISTANCE PROGRAMS, AM. BAR ASS'N, 2014 COMPREHENSIVE SURVEY OF LAWYER ASSISTANCE PROGRAMS 34-37 (2014).

²⁶Krill, Johnson, & Albert, *supra* note 1, at 50.

²⁷*Id.* at 51.

²⁸The State Bar of Georgia, "Lawyers Living Well," <https://www.gabar.org/wellness/>; The Indiana State Bar Association Wellness Committee, <https://inbar.site-ym.com/members/group.aspx?id=134020>; Maryland State Bar Association Wellness Committee, <http://www.msba.org/Wellness/default.aspx>; South Carolina Bar Lawyer Wellness Committee, <http://discussions.scbar.org/public/wellness/index.html>; Tennessee Bar Association Attorney Well Being Committee, <http://www.tba.org/committee/attorney-well-being-committee>.

²⁹The Fla. Bar Ass'n, Young Lawyers Division, Committees, Quality of Life, <https://flayld.org/board-of-governors/committees/> (last visited June 8, 2017).

³⁰Cincinnati Bar Ass'n Health and Well-Being Committee, <http://www.cincybar.org/groups/health-and-well-being.php> (last visited June 28, 2017).



Care should be taken to ensure that they understand the particular types of stress that affect lawyers.

6. FOSTER COLLEGIALLY AND RESPECTFUL ENGAGEMENT THROUGHOUT THE PROFESSION.

We recommend that all stakeholders develop and enforce standards of collegiality and respectful engagement. Judges, regulators, practicing lawyers, law students, and professors continually interact with each other, clients, opposing parties, staff, and many others.³¹ Those interactions can either foment a toxic culture that contributes to poor health or can foster a respectful culture that supports well-being. Chronic incivility is corrosive. It depletes energy and motivation, increases burnout, and inflicts emotional and physiological damage. It diminishes productivity, performance, creativity, and helping behaviors.³²

Civility appears to be declining in the legal profession. For example, in a 1992 study, 42 percent of lawyers and 45 percent of judges believed that civility and professionalism among bar members were significant problems. In a 2007 survey of Illinois lawyers, 72 percent of respondents categorized incivility as a serious or moderately serious problem³³ in the profession. A recent study of over 6,000 lawyers found that lawyers did not generally have a positive view of lawyer or judge professionalism.³⁴ There is evidence showing that

women lawyers are more frequent targets of incivility and harassment.³⁶ Legal-industry commentators offer a host of hypotheses to explain the decline in civility.³⁷ Rather than continuing to puzzle over the causes, we acknowledge the complexity of the problem and invite further thinking on how to address it.

Incivility appears to be on the rise.

As a start, we recommend that bar associations and courts adopt rules of professionalism and civility, such as those that exist in many jurisdictions.³⁸ Likewise, law firms should adopt their own professionalism standards.³⁹ Since rules alone will not change culture, all stakeholders should devise strategies to promote wide-scale, voluntary observance of those standards. This should include an expectation that all leaders in the profession be a role model for these standards of professionalism.

Exemplary standards of professionalism are inclusive. Research reflects that organizational diversity and inclusion initiatives are associated with employee well-being, including, for example, general mental and physical health, perceived stress level, job satisfaction, organizational commitment, trust, work engagement,

³¹See C. B. Preston & H. Lawrence, *Incentivizing Lawyers to Play Nice: A National Survey on Civility Standards and Options for Enforcement*, 48 U. MICH. J.L. REFORM 701 (2015); AM. BAR ASS'N RESOL. 108 (August 2011), http://www.americanbar.org/content/dam/aba/administrative/dispute_resolution/civility.authcheckdam.pdf; AM. BAR ASS'N RESOL. 105B (August 2014), http://www.americanbar.org/news/reporter_resources/aba-2014-annual-meeting/2014-annual-meeting-house-of-delegates-resolutions/105b.html.

³²J. E. Dutton & E. D. Heaphy, *The Power of High-Quality Connections*, in *POSITIVE ORGANIZATIONAL SCHOLARSHIP: FOUNDATIONS OF A NEW DISCIPLINE* 263-278 (K. S. Cameron, J. E. Dutton, & R. E. Quinn eds., 2003); C. M. Pearson & C. L. Porath, *On the Nature, Consequences and Remedies of Workplace Incivility: No Time for "Nice"? Think Again*, 19 ACAD. OF MGMT. EXECUTIVE 7 (2005); B. M. Walsh, V. J. Magley, D. W. Reeves, K. A. Davies-Schrlis, M. D. Marmet, & J. A. Gallus, *Assessing Workgroup Norms for Civility: The Development of the Civility Norms Questionnaire-Brief*, 27 J. BUS. PSYCHOL. 407 (2012).

³³S. S. DAICOFF, *LAWYER, KNOW THYSELF: A PSYCHOLOGICAL ANALYSIS OF PERSONALITY STRENGTHS AND WEAKNESSES* (2004).

³⁴D. E. Campbell, *Raise Your Right Hand and Swear to Be Civil: Defining Civility As An Obligation of Professional Responsibility*, 47 GONZ. L. REV. 99 (2012); see also IL. SUP. CT. COMM'N ON PROFESSIONALISM, *Survey on Professionalism, A Study of Illinois Lawyers 2007 & Survey on Professionalism, A Study of Illinois Lawyers 2014* (2007 & 2014); L. Brodoff & T. M. Jaasko-Fisher, *WSBA Civility Study*, NW LAWYER, Dec. 2016/Jan. 2017, at 22, available at http://nwlawyer.wsba.org/nwlawyer/dec_2016_jan_2017?pg=22#pg22.

³⁵Krieger & Sheldon, *supra* note 5.

³⁶L. M. Cortina, K. A. Lonsway, V. J. Magley, L. V. Freeman, L. L. Collinsworth, M. Hunter, & L. F. Fitzgerald, *What's Gender Got to Do with It? Incivility in the Federal Courts*, 27 LAW & SOC. INQUIRY 235 (2002); see also L. M. Cortina, D. Kabat-Farr, E. A. Leskinen, M. Huerta, & V. J. Magley, *Selective Incivility as Modern Discrimination in Organizations: Evidence and Impact*, 30 J. MGMT. 1579 (2013).

³⁷E.g., Campbell, *supra* note 34; A. T. Kronman, *THE LOST LAWYER* (1993); J. Smith, *Lawyers Behaving Badly Get a Dressing Down from Civility Cops*, WALL ST. J., Jan. 27, 2013, at A1; Walsh, Magley, Reeves, Davies-Schrlis, Marmet, & Gallus, *supra* note 32.

³⁸Examples of professionalism codes can be found on the ABA Center for Professional Responsibility's website: https://www.americanbar.org/groups/professional_responsibility/committees_commissions/standingcommitteeonprofessionalism2/professionalism_codes.html; see also AM. BAR ASS'N RESOL. 108 (2011), available at http://www.americanbar.org/content/dam/aba/directories/policy/2011_am_108.authcheckdam.pdf.

³⁹See C. B. Preston & H. Lawrence, *Incentivizing Lawyers to Play Nice: A National Survey on Civility Standards and Options for Enforcement*, 48 U. MICH. J.L. REFORM 701 (2015).



perceptions of organizational fairness, and intentions to remain on the job.⁴⁰ A significant contributor to well-being is a sense of organizational belongingness, which has been defined as feeling personally accepted, respected, included, and supported by others. A weak sense of belonging is strongly associated with depressive symptoms.⁴¹ Unfortunately, however, a lack of diversity and inclusion is an entrenched problem in the legal profession.⁴² The issue is pronounced for women and minorities in larger law firms.⁴³

6.1. Promote Diversity and Inclusivity.

Given the above, we recommend that all stakeholders urgently prioritize diversity and inclusion. Regulators and bar associations can play an especially influential role in advocating for initiatives in the profession as a whole and educating on why those initiatives are important to individual and institutional well-being. Examples of relevant initiatives include: scholarships, bar exam grants for qualified applicants, law school orientation programs that highlight the importance of diversity and inclusion, CLE programs focused on diversity in the legal profession, business development symposia for women- and minority-owned law firms, pipeline programming for low-income high school and college students, diversity clerkship programs for law students, studies and reports on the state of diversity within the state's bench and bar, and diversity initiatives in law firms.⁴⁴

6.2. Create Meaningful Mentoring and Sponsorship Programs.

Another relevant initiative that fosters inclusiveness and respectful engagement is mentoring. Research has shown that mentorship and sponsorship can aid well-being and career progression for women and diverse professionals. They also reduce lawyer isolation.⁴⁵ Those who have participated in legal mentoring report a stronger sense of personal connection with others in the legal community, restored enthusiasm for the legal profession, and more resilience—all of which benefit both mentors and mentees.⁴⁷ At least 35 states and the District of Columbia sponsor formal mentoring programs.⁴⁸

7. ENHANCE LAWYERS' SENSE OF CONTROL.

Practices that rob lawyers of a sense of autonomy and control over their schedules and lives are especially harmful to their well-being. Research studies show that high job demands paired with a lack of a sense of control breeds depression and other psychological disorders.⁴⁹ Research suggests that men in jobs with such characteristics have an elevated risk of alcohol abuse.⁵⁰ A recent review of strategies designed to prevent workplace depression found that those designed to improve the perception of control were among the

⁴⁰E.g., M. M. Barak & A. Levin, *Outside of the Corporate Mainstream and Excluded from the Work Community: A Study of Diversity, Job Satisfaction and Well-Being*, 5 COMM., WORK & FAM. 133 (2002); J. Hwang & K. M. Hopkins, *A Structural Equation Model of the Effects of Diversity Characteristics and Inclusion on Organizational Outcomes in the Child Welfare Workforce*, 50 CHILD. & YOUTH SERVS. REV. 44 (2015); see generally G. R. Ferris, S. R. Daniels, & J. C. Sexton, *Race, Stress, and Well-Being in Organizations: An Integrative Conceptualization*, in THE ROLE OF DEMOGRAPHICS IN OCCUPATIONAL STRESS AND WELL-BEING 1-39 (P. L. Perrewé, C. C. Rosen, J. B. Halbesleben, P. L. Perrewé eds., 2014).

⁴¹W. D. Cockshaw & I. M. Shochet, *The Link Between Belongingness and Depressive Symptoms: An Exploration in the Workplace Interpersonal Context*, 45 AUSTRAL. PSYCHOL. 283 (2010); W. D. Cockshaw, I. M. Shochet & P. L. Obst, *Depression and Belongingness in General and Workplace Contexts: A Cross-Lagged Longitudinal Investigation*, 33 J. SOC. & CLINICAL PSYCHOL. 448 (2014).

⁴²D. L. Rhode, *Law Is The Least Diverse Profession in The Nation. And Lawyers Aren't Doing Enough to Change That*, WASH. POST, *Post Everything*, May 27, 2015, available at https://www.washingtonpost.com/posteverything/wp/2015/05/27/law-is-the-least-diverse-profession-in-the-nation-and-lawyers-arent-doing-enough-to-change-that/?utm_term=.a79ad124eb5cl; see also Aviva Culyer, *Diversity in the Practice of Law: How Far Have We Come?*, G.P. SOLO, Sept./Oct. 2012, available at http://www.americanbar.org/publications/gp_solo/2012/september_october/diversity_practice_law_how_far_have_we_come.html.

⁴³L. S. RIKLEEN, NAT'L ASSOC. WOMEN LAWYERS, REPORT OF THE NINTH ANNUAL NAWL NATIONAL SURVEY ON RETENTION AND PROMOTION OF WOMEN IN LAW FIRMS (2015), available at <http://www.nawl.org/2015nawlsurvey>; S. A. SCHARFL, R. LIEBENBERG, & C. AMALFE, NAT'L ASSOC. WOMEN LAWYERS, REPORT OF THE EIGHTH ANNUAL NAWL NATIONAL SURVEY ON RETENTION AND PROMOTION OF WOMEN IN LAW FIRMS (2014), available at <http://www.nawl.org/p/bl/et/blogid=10&blogid=56>; see also FLA. BAR ASS'N YOUNG LAW. DIVISION COMM'N ON WOMEN, <https://flayld.org/commission-on-women/>.

⁴⁴See C. U. Stacy, *Trends and Innovations Boosting Diversity in the Law and Beyond*, L. PRAC. TODAY, March 14, 2016, available at <http://www.lawpracticetoday.org/article/trends-and-innovations-boosting-diversity-in-the-law-and-beyond>; IL. SUP. CT. COMM'N ON PROFESSIONALISM, DIVERSITY & INCLUSION TOOLKIT, <https://www.2civility.org/programs/cle/cle-resources/diversity-inclusion>.

⁴⁵Ferris, Daniels, & Sexton, *supra* note 40; A. Ramaswami, G. F. Dreher, R. Bretz, & C. Wiethoff, *The Interactive Effects of Gender and Mentoring on Career Attainment: Making the Case for Female Lawyers*, 37 J. CAREER DEV. 692 (2010).

⁴⁶R. NERISON, LAWYERS, ANGER, AND ANXIETY: DEALING WITH THE STRESSES OF THE LEGAL PROFESSION (2010).

⁴⁷D. A. Cotter, *The Positives of Mentoring*, YOUNG LAW. DIV., AM. BAR ASS'N (2017), available at http://www.americanbar.org/publications/tyl/topics/mentoring/the_positives_mentoring.html; M. M. Heekin, *Implementing Psychological Resilience Training in Law Incubators*, 1 J. EXPERIENTIAL LEARNING 286 (2016).

⁴⁸Of the 35 programs, seven are mandatory (GA, NV, NM, OR, SC, UT, and WY) and some are approved for CLE credits. See the American Bar Association for more information: http://www.americanbar.org/groups/professional_responsibility/resources/professionalism/mentoring.html.

⁴⁹J-M Woo & T. T. Postolache, *The Impact of Work Environment on Mood Disorders and Suicide: Evidence and Implications*, 7 INT'L J. DISABILITY & HUMAN DEV. 185 (2008); J. M. Griffin, R. Fuhrer, S. A. Stansfeld, & M. Marmot, *The Importance of Low Control at Work and Home on Depression and Anxiety: Do These Effects Vary by Gender and Social Class?*, 54 SOC. SCI. & MED. 783 (2002).

⁵⁰A. J. Crum, P. Salovey, & S. Achor, *Rethinking Stress: The Role of Mindsets in Determining the Stress Response*, 10 J. PERSONALITY & SOC. PSYCHOL. 716 (2013).



most effective.⁵¹ Research confirms that environments that facilitate control and autonomy contribute to optimal functioning and well-being.⁵²

We recommend that all stakeholders consider how long-standing structures of the legal system, organizational norms, and embedded expectations might be modified to enhance lawyers' sense of control and support a healthier lifestyle. Courts, clients, colleagues, and opposing lawyers all contribute to this problem. Examples of the types of practices that should be reviewed include the following:

- Practices concerning deadlines such as tight deadlines for completing a large volume of work, limited bases for seeking extensions of time, and ease and promptness of procedures for requesting extensions of time;
- Refusal to permit trial lawyers to extend trial dates to accommodate vacation plans or scheduling trials shortly after the end of a vacation so that lawyers must work during that time;
- Tight deadlines set by clients that are not based on business needs;
- Senior lawyer decision-making in matters about key milestones and deadlines without consulting other members of the litigation team, including junior lawyers;
- Senior lawyers' poor time-management habits that result in repeated emergencies and weekend work for junior lawyers and staff;
- Expectations of 24/7 work schedules and of prompt response to electronic messages at all times; and
- Excessive law school workload, controlling teaching styles, and mandatory grading curves.

8. PROVIDE HIGH-QUALITY EDUCATIONAL PROGRAMS ABOUT LAWYER DISTRESS AND WELL-BEING.

All stakeholders should ensure that legal professionals receive training in identifying, addressing, and supporting fellow professionals with mental health and substance use disorders. At a minimum, training should cover the following:

- The warning signs of substance use or mental health disorders, including suicidal thinking;
- How, why, and where to seek help at the first signs of difficulty;
- The relationship between substance use, depression, anxiety, and suicide;
- Freedom from substance use and mental health disorders as an indispensable predicate to fitness to practice;
- How to approach a colleague who may be in trouble;
- How to thrive in practice and manage stress without reliance on alcohol and drugs; and
- A self-assessment or other check of participants' mental health or substance use risk.

As noted above, to help reduce stigma, such programs should consider enlisting the help of recovering lawyers who are successful members of the legal community. Some evidence reflects that social norms predict problem drinking even more so than stress.⁵³ Therefore, a team-based training program may be most effective because it focuses on the level at which the social norms are enforced.⁵⁴

Given the influence of drinking norms throughout the profession, however, isolated training programs are not sufficient. A more comprehensive, systemic campaign is likely to be the most effective—though certainly the most challenging.⁵⁵ All stakeholders will be critical players in such an aspirational goal. Long-term strategies should consider scholars' recommendations to incorporate mental health and substance use disorder training into broader health-promotion programs to help skirt the stigma that may otherwise deter attendance.

⁵¹S. Joyce, M. Modini, H. Christensen, A. Mykletun, R. Bryant, P. B. Mitchell, & S. B. Harvey, *Workplace Interventions for Common Mental Disorders: A Systematic Meta-Review*, 46 PSYCHOL. MED. 683, 693 (2016).

⁵²Y.-L. Su & J. Reeve, *A Meta-Analysis of the Effectiveness of Intervention Programs Designed to Support Autonomy*, 23 EDUC. PSYCHOL. REV. 159 (2011).

⁵³D. C. Hodgins, R. Williams, & G. Munro, *Workplace Responsibility, Stress, Alcohol Availability and Norms as Predictors of Alcohol Consumption-Related Problems Among Employed Workers*, 44 SUBSTANCE USE & MISUSE 2062 (2009).

⁵⁴C. Kolar & K. von Treuer, *Alcohol Misuse Interventions in the Workplace: A Systematic Review of Workplace and Sports Management Alcohol Interventions*, 13 INT'L J. MENTAL HEALTH ADDICTION 563 (2015); e.g., J. B. Bennett, W. E. K. Lehman, G. S. Reynolds, *Team Awareness for Workplace Substance Abuse Prevention: The Empirical and Conceptual Development of a Training Program*, 1 PREVENTION SCI. 157 (2000).

⁵⁵Kolar & von Treuer, *supra* note 54.



Research also suggests that, where social drinking has become a ritual for relieving stress and for social bonding, individuals may resist efforts to deprive them of a valued activity that they enjoy. To alleviate resistance based on such concerns, prevention programs should consider making “it clear that they are not a temperance movement, only a force for moderation,” and that they are not designed to eliminate bonding but to ensure that drinking does not reach damaging dimensions.⁵⁶

Additionally, genuine efforts to enhance lawyer well-being must extend beyond disorder detection and treatment. Efforts aimed at remodeling institutional and organizational features that breed stress are

Well-being efforts must extend beyond detection and treatment and address root causes of poor health.

crucial, as are those designed to cultivate lawyers’ personal resources to boost resilience. All stakeholders should participate in the development and delivery of educational materials and programming that go beyond detection to include causes and consequences of distress. These programs should be eligible for CLE credit, as discussed in Recommendation 20.3. **Appendix B** to this report offers examples of well-being-related educational content, along with empirical evidence to support each example.

9. GUIDE AND SUPPORT THE TRANSITION OF OLDER LAWYERS.

Like the general population, the lawyer community is aging and lawyers are practicing longer.⁵⁷ In the Baby Boomer generation, the oldest turned 62 in 2008, and the youngest will turn 62 in 2026.⁵⁸ In law firms, one estimate indicates that nearly 65 percent of equity partners will retire over the next decade.⁵⁹ Senior lawyers can bring much to the table, including their wealth of experience, valuable public service, and mentoring of new lawyers. At the same time, however, aging lawyers have an increasing risk for declining physical and mental capacity. Yet few lawyers and legal organizations have sufficiently prepared to manage transitions away from the practice of law before a crisis occurs. The result is a rise in regulatory and other issues relating to the impairment of senior lawyers. We make the following recommendations to address these issues:



Planning Transition of Older Lawyers

1. Provide education to detect cognitive decline.
2. Develop succession plans.
3. Create transition programs to respectfully aid retiring professionals plan for their next chapter.

⁵⁶R. F. Cook, A. S. Back, J. Trudeau, & T. McPherson, *Integrating Substance Abuse Prevention into Health Promotion Programs in the Workplace: A Social Cognitive Intervention Targeting the Mainstream User*, in PREVENTING WORKPLACE SUBSTANCE ABUSE: BEYOND DRUG TESTING TO WELLNESS 97 (W. K. Lehman, J. B. Bennett eds., 2003).

⁵⁷A recent American Bar Association report reflected that, in 2005, 34 percent of practicing lawyers were age fifty-five or over, compared to 25 percent in 1980. See LAWYER DEMOGRAPHICS, A.B.A. SEC. OF LEGAL EDUC. & ADMISSIONS TO THE BAR (2016), available at http://www.americanbar.org/content/dam/aba/administrative/market_research/lawyer-demographics-tables-2016.authcheckdam.pdf.

⁵⁸E. A. McNickle, A Grounded Theory Study of Intrinsic Work Motivation Factors Influencing Public Utility Employees Aged 55 and Older as Related to Retirement Decisions (2009) (doctoral dissertation, Capella University) (available from ProQuest Dissertations and Theses Database).

⁵⁹M. P. Shannon, *A Short Course in Succession Planning*, 37 L. PRAC. MAG. (2011), available at http://www.americanbar.org/publications/law_practice_magazine/2011/may_june/a_short_course_in_succession_planning.html.



First, all stakeholders should create or support programming for detecting and addressing cognitive decline in oneself and colleagues.

Second, judges, legal employers, bar associations, and regulators should develop succession plans, or provide education on how to do so, to guide the transition of aging legal professionals. Programs should include help for aging members who show signs of diminished cognitive skills, to maintain their dignity while also assuring they are competent to practice.⁶⁰ A model program in this regard is the North Carolina Bar Association's Senior Lawyers Division.⁶¹

Third, we recommend that legal employers, law firms, courts, and law schools develop programs to aid the transition of retiring legal professionals. Retirement can enhance or harm well-being depending on the individual's adjustment process.⁶² Many lawyers who are approaching retirement age have devoted most of their adult lives to the legal profession, and their identities often are wrapped up in their work. Lawyers whose self-esteem is contingent on their workplace success are likely to delay transitioning and have a hard time adjusting to retirement.⁶³ Forced retirement that deprives individuals of a sense of control over the exit timing or process is particularly harmful to well-being and long-term adjustment to retirement.⁶⁴

To assist stakeholders in creating the programming to guide and support transitioning lawyers, the Task Force sets out a number of suggestions in **Appendix C**.

10. DE-EMPHASIZE ALCOHOL AT SOCIAL EVENTS.

Workplace cultures or social climates that support alcohol consumption are among the most consistent predictors of employee drinking. When employees drink

together to unwind from stress and for social bonding, social norms can reinforce tendencies toward problem drinking and stigmatize seeking help. On the other hand, social norms can also lead colleagues to encourage those who abuse alcohol to seek help.⁶⁵

In the legal profession, social events often center around alcohol consumption (e.g., "Happy Hours," "Bar Reviews," networking receptions, etc.). The expectation of drinking is embedded in the culture, which may contribute to over-consumption. Legal employers, law schools, bar associations, and other stakeholders that plan social events should provide a variety of alternative non-alcoholic beverages and consider other types of activities to promote socializing and networking. They should strive to develop social norms in which lawyers discourage heavy drinking and encourage others to seek help for problem use.

11. UTILIZE MONITORING TO SUPPORT RECOVERY FROM SUBSTANCE USE DISORDERS.

Extensive research has demonstrated that random drug and alcohol testing (or "monitoring") is an effective way of supporting recovery from substance use disorders and increasing abstinence rates. The medical profession has long relied on monitoring as a key component of its treatment paradigm for physicians, resulting in long-term recovery rates for that population that are between 70-96 percent, which is the highest in all of the treatment outcome literature.⁶⁶ One study found that 96 percent of medical professionals who were subject to random drug tests remained drug-free, compared to only 64 percent of those who were not subject to mandatory testing.⁶⁷ Further, a national survey of physician health programs found that among medical professionals who completed their prescribed treatment requirements (including monitoring), 95 percent were licensed and actively

⁶⁰See generally W. SLEASE ET AL., NOBC-APRL-COLAP SECOND JOINT COMMITTEE ON AGING LAWYERS, FINAL REPORT (2014), available at http://www.americanbar.org/content/dam/aba/administrative/lawyer_assistance/ls_colap_nobc_aprl_colap_second_joint_committee_aging_lawyers.authcheckdam.pdf.

⁶¹Senior Lawyers Division, N. C. Bar Ass'n, <https://www.ncbar.org/members/divisions/senior-lawyers/>.

⁶²N. Houliort, C. Fernet, R. J. Vallerand, A. Laframboise, F. Guay, & R. Koestner, *The Role of Passion for Work and Need for Satisfaction in Psychological Adjustment to Retirement*, 88 J. VOCATIONAL BEHAVIORS 84 (2015).

⁶³*Id.*

⁶⁴E. Dingemans & K. Henkens, *How Do Retirement Dynamics Influence Mental Well-Being in Later Life? A 10-Year Panel Study*, 41 SCANDINAVIAN J. WORK, ENV'T & HEALTH 16 (2015); A. M. Muratore & J. K. Earl, *Improving Retirement Outcomes: The Role of Resources, Pre-Retirement Planning and Transition Characteristics*, 35 AGEING & SOC. 2100 (2015).

⁶⁵J. B. Bennett, C. R. Patterson, G. S. Reynolds, W. L. Wiitala, & W. K. Lehman, *Team Awareness, Problem Drinking, and Drinking Climate: Workplace Social Health Promotion in a Policy Context*, 19 AM. J. HEALTH PROMOTION 103 (2004).

⁶⁶R. L. DuPont, A. T. McLellan, W. L. White, L. Merlo & M. S. Gold, *Setting the Standard for Recovery: Physicians Health Programs Evaluation Review*, 36 J. SUBSTANCE ABUSE TREATMENT 159 (2009).

⁶⁷J. Shore, *The Oregon Experience with Impaired Physicians on Probation: An Eight Year Follow-Up*, 257 J. AM. MED. ASS'N 2931 (1987).



working in the health care field at a five year follow-up after completing their primary treatment program.⁶⁸ In addition, one study has found that physicians undergoing monitoring through physician health programs experienced lower rates of malpractice claims.⁶⁹

Such outcomes are not only exceptional and encouraging, they offer clear guidance for how the legal profession could better address its high rates of substance use disorders and increase the likelihood of positive outcomes. Although the benefits of monitoring have been recognized by various bar associations, lawyer assistance programs, and employers throughout the legal profession, a uniform or “best practices” approach to the treatment and recovery management of lawyers has been lacking. Through advances in monitoring technologies, random drug and alcohol testing can now be administered with greater accuracy and reliability—as well as less cost and inconvenience—than ever before. Law schools, legal employers, regulators, and lawyer assistance programs would all benefit from greater utilization of monitoring to support individuals recovering from substance use disorders.

12. BEGIN A DIALOGUE ABOUT SUICIDE PREVENTION.

It is well-documented that lawyers have high rates of suicide.⁷⁰ The reasons for this are complicated and varied, but some include the reluctance of attorneys to ask for help when they need it, high levels of depression amongst legal professionals, and the stressful nature of the job.⁷¹ If we are to change these statistics, stakeholders need to provide education and take action. Suicide, like mental health or substance use disorders, is a highly stigmatized topic. While it is an issue that touches many of us, most people are uncomfortable discussing suicide. Therefore, stakeholders must make a concerted effort towards suicide prevention to demonstrate to the legal community that we are not

afraid of addressing this issue. We need leaders to encourage dialogue about suicide prevention.

One model for this is through a “Call to Action,” where members of the legal community and stakeholders from lawyer assistance programs, the judiciary, law firms, law schools, and bar associations are invited to attend a presentation and community discussion about the issue.



Call to Action

- ✓ **Organize “Call to Action” events to raise awareness.**
- ✓ **Share stories of those affected by suicide.**
- ✓ **Provide education about signs of depression and suicidal thinking.**
- ✓ **Learn non-verbal signs of distress.**
- ✓ **Collect and publicize available resources.**

When people who have been affected by the suicide of a friend or colleague share their stories, other members of the legal community begin to better understand the impact and need for prevention.⁷² In addition, stakeholders can schedule educational presentations that incorporate information on the signs and symptoms of suicidal thinking along with other mental health/

⁶⁸R. L. DuPont, A. T. McLellan, G. Carr, M. Gendel, & G. E. Skipper, *How Are Addicted Physicians Treated? A National Survey of Physician Health Programs*, 37 J. SUBSTANCE ABUSE TREATMENT 1 (2009).

⁶⁹E. Brooks, M. H. Gendel, D. C. Gundersen, S. R. Early, R. Schirmacher, A. Lembitz, & J. H. Shore, *Physician Health Programs and Malpractice Claims: Reducing Risk Through Monitoring*, 63 OCCUPATIONAL MED. 274 (2013).

⁷⁰R. Flores & R. M. Arce, *Why Are Lawyers Killing Themselves?*, CNN, Jan. 20, 2014, <http://www.cnn.com/2014/01/19/us/lawyer-suicides/>. If you or someone you know is experiencing suicidal thinking, please seek help immediately. The National Suicide Prevention Lifeline can be reached at 1-800-273-8255, <https://suicidepreventionlifeline.org>.

⁷¹*Id.*

⁷²The Colorado Lawyer Assistance Program sponsored one such Call to Action on January 21, 2016, in an effort to generate more exposure to this issue so the legal community better understands the need for dialogue and prevention.



substance use disorders. These can occur during CLE presentations, staff meetings, training seminars, at law school orientations, bar association functions, etc. Stakeholders can contact their state lawyer assistance programs, employee assistance program agencies, or health centers at law schools to find speakers, or referrals for counselors or therapists so that resources are available for family members of lawyers, judges, and law students who have taken their own life.

It's important for all stakeholders to understand that, while lawyers might not tell us that they are suffering, they will show us through various changes in behavior and communication styles. This is so because the majority of what we express is non-verbal.⁷³ Becoming better educated about signs of distress will enable us to take action by, for example, making health-related inquiries or directing them to potentially life-saving resources.

13. SUPPORT A LAWYER WELL-BEING INDEX TO MEASURE THE PROFESSION'S PROGRESS.

We recommend that the ABA coordinate with state bar associations to create a well-being index for the legal profession that will include metrics related to lawyers, staff, clients, the legal profession as a whole, and the broader community. The goal would be to optimize the well-being of all of the legal profession's stakeholders.⁷⁴ Creating such an index would correspond with a growing worldwide consensus that success should not be measured solely in economic terms. Measures of well-

being also have an important role to play in defining success and informing policy.⁷⁵ The index would help track progress on the transformational effort proposed in this report. For law firms, it also may help counter-balance the "profits per partner metric" that has been published by *The American Lawyer* since the late 1980s, and which some argue has driven the profession away from its core values. As a foundation for building the well-being index, stakeholders could look to, for example, criteria used in *The American Lawyer's* Best Places to Work survey, or the Tristan Jepson Memorial Foundation's best practice guidelines for promoting psychological well-being in the legal profession.⁷⁶

⁷³ALBERT MEHRABIAN, SILENT MESSAGES: IMPLICIT COMMUNICATION OF EMOTIONS AND ATTITUDES (1972).

⁷⁴See R. E. FREEMAN, J. S. HARRISON, & A. WICKS, MANAGING FOR STAKEHOLDERS: SURVIVAL, REPUTATION, AND SUCCESS (2007); J. MACKEY & R. SISODIA, CONSCIOUS CAPITALISM: LIBERATING THE HEROIC SPIRIT OF BUSINESS (2014).

⁷⁵L. Fasolo, M. Galetto, & E. Turina, *A Pragmatic Approach to Evaluate Alternative Indicators to GDP*, 47 QUALITY & QUANTITY 633 (2013); WORLD HAPPINESS REPORT (J. Helliwell, R. Layard, & J. Sachs eds., 2013), available at http://unsdsn.org/wp-content/uploads/2014/02/WorldHappinessReport2013_online.pdf; G. O'Donnell, *Using Well-Being as a Guide to Public Policy*, in WORLD HAPPINESS REPORT.

⁷⁶The Tristan Jepson Memorial Foundation's Guidelines are available at http://tjmf.client.fatbeehive.com.au/wp/wp-content/uploads/TJMFmentalHealthGuidelines_A4_140427.pdf.





“A tree with strong roots laughs at storms.” — Malay Proverb

Judges occupy an esteemed position in the legal profession and society at large. For most, serving on the bench is the capstone of their legal career. The position, however, can take a toll on judges’ health and well-being. Judges regularly confront contentious, personal, and vitriolic proceedings. Judges presiding over domestic relations dockets make life-changing decisions for children and families daily.⁷⁷ Some report lying awake at night worrying about making the right decision or the consequences of that decision.⁷⁸ Other judges face the stress of presiding over criminal cases with horrific underlying facts.⁷⁹

Also stressful is the increasing rate of violence against judges inside and outside the courthouse.⁸⁰ Further, many judges contend with isolation in their professional lives and sometimes in their personal lives.⁸¹ When a judge is appointed to the bench, former colleagues who were once a source of professional and personal support can become more guarded and distant.⁸² Often, judges do not have feedback on their performance. A number take the bench with little preparation, compounding the sense of going it alone.⁸³ Judges also cannot “take off the robe” in every day interactions outside the courthouse because of their elevated status in society, which can contribute to social isolation.⁸⁴ Additional stressors include re-election in certain jurisdictions.⁸⁵ Limited judicial resources coupled with time-intensive, congested dockets are a pronounced problem.⁸⁶ More recently, judges have reported a sense of diminishment

in their estimation among the public at large.⁸⁷ Even the most astute, conscientious, and collected judicial officer can struggle to keep these issues in perspective.

We further recognize that many judges have the same reticence in seeking help out of the same fear of embarrassment and occupational repercussions that lawyers have. The public nature of the bench often heightens the sense of peril in coming forward.⁸⁸ Many judges, like lawyers, have a strong sense of perfectionism and believe they must display this perfectionism at all times.⁸⁹ Judges’ staff can act as protectors or enablers of problematic behavior. These are all impediments to seeking help. In addition, lawyers, and even a judge’s colleagues, can be hesitant to report or refer a judge whose behavior is problematic for fear of retribution.

In light of these barriers and the stressors inherent in the unique role judges occupy in the legal system, we make the following recommendations to enhance well-being among members of the judiciary.

14. COMMUNICATE THAT WELL-BEING IS A PRIORITY.

The highest court in each state should set the tone for the importance of the well-being of judges. Judges are not immune from suffering from the same stressors as lawyers, and additional stressors are unique to work as a jurist.

⁷⁷A. Resnick, K. Myatt, & P. Marotta, *Surviving Bench Stress*, 49 FAM. CT. REV. 610, 610-11 (2011).

⁷⁸*Id.* at 611-12.

⁷⁹M. K. Miller, D. M. Flores, & A. N. Dolezilek, *Addressing the Problem of Courtroom Stress*, 91 JUDICATURE 60, 61, 64 (2007); J. Chamberlain & M. Miller, *Evidence of Secondary Traumatic Stress, Safety Concerns, and Burnout Among a Homogeneous Group of Judges in a Single Jurisdiction*, 37 J. AM. ACAD. PSYCHIATRY L. 214, 215 (2009).

⁸⁰Miller, Flores, & Dolezilek, *supra* note 79, at 60-61; see also T. FAUTSKO, S. BERSON, & S. SWENSEN, NAT’L CTR. FOR STATE CTS., STATUS OF COURT SECURITY IN STATE COURTS – A NATIONAL PERSPECTIVE (2013), available at http://ncsc.contentdm.oclc.org/cdm/ref/collection/facilities/id/184#img_view_container.

⁸¹I. Zimmerman, *Helping Judges in Distress*, 90 JUDICATURE 10, 13 (2006).

⁸²*Id.*

⁸³C. Bremer, *Reducing Judicial Stress Through Mentoring*, 87 JUDICATURE 244-45 (2004).

⁸⁴Resnick, Myatt, & Marotta, *supra* note 77, at 610.

⁸⁵*Id.* at 610-11; Zimmerman, *supra* note 81, at 11-12.

⁸⁶Resnick, Myatt, Marotta, *supra* note 77, at 610.

⁸⁷*Judges Are Feeling Less Respected*, NAT’L JUDICIAL C. (2017), available at <http://www.judges.org/judges-feeling-less-respected/>.

⁸⁸S. KRAUSS, N. STEK, W. DRESSEL, AM. BAR ASS’N COMM’N ON LAW. ASSISTANCE PROGRAMS, HELPING JUDGES, MODULE 1 – OVERVIEW OF A JUDICIAL ASSISTANCE PROGRAM (2010); Zimmerman, *supra* note 81, at 13.

⁸⁹R. L. Childers, *Got Stress? Using CoLAP and Its New Judicial Assistance Project*, JUDGES JOURNAL (2006); Chamberlain & Miller, *supra* note 79, at 220.

15. DEVELOP POLICIES FOR IMPAIRED JUDGES.

It is essential that the highest court and its commission on judicial conduct implement policies and procedures for intervening with impaired members of the judiciary. For example, the highest court should consider adoption of policies such as a Diversion Rule for Judges in appropriate cases. Administrative and chief judges also should implement policies and procedures for intervening with members of the judiciary who are impaired in compliance with Model Rule of Judicial Conduct 2.14. They should feel comfortable referring members to judicial or lawyer assistance programs. Educating judicial leaders about the confidential nature of these programs will go a long way in this regard. Judicial associations and educators also should promote CoLAP's judicial peer support network, as well as the National Helpline for Judges Helping Judges.⁹⁰

16. REDUCE THE STIGMA OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

As reflected in Recommendation 4, the stigma surrounding mental health and substance use disorders poses an obstacle to treatment. Judges are undisputed leaders in the legal profession. We recommend they work to reduce this stigma by creating opportunities for open dialogue. Simply talking about these issues helps combat the unease and discomfort that causes the issues to remain unresolved. In a similar vein, we encourage judges to participate in the activities of lawyer assistance programs, such as volunteering as speakers and serving as board members. This is a powerful way to convey to lawyers, law students, and other judges the importance of lawyer assistance programs and to encourage them to access the programs' resources.

17. CONDUCT JUDICIAL WELL-BEING SURVEYS.

This report was triggered in part by the Study and the Survey of Law Student Well-Being. No comparable research has been conducted of the judiciary. We recommend that CoLAP and other concerned entities conduct a broad-based survey of the judiciary to

determine the state of well-being and the prevalence of issues directly related to judicial fitness such as burnout, compassion fatigue, mental health, substance use disorders and help-seeking behaviors.

18. PROVIDE WELL-BEING PROGRAMMING FOR JUDGES AND STAFF.

Judicial associations should invite lawyer assistance program directors and other well-being experts to judicial conferences who can provide programming on topics related to self-care as well as resources available to members of the judiciary experiencing mental health or



- ✓ Design well-being education specifically for judges.
- ✓ Connect judges for support and mentoring.
- ✓ Publish well-being resources tailored to judges.

substance use disorders. Topics could include burnout, secondary traumatic stress, compassion fatigue, strategies to maintain well-being, as well as identification of and intervention for mental health and substance use disorders.

Judicial educators also should make use of programming that allows judges to engage in mutual support and sharing of self-care strategies. One such example is roundtable discussions held as part of judicial conferences or establishing a facilitated mentoring

⁹⁰The ABA-sponsored National Helpline for Judges Helping Judges is 1-800-219-6474.



program or mentoring circle for judicial members. We have identified isolation as a significant challenge for many members of the judiciary. Roundtable discussions and mentoring programs combat the detrimental effects of this isolation.⁹¹

Judicial associations and educators also should develop publications and resources related to well-being, such as guidebooks. For example, a judicial association could create wellness guides such as “A Wellness Guide for Judges of the California State Courts.” This sends the signal that thought leaders in the judiciary value well-being.

19. MONITOR FOR IMPAIRED LAWYERS AND PARTNER WITH LAWYER ASSISTANCE PROGRAMS

Judges often are among the first to detect lawyers suffering from an impairment. Judges know when a lawyer is late to court regularly, fails to appear, or appears in court under the influence of alcohol or drugs. They witness incomprehensible pleadings or cascading requests for extensions of time. We believe judges have a keen pulse on when a lawyer needs help. With the appropriate training, judges’ actions can reduce client harm and save a law practice or a life. We make the following recommendations tailored to helping judges help the lawyers appearing before them.

Consistent with Recommendation 5.1, judges should become familiar with lawyer assistance programs in their state. They should learn how best to make referrals to the program. They should understand the confidentiality protections surrounding these referrals. Judges also should invite lawyer assistance programs to conduct educational programming for lawyers in their jurisdiction using their courtroom or other courthouse space.

Judges, for example, can devote a bench-bar luncheon at the courthouse to well-being and invite representatives of the lawyers assistance program to the luncheon.

Judicial educators should include a section in bench book-style publications dedicated to lawyer assistance programs and their resources, as well as discussing how to identify and handle lawyers who appear to have mental health or substance use disorders. Further, judges and their staff should learn the signs of mental health and substance use disorders, as well as strategies for intervention, to assist lawyers in their courtrooms who may be struggling with these issues. Judges can also advance the well-being of lawyers who appear before them by maintaining courtroom decorum and de-escalating the hostilities that litigation often breeds.

⁹⁰The ABA-sponsored National Helpline for Judges Helping Judges is 1-800-219-6474.

⁹¹For more information on judicial roundtables, see AM. BAR ASS’N COMM’N ON LAW. ASSISTANCE PROGRAMS, JUDICIAL ROUNDTABLES, available at https://www.americanbar.org/content/dam/aba/administrative/lawyer_assistance/ls_colap_Judicial_Roundtable_Protocols.authcheckdam.pdf.





*“You can do what I cannot do. I can do what you cannot do.
Together we can do great things.” — Mother Teresa*

Regulators play a vital role in fostering individual lawyer well-being and a professional culture that makes it possible. We broadly define “regulators” to encompass all stakeholders who assist the highest court in each state in regulating the practice of law.⁹² This definition includes lawyers and staff in regulatory offices; volunteer lawyer and non-lawyer committee, board, and commission members; and professional liability lawyers who advise law firms and represent lawyers in the regulatory process.

Courts and their regulators frequently witness the conditions that generate toxic professional environments, the impairments that may result, and the negative professional consequences for those who do not seek help. Regulators are well-positioned to improve and adjust the regulatory process to address the conditions that produce these effects. As a result, we propose that the highest court in each state set an agenda for action and send a clear message to all participants in the legal system that lawyer well-being is a high priority.

Transform the profession’s perception of regulators from police to partner.

To carry out the agenda, regulators should develop their reputation as partners with practitioners. The legal profession often has a negative perception of regulators,

who typically appear only when something has gone awry. Regulators can transform this perception by building their identity as partners with the rest of the legal community rather than being viewed only as its “police.”

Most regulators are already familiar with the 1992 Report of the Commission on Evaluation of Disciplinary Enforcement—better known as the “McKay Commission Report.”⁹³ It recognized and encouraged precisely what we seek to do through this report: to make continual improvements to the lawyer regulation process to protect the public and assist lawyers in their professional roles. Accordingly, we offer the following recommendations to ensure that the regulatory process proactively fosters a healthy legal community and provides resources to rehabilitate impaired lawyers.

20. TAKE ACTIONS TO MEANINGFULLY COMMUNICATE THAT LAWYER WELL-BEING IS A PRIORITY.

20.1. Adopt Regulatory Objectives That Prioritize Lawyer Well-Being.

In 2016, the Conference of Chief Justices adopted a resolution recommending that each state’s highest court consider the ABA’s proposed Model Regulatory Objectives.⁹⁴ Among other things, those objectives sought to encourage “appropriate preventive or wellness programs.” By including a wellness provision, the ABA recognized the importance of the human element in the practice of law: To accomplish all other listed objectives, the profession must have healthy, competent lawyers. The Supreme Court of Colorado already has adopted

⁹²See AM. BAR ASS’N RESOL. 105 (February 2016).

⁹³AM BAR ASS’N COMM’N ON EVALUATION OF DISCIPLINARY ENFORCEMENT, LAWYER REGULATION FOR A NEW CENTURY: REPORT OF THE COMMISSION ON EVALUATION OF DISCIPLINARY ENFORCEMENT (1992), available at http://www.americanbar.org/groups/professional_responsibility/resources/report_archive/mckay_report.html.

⁹⁴RESOL. 105, *supra* note 92.

a version of the ABA's Regulatory Objectives. In doing so, it recommended proactive programs offered by the Colorado Lawyer Assistance Program and other organizations to assist lawyers throughout all stages of their careers to practice successfully and serve their clients.⁹⁵ The Supreme Court of Washington also recently enacted regulatory objectives.⁹⁶

We recommend that the highest court in each U.S. jurisdiction follow this lead. Each should review the ABA and Colorado regulatory objectives and create its own objectives that specifically promote effective lawyer assistance and other proactive programs relating to well-being. Such objectives will send a clear message that the court prioritizes lawyer well-being, which influences competent legal services. This, in turn, can boost public confidence in the administration of justice.

20.2. Modify the Rules of Professional Conduct to Endorse Well-Being As Part of a Lawyer's Duty of Competence.

ABA Model Rule of Professional Conduct 1.1 (Competence) states that lawyers owe a duty of competence to their clients. "Competent" representation is defined to require "the legal knowledge, skill, thoroughness and preparation reasonably necessary for the representation."⁹⁷ We recommend revising this Rule and/or its Comments to more clearly include lawyers' well-being in the definition of "competence."

One alternative is to include language similar to California's Rule of Professional Conduct 3-110, which defines "competence" to include the "mental, emotional, and physical ability reasonably necessary" for the representation.⁹⁸ A second option is to amend the Comments to Rule 1.1 to clarify that professional competence requires an ability to comply with all of the Court's essential eligibility requirements (see Recommendation 21.2 below).

Notably, we do not recommend discipline solely for a

lawyer's failure to satisfy the well-being requirement or the essential eligibility requirements. Enforcement should proceed only in the case of actionable misconduct in the client representation or in connection with disability proceedings under Rule 23 of the ABA Model Rules for Disciplinary Enforcement. The goal of the proposed amendment is not to threaten lawyers with discipline for poor health but to underscore the importance of well-being in client representations. It is intended to remind lawyers that their mental and physical health impacts clients and the administration of justice, to reduce stigma associated with mental health disorders, and to encourage preventive strategies and self-care.

20.3. Expand Continuing Education Requirements to Include Well-Being Topics.

We recommend expanding continuing education requirements for lawyers and judges to mandate credit for mental health and substance use disorder programming and allow credit for other well-being-related topics that affect lawyers' professional capabilities.

In 2017, the ABA proposed a new Model Continuing Legal Education (MCLE) Rule that recommends mandatory mental health programming. The Model Rule requires lawyers to earn at least one credit hour every three years of CLE programming that addresses the prevention, detection, and/or treatment of "mental health and substance use disorders." We recommend that all states adopt this provision of the Model Rule. Alternatively, states could consider authorizing ethics credit (or other specialized credits) for CLE programs that address these topics. California and Illinois are examples of state bars that already have such requirements.⁹⁹

The ABA's new Model Rule also provisionally recommends that states grant CLE credit for "Lawyer Well-Being Programming." The provision encompasses a broader scope of topics than might fall under a narrow definition of mental health and substance use

⁹⁵Washington Courts, Suggested Amendments to General Rules (2017), http://www.courts.wa.gov/court_rules/?fa=court_rules.proposedRuleDisplay&ruleId=549.

⁹⁷MODEL RULES PROF. CONDUCT R. 1.1 (2017), available at https://www.americanbar.org/groups/professional_responsibility/publications/model_rules_of_professional_conduct/rule_1_1_competence.html.

⁹⁸CAL. RULES PROF'L CONDUCT R. 3-110, available at <http://www.calbar.ca.gov/Attorneys/Conduct-Discipline/Rules/Rules-of-Professional-Conduct/Current-Rules/Rule-3-110>.

⁹⁹See RULES OF THE STATE BAR OF CAL., Title 2, Div. 4, R. 2.72 (2017); ILL. SUP. CT. R. 794(d)(1) (2017).



disorders. Tennessee is one example of a pioneering state that authorizes credit for a broad set of well-being topics. Its CLE Regulation 5H authorizes ethics and professionalism credit for programs that are designed, for example, to: enhance optimism, resilience, relationship skills, and energy and engagement in their practices; connect lawyers with their strengths and values; address stress; and to foster cultures that support outstanding professionalism.¹⁰⁰ We recommend that regulators follow Tennessee's lead by revising CLE rules to grant credit for similar topics.

20.4. Require Law Schools to Create Well-Being Education for Students as An Accreditation Requirement.

In this recommendation, the Task Force recognizes the ABA's unique role as accreditor for law schools through the Council of the Section of Legal Education and Admissions to the Bar of the ABA.¹⁰¹ The Task Force recommends that the Council revise the Standards and Rules of Procedure for Approval of Law Schools to require law schools to create well-being education as a criterion for ABA accreditation. The ABA should require law schools to publish their well-being-related resources on their websites. These disclosures can serve as resources for other law schools as they develop and improve their own programs. Examples of well-being education include a mandatory one credit-hour course on well-being topics or incorporating well-being topics in to the professional responsibility curriculum.

A requirement similar to this already has been implemented in the medical profession for hospitals that operate residency programs. Hospitals that operate Graduate Medical Education programs to train residents must comply with the Accreditation Council for Graduate Medical Education (ACGME) Program Requirements. The ACGME requires hospitals to “be committed to and

responsible for . . . resident well-being in a supportive educational environment.”¹⁰² This provision requires that teaching hospitals have a documented strategy for promoting resident well-being and, typically, hospitals develop a wellness curriculum for residents.

21. ADJUST THE ADMISSIONS PROCESS TO SUPPORT LAW STUDENT WELL-BEING.

To promote law student well-being, regulations governing the admission to the practice of law should facilitate the treatment and rehabilitation of law students with impairments.

21.1. Re-Evaluate Bar Application Inquiries About Mental Health History.

Most bar admission agencies include inquiries about applicants' mental health as part of fitness evaluations for licensure. Some critics have contended that the deterrent effect of those inquiries discourages persons in need of help from seeking it. Not everyone agrees with that premise, and some argue that licensing of professionals necessarily requires evaluation of all risks that an applicant may pose to the public. Over the past several decades, questions have evolved to be more tightly focused and to elicit only information that is current and germane. There is continuing controversy over the appropriateness of asking questions about mental health at all. The U.S. Department of Justice has actively encouraged states to eliminate questions relating to mental health, and some states have modified or eliminated such questions.¹⁰³ In 2015, the ABA adopted a resolution that the focus should be directed “on conduct or behavior that impairs an applicant's ability to practice law in a competent, ethical, and professional manner.”¹⁰⁴ We recommend that each state follow the ABA and more closely focus on such conduct or behavior rather than any diagnosis or treatment history.

¹⁰⁰TENN. COMM'N ON CONTINUING LEGAL EDUC., REG. 5H (2008), available at <http://www.cletrn.com/images/Documents/Regulations2013.04.16.pdf>.

¹⁰¹See AM. BAR ASS'N, ABA STANDARDS AND RULES OF PROCEDURE FOR APPROVAL OF LAW SCHOOLS 2016-2017, available at https://www.americanbar.org/content/dam/aba/publications/misc/legal_education/Standards/2016_2017_aba_standards_and_rules_of_procedure.authcheckdam.pdf.

¹⁰²ACCREDITATION COUNSEL FOR GRADUATE MEDICAL EDUCATION, CGME COMMON PROGRAM REQUIREMENTS, § VI.A.2, available at https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_07012016.pdf

¹⁰³D. Hudson, *Honesty Is the Best Policy for Character and Fitness Screenings*, A.B.A. J., June 1, 2016, available at http://www.abajournal.com/magazine/article/honesty_is_the_best_policy_for_character_and_fitness_screenings.

¹⁰⁴AM. BAR ASS'N RESOL. 102 (August 2015).



21.2. Adopt Essential Eligibility Admission Requirements.

Promoting lawyer well-being includes providing clear eligibility guidelines for lawyers with mental or physical impairments. Regulators in each state should adopt essential eligibility requirements that affirmatively state the abilities needed to become a licensed lawyer. Their purpose is to provide the framework for determining whether or not an individual has the required abilities, with or without reasonable accommodations.

At least fourteen states have essential eligibility requirements for admission to practice law.¹⁰⁵ These requirements help the applicant, the admissions authority, and the medical expert understand what is needed to demonstrate fitness to practice law. Essential eligibility requirements also aid participants in lawyer disability and reinstatement proceedings, when determinations must be made of lawyers' capacity to practice law.

21.3. Adopt a Rule for Conditional Admission to Practice Law With Specific Requirements and Conditions.

Overly-rigid admission requirements can deter lawyers and law students from seeking help for substance use and mental health disorders. To alleviate this problem, states should adopt conditional admission requirements, which govern applicants for admission to the practice of law who have successfully undergone rehabilitation for substance use or another mental disorder, but whose period of treatment and recovery may not yet be sufficient to ensure continuing success.¹⁰⁶ Conditional admission programs help dismantle the stigma of mental health and substance use disorders as "scarlet letters." Especially for law students, they send a meaningful message that even in the worst circumstances, there is

Rigid admission requirements can deter help-seeking.

hope: seeking help will not block entry into their chosen profession.

21.4. Publish Data Reflecting Low Rate of Denied Admissions Due to Mental Health Disorders and Substance Use.

At present, no state publishes data showing the number of applications for admission to practice law that are actually denied or delayed due to conduct related to substance use and other mental health disorders. From informal discussions with regulators, we know that a low percentage of applications are denied. Publication of this data might help alleviate law students' and other applicants' fears that seeking help for such disorders will inevitably block them from practicing law. Accordingly, we recommend that boards of bar examiners collect and publish such data as another means of encouraging potential applicants to seek help immediately and not delay until after their admission.

22. ADJUST LAWYER REGULATIONS TO SUPPORT WELL-BEING.

22.1. Implement Proactive Management-Based Programs (PMBP) That Include Lawyer Well-Being Components.

PMBP programs encourage best business practices and provide a resource-based framework to improve lawyers' ability to manage their practice. Such programs

¹⁰⁵See, e.g., SUP. CT. OF OHIO, OFF. OF BAR ADMISSIONS, OHIO ESSENTIAL ELIGIBILITY REQUIREMENTS; available at http://www.supremecourt.ohio.gov/AttySvcs/admissions/pdf/ESSENTIAL_ELIGIBILITY_REQUIREMENTS.pdf; MINN. RULES FOR ADMISSION TO THE BAR, RULE 5, available at https://www.revisor.leg.state.mn.us/court_rules/rule.php?type=pr&subtype=admi&id=5; COLO. R. CIV. PROC. 208.1(5), available at http://www.coloradosupremecourt.com/Future%20Lawyers/FAQ_CharacterFitness.asp; WASH. ADMISSION AND PRACTICE RULES, RULE 20(e), available at http://www.courts.wa.gov/court_rules/?fa=court_rules.display&group=ga&set=APR&ruleid=gaaprj; IDAHO BAR COMM'N RULE 201. Other states to adopt essential eligibility requirements include Florida, Illinois, Kentucky, Massachusetts, Minnesota, Nebraska, North Dakota, South Dakota, and Wyoming.

¹⁰⁶About a quarter of all jurisdictions already have conditional admission rules for conduct resulting from substance use or other mental disorders. See 2016 NAT'L CONF. OF BAR EXAMINERS, COMPREHENSIVE GUIDE TO BAR ADMISSIONS REQUIREMENTS, Chart 2: Character and Fitness Determinations (2016). Those states include Arizona, Connecticut, Florida, Idaho, Illinois, Indiana, Kentucky, Louisiana, Minnesota, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Dakota, Oregon, Puerto Rico, Rhode Island, South Dakota, Tennessee, Texas, West Virginia, Wisconsin and Wyoming. Additionally, Guam allows conditional admission for conduct related to substance abuse.



are designed to alleviate practice stress, improve lawyer-client relationships, and enhance career satisfaction.¹⁰⁷ Further, PMBP programs allow regulators to engage with the profession in a service-oriented, positive manner, reducing the anxiety, fear, and distrust that often accompanies lawyers' interactions with regulators.¹⁰⁸ Transforming the perception of regulators so that they are viewed as partners and not only as police will help combat the culture of stress and fear that has allowed mental health and substance use disorders to proliferate.

22.2. Adopt A Centralized Grievance Intake System to Promptly Identify Well-Being Concerns.

We recommend that regulators adopt centralized intake systems. These allow expedited methods for receipt and resolution of grievances and help reduce the stress associated with pending disciplinary matters. With specialized training for intake personnel, such systems also can result in faster identification of and possible intervention for lawyers struggling with substance use or mental health disorders.¹⁰⁹

22.3. Modify Confidentiality Rules to Allow One-Way Sharing of Lawyer Well-Being Related Information From Regulators to Lawyer Assistance Programs.

Regulators' information-sharing practices can contribute to the speed of help to lawyers in need. For example, admissions offices sometimes learn that applicants are suffering from a substance use or other mental health disorder. Other regulators may receive similar information during investigations or prosecutions of lawyer regulation

matters that they consider to be confidential information. To facilitate help for lawyers suffering from such disorders, each state should simplify its confidentiality rules to allow admissions offices and other regulators to share such information immediately with local lawyer assistance programs.

Allowing this one-way flow of information can accelerate help to lawyers who need it. To be clear, the recommended information sharing would be one-way. As always, the lawyer assistance programs would be precluded from sharing any information with any regulators or others.

22.4. Adopt Diversion Programs and Other Alternatives to Discipline That Are Proven Successful in Promoting Well-Being.

Discipline does not make an ill lawyer well. We recommend that regulators adopt alternatives to formal disciplinary proceedings that rehabilitate lawyers with impairments. Diversion programs are one such alternative, and they have a direct and positive impact

Discipline does not make an ill lawyer well.

on lawyer well-being. Diversion programs address minor lawyer misconduct that often features an underlying mental health or substance use disorder.¹¹⁰ When lawyers enter a diversion program, they agree to follow

¹⁰⁷S. Fortney & T. Gordon, *Adopting Law Firm Management Systems to Survive and Thrive: A Study of the Australian Approach to Management-Based Regulation*, 10 U. ST. THOMAS L. J. 152 (2012).

¹⁰⁸L. Terry, *The Power of Lawyer Regulators to Increase Client & Public Protection Through Adoption of a Proactive Regulation System*, 20 LEWIS & CLARK L. REV. 717 (2016).

¹⁰⁹The American Bar Association's Model Rules for Lawyer Disciplinary Enforcement, Rule 1, defines a Central Intake Office as the office that "receive[s] information and complaints regarding the conduct of lawyers over whom the court has jurisdiction" and determines whether to dismiss the complaint or forward it to the appropriate disciplinary agency. The Model Rules for Lawyer Disciplinary Enforcement are available at http://www.americanbar.org/groups/professional_responsibility/resources/lawyer_ethics_regulation/model_rules_for_lawyer_disciplinary_enforcement.html.

¹¹⁰Title 6 of Washington's Rules for Enforcement of Lawyer Conduct provides an excellent overview of when diversion is appropriate and procedures for diversion. It is available through the Washington State Courts website at http://www.courts.wa.gov/court_rules/?fa=court_rules.list&group=ga&set=ELC. Some of the many jurisdictions to adopt such programs are Arizona, Colorado, the District of Columbia, Florida, Illinois, Iowa, Kansas, Louisiana, New Hampshire, New Jersey, Oklahoma, Oregon, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin, and Wyoming.



certain conditions to continue practicing law. Those conditions can include training, drug or alcohol testing, peer assistance, and treatment. Monitoring plays a central role in ensuring compliance with the diversion agreement and helps lawyers successfully transition back to an unconditional practice of law and do so healthy and sober. By conditioning continued practice on treatment for an underlying mental health disorder or substance use disorder, diversion agreements can change a lawyer's life.

In addition, probation programs also promote wellness. Lawyer misconduct that warrants a suspension of a lawyer's license may, under certain circumstances, qualify for probation. In most jurisdictions, the probation period stays the license suspension and lawyers may continue practicing under supervision and specified conditions that include training, testing, monitoring, and treatment. Once again, this places a lawyer facing a mental health or substance use crisis on the path to better client service and a lifetime of greater well-being and sobriety.

23. ADD WELL-BEING-RELATED QUESTIONS TO THE MULTISTATE PROFESSIONAL RESPONSIBILITY EXAM (MPRE).

A 2009 survey reflected that 22.9 percent of professional responsibility/legal ethics professors did not cover substance use and addiction at all in their course, and 69.8 percent addressed the topic in fewer than two hours.¹¹¹ Notwithstanding the pressure to address myriad topics in this course, increased attention must be

given to reduce these issues among our law students. The National Conference of Bar Examiners should consider adding several relevant questions to the MPRE, such as on the confidentiality of using lawyer assistance programs, the frequency of mental health and substance use disorders, and the tie-in to competence and other professional responsibility issues.¹¹² Taking this step underscores both the importance of the topic and the likelihood of students paying closer attention to that subject matter in their course. In addition, professional responsibility casebook authors are encouraged to include a section devoted to the topic, which will in turn compel instructors to teach in this area.

¹¹¹A. M. PERLMAN, M. RAYMOND & L. S. TERRY, A SURVEY OF PROFESSIONAL RESPONSIBILITY COURSES AT AMERICAN LAW SCHOOLS IN 2009, <http://www.legalethicsforum.com/files/pr-survey-results-final.pdf>.

¹¹²See Krill, Johnson, & Albert, *supra* note 1, for the ABA Commission on Lawyer Assistance Programs and Hazelden Betty Ford Foundation Study; Organ, Jaffe, Bender, *supra* note 3, for *Suffering in Silence: The Survey of Law Student Well-Being and the Reluctance of Law Students to Seek Help for Substance Use and Mental Health Concerns*.





“Self-care is not selfish. You cannot serve from an empty vessel.” — Eleanor Brown

Legal employers, meaning all entities that employ multiple practicing lawyers, can play a large role in contributing to lawyer well-being. While this is a broad and sizable group with considerable diversity, our recommendations apply fairly universally. A specific recommendation may need to be tailored to address the realities particular to each context, but the crux of each recommendation applies to all.

24. ESTABLISH ORGANIZATIONAL INFRASTRUCTURE TO PROMOTE WELL-BEING.

24.1. Form A Lawyer Well-Being Committee.

Without dedicated personnel, real progress on well-being strategies will be difficult to implement and sustain.¹¹³ Accordingly, legal employers should launch a well-being initiative by forming a Lawyer Well-Being Committee or appointing a Well-Being Advocate. The advocate or committee should be responsible for evaluating the work environment, identifying and addressing policies and procedures that create the greatest mental distress among employees, identifying how best to promote a positive state of well-being, and tracking progress of well-being strategies. They should prepare key milestones, communicate them, and create accountability strategies.¹¹⁴ They also should develop strategic partnerships with lawyer assistance programs and other well-being experts and stay abreast of developments in the profession and relevant literature.

24.2. Assess Lawyers' Well-Being.

Legal employers should consider continually assessing the state of well-being among lawyers and staff and

whether workplace cultures support well-being. An assessment strategy might include an anonymous survey conducted to measure lawyer and staff attitudes and beliefs about well-being, stressors in the firm that significantly affect well-being, and organizational support for improving well-being in the workplace. Attitudes are formed not only by an organization's explicit messages but also implicitly by how leaders and lawyers actually behave. Specifically related to the organizational climate for support for mental health or substance use disorders, legal employers should collect information to ascertain, for example, whether lawyers:

- Perceive that you, their employer, values and supports well-being.
- Perceive leaders as role modeling healthy behaviors and empathetic to lawyers who may be struggling.
- Can suggest improvements to better support well-being.
- Would feel comfortable seeking needed help, taking time off, or otherwise taking steps to improve their situation.
- Are aware of resources available to assist their well-being.
- Feel expected to drink alcohol at organizational events.
- Feel that substance use and mental health problems are stigmatized.
- Understand that the organization will reasonably accommodate health conditions, including recovery from mental health disorders and addiction.

¹¹³Companies with dedicated wellness personnel achieve, on average, a 10 percent higher rate of employee participation. See OPTUM HEALTHCARE, WELLNESS IN THE WORKPLACE 2012: AN OPTUM RESEARCH UPDATE (Resource Center for Health & Wellbeing White Paper 2012), available at <https://broker.uhc.com/assets/wellness-in-the-workplace-2012-WP.pdf>.

¹¹⁴For guidance on developing their own strategic plan, Well-Being Committees could look to the Tristan Jepson Memorial Foundation's best practice guidelines for promoting psychological well-being in the legal profession, see *supra* note 76. They might also consider creating an information hub to post all well-being related resources. Resources could include information about the growing number of mental health apps. See, e.g., R. E. Silverman, *Tackling Workers' Mental Health, One Text at a Time*, WALL ST. J., July 19, 2016, available at <https://www.wsj.com/articles/tackling-workers-mental-health-one-text-at-a-time-1468953055>; B. A. Clough & L. M. Casey, *The Smart Therapist: A Look to the Future of Smartphones and eHealth Technologies in Psychotherapy*, 46 PROF. PSYCHOL. RES. & PRAC. 147 (2015).

As part of the same survey or conducted separately, legal employers should consider assessing the overall state of lawyers' well-being. Surveys are available to measure concepts like depression, substance use, burnout, work engagement, and psychological well-being. The Maslach Burnout Inventory (MBI) is the most widely used burnout assessment. It has been used to measure burnout among lawyers and law students.¹¹⁵ Programs in the medical profession have recommended a bi-annual distribution of the MBI.¹¹⁶

Legal employers should carefully consider whether internal staff will be able to accurately conduct this type of assessment or whether hiring an outside consultant would be advisable. Internal staff may be more vulnerable to influence by bias, denial, and misinterpretation.

25. ESTABLISH POLICIES AND PRACTICES TO SUPPORT LAWYER WELL-BEING.

Legal employers should conduct an in-depth and honest evaluation of their current policies and practices that relate to well-being and make necessary adjustments. This evaluation should seek input from all lawyers and staff in a safe and confidential manner, which creates transparency that builds trust. **Appendix D** sets out example topics for an assessment.

Legal employers also should establish a confidential reporting procedure for lawyers and staff to convey concerns about their colleagues' mental health or substance use internally, and communicate how lawyers and staff can report concerns to the appropriate disciplinary authority and/or to the local lawyer assistance program. Legal employers additionally should establish a procedure for lawyers to seek confidential help for themselves without being

penalized or stigmatized. CoLAP and state lawyer assistance programs can refer legal employers to existing help lines and offer guidance for establishing an effective procedure that is staffed by properly-trained people.¹¹⁷ We note that the ABA and New York State Bar Association have proposed model law firm policies for handling lawyer impairment that can be used for guidance.¹¹⁸ The ABA has provided formal guidance on managing lawyer impairment.¹¹⁹

25.1. Monitor For Signs of Work Addiction and Poor Self-Care.

Research reflects that about a quarter of lawyers are workaholics, which is more than double that of the 10 percent rate estimated for U.S. adults generally.¹²⁰ Numerous health and relationship problems, including depression, anger, anxiety, sleep problems, weight gain, high blood pressure, low self-esteem, low life satisfaction, work burnout, and family conflict can develop from work addiction. Therefore, we recommend that legal employers monitor for work addiction and avoid rewarding extreme behaviors that can ultimately harm their health. Legal employers should expressly encourage lawyers to make time to care for themselves and attend to other personal obligations. They may also want to consider promoting physical activity to aid health and cognitive functioning.

25.2. Actively Combat Social Isolation and Encourage Interconnectivity.

As job demands have increased and budgets have tightened, many legal employers have cut back on social activities. This could be a mistake. Social support from colleagues is an important factor for coping with stress and preventing negative consequences like burnout.¹²¹ Socializing helps individuals recover from work demands

¹¹⁵See, e.g., S. E. Jackson, J. A. Turner, & A. P. Brief, *Correlates of Burnout Among Public Service Lawyers*, 8 J. ORG. BEHAV. 339 (1987); see also R. Durr, *Creating 'Whole Lawyers': Wellness, Balance, and Performance Excellence At Northwestern University School of Law*, NW. SCH. OF L. (2015), available at http://www.americanbar.org/content/dam/aba/events/professional_responsibility/2015/May/Conference/Materials/8_wellbeing_program_catalog_2014_2015%204%203%2015%20version.authcheckdam.pdf.

¹¹⁶J. Eckleberry-Hunt, A. Van Dyke, D. Lick, & J. Tucciarone, *Changing the Conversation from Burnout to Wellness: Physician Well-being in Residency Training Programs*, 1 J. GRADUATE MED. EDUC. 225 (2009). The MBI is available at <http://www.mindgarden.com/117-maslach-burnout-inventory>.

¹¹⁷CoLAP's website provides help-line information and a directory of state-based lawyer assistance programs: http://www.americanbar.org/groups/lawyer_assistance.html.

¹¹⁸AM. BAR ASS'N RESOL. 118, MODEL LAW FIRM/LEGAL DEPARTMENT IMPAIRMENT POLICY & GUIDELINES (Aug. 1990), available at <https://www.texasbar.com/AM/Template.cfm?Section=Employers1&Template=/CM/ContentDisplay.cfm&ContentID=15131>; NEW YORK STATE BAR ASSOCIATION LAWYER ASSISTANCE COMMITTEE MODEL POLICY, N. Y. STATE BAR ASS'N (2010), available at https://www.nassaubar.org/UserFiles/Model_Policy.pdf.

¹¹⁹AM. BAR ASS'N FORMAL OPINION 03-429 (2003), available at http://www.americanbar.org/content/dam/aba/migrated/cpr/clientpro/03_429.authcheckdam.pdf.

¹²⁰Brafford, *supra* note 2.

¹²¹C. Maslach, W. B. Schaufeli, & M. P. Leiter, *Job Burnout*, 52 ANN. REV. OF PSYCHOL. 397, 415 (2001); T. Reuter & R. Schwarzer, *Manage Stress at Work Through Preventive and Proactive Coping*, in Locke, *supra* note 7.



and can help stave off emotional exhaustion.¹²² It inhibits lawyers feeling isolated and disconnected, which helps with firm branding, messaging, and may help reduce turnover. We recommend deemphasizing alcohol at such events.

26. PROVIDE TRAINING AND EDUCATION ON WELL-BEING, INCLUDING DURING NEW LAWYER ORIENTATION.

We recommend that legal employers provide education and training on well-being-related topics and recruit experts to help them do so. A number of law firms already offer well-being related programs, like meditation, yoga sessions, and resilience workshops.¹²³ We also recommend orientation programs for new lawyers that incorporate lawyer well-being education and training.¹²⁴ Introducing this topic during orientation will signal its importance to the organization and will start the process of developing skills that may help prevent well-being problems. Such programs could:

- Introduce new lawyers to the psychological challenges of the job.¹²⁵
- Reduce stigma surrounding mental health problems.
- Take a baseline measure of well-being to track changes over time.
- Provide resilience-related training.
- Incorporate activities focused on individual lawyers' interests and strengths, and not only on organizational expectations.¹²⁶

Further, law firms should ensure that all members and staff know about resources, including lawyer assistance

programs, that can assist lawyers who may experience mental health and substance use disorders. This includes making sure that members and staff understand confidentiality issues pertaining to those resources.

26.1. Emphasize a Service-Centered Mission.

At its core, law is a helping profession. This can get lost in the rush of practice and in the business aspects of law. Much research reflects that organizational cultures that focus chiefly on materialistic, external rewards can damage well-being and promote a self-only focus. In fact, research shows that intrinsic values like relationship-

Work cultures that constantly emphasize competitive, self-serving goals can harm lawyer well-being.

development and kindness are stifled in organizations that emphasize extrinsic values like competition, power, and monetary rewards.¹²⁷ Work cultures that constantly emphasize competitive, self-serving goals will continually trigger competitive, selfish behaviors from lawyers that harm organizations and individual well-being. This can be psychologically draining. Research of Australian lawyers found that 70 percent reported that the practice of law is bottom-line driven.¹²⁸ Lawyers who reported that the practice of law was primarily about generating profits were more likely to be depressed.¹²⁹ This affects the

¹²²M. J. Tews, J. W. Michel, & K. Stafford, *Does Fun Pay? The Impact of Workplace Fun on Employee Turnover and Performance*, 54 CORNELL HOSPITALITY QUARTERLY, 370 (2013).

¹²³E.g., C. Bushey, *Kirkland & Ellis to Offer Wellness Training to All U.S. Lawyers*, CRAIN'S CHICAGO BUS., May 2, 2016, available at <http://www.chicagobusiness.com/article/20160502/NEWS04/160509972/kirkland-ellis-to-offer-wellness-training-to-all-u-s-lawyers>; N. Rodriguez, *What the Army Can Teach BigLaw about Bouncing Back*, LAW360, Feb. 17, 2017, https://www.law360.com/in-depth/articles/891995?nl_pk=972d8116-f9f0-4582-a4c6-0ab3cf4a034c&utm_source=newsletter&utm_medium=email&utm_campaign=in-depth (identifying Goodwin Procter LLP, O'Melveny & Myers LLP, Morgan Lewis & Bockius LLP, Fish & Richardson PC, Drinker Biddle & Reath LLP, Quarles & Brady LLP, and Neal Gerber & Eisenberg LLP as having hosted resilience workshops).

¹²⁴See A. M. Saks, & J. A. Gruman, *Organizational Socialization and Positive Organizational Behaviour: Implications for Theory, Research, and Practice*, 28 CANADIAN J. ADMIN. SCI. 14 (2011).

¹²⁵See generally J. P. Wanous & A. E. Reichers, *New Employee Orientation Programs*, 10 HUMAN RESOURCE MGMT. REV. 435 (2000), available at <http://homepages.se.edu/cvonbergen/files/2013/01/New-Employee-Orientation-Programs.pdf>.

¹²⁶See D. M. Cable, F. Gino, & B. R. Staats, *Reinventing Employee Onboarding*, M.I.T. SLOAN MGMT. REV. (2013), available at <http://sloanreview.mit.edu/article/reinventing-employee-onboarding>.

¹²⁷T. Kasser, *Materialistic Values and Goals*, 67 ANN. REV. OF PSYCHOL. 489 (2015); T. Kasser, *Teaching about Values and Goals: Applications of the Circumplex Model to Motivation, Well-Being, and Prosocial Behavior*, 41 TEACHING PSYCHOL. 365 (2014).

¹²⁸A. J. Bergin & N. L. Jimmieson, *Australian Lawyer Well-Being: Workplace Demands, Resources and the Impact of Time-Billing Targets*, 21 PSYCHIATRY, PSYCHOL. & L. 427 (2014).

¹²⁹A. D. Joudrey & J. E. Wallace, *Leisure as a Coping Resource: A Test of the Job Demand-Control-Support Model*, 62 HUMAN RELATIONS 195 (2009).

¹³⁰A. Hansen, Z. Byrne, & C. Kiersch, *How Interpersonal Leadership Relates to Employee Engagement*, 29 J. MANAGERIAL PSYCHOL. 953 (2014).



bottom line since poor mental health can cause disability and lost productivity.

Consequently, we recommend that legal employers evaluate what they prioritize and value, and how those values are communicated. When organizational values evoke a sense of belonging and pride, work is experienced as more meaningful.¹³⁰ Experiencing work as meaningful is the biggest contributor to work engagement—a form of work-related well-being.¹³¹

26.2. Create Standards, Align Incentives, and Give Feedback.

Contextual factors (i.e., the structure, habits, and dynamics of the work environment) play an enormous role in influencing behavior change. Training alone is almost never enough. To achieve change, legal employers will need to set standards, align incentives, and give feedback about progress on lawyer well-being topics.¹³²

Currently, few legal employers have such structural supports for lawyer well-being. For example, many legal employers have limited or no formal leader development programs, no standards set for leadership skills and competencies, and no standards for evaluating leaders' overall performance or commitment to lawyer well-being. Additionally, incentive systems rarely encourage leaders to develop their own leadership skills or try to enhance the well-being of lawyers with whom they work. In law firms especially, most incentives are aligned almost entirely toward revenue growth, and any feedback is similarly narrow. To genuinely adopt lawyer well-being as a priority, these structural and cultural issues will need to be addressed.

¹³⁰A. Hansen, Z. Byrne, & C. Kiersch, *How Interpersonal Leadership Relates to Employee Engagement*, 29 J. MANAGERIAL PSYCHOL. 953 (2014).

¹³¹A. M. BRAFFORD, POSITIVE PROFESSIONALS: CREATING HIGH-PERFORMING, PROFITABLE FIRMS THROUGH THE SCIENCE OF ENGAGEMENT. (American Bar Association, forthcoming November 2017.); D. R. May, R. L. Gilson, & L. M. Harter, *The Psychological Conditions of Meaningfulness, Safety and Availability and the Engagement of the Human Spirit at Work*, 77 J. OCCUPATIONAL & ORGANIZATIONAL PSYCHOL. 11 (2004).

¹³²R. A. NOE, EMPLOYEE TRAINING AND DEVELOPMENT (McGraw-Hill 2013).





“Well-being is a combination of feeling good as well as actually having meaning, good relationships, and accomplishment.” — Martin Seligman

Law students start law school with high life satisfaction and strong mental health measures. But within the first year of law school, they experience a significant increase in anxiety and depression.¹³³ Research suggests that law students are among the most dissatisfied, demoralized, and depressed of any graduate student population.¹³⁴

The 2016 Survey of Law Student Well-Being found troublesome rates of alcohol use, anxiety, depression, and illegal drug use at law schools across the country.

42% of students needed help for poor mental health but only about half sought it out.

Equally worrisome is students' level of reluctance to seek help for those issues. A large majority of students (about 80 percent) said that they were somewhat or very likely to seek help from a health professional for alcohol, drug, or mental health issues, but few actually did.¹³⁵ For example, while 42 percent thought that they had needed help for mental health problems in the prior year, only about half of that group actually received counseling from a health professional.¹³⁶ Only four percent said they had ever received counseling for alcohol or drug issues—even though a quarter were at risk for problem drinking.¹³⁷

The top factors that students reported as discouraging them from seeking help were concerns that it would threaten their bar admission, job, or academic status; social stigma; privacy concerns; financial reasons; belief that they could handle problems on their own; and not having enough time. Students' general reluctance to seek help may be one factor explaining why law student wellness has not changed significantly since the last student survey in the 1990s.¹³⁸ It appears that recommendations stemming from the 1993 survey either were not implemented or were not successful.¹³⁹

The Survey of Law Student Well-Being did not seek to identify the individual or contextual factors that might be contributing to students' health problems. It is important to root out such causes to enable real change. For example, law school graduates cite heavy workload, competition, and grades as major law school stressors.¹⁴⁰ Others in the legal community have offered additional insights about common law school practices, which are discussed below. Law school well-being initiatives should not be limited to detecting disorders and enhancing student resilience. They also should include identifying organizational practices that may be contributing to the problems and assessing what changes can be made to support student well-being. If legal educators ignore the impact of law school stressors, learning is likely to be suppressed and illness may be intensified.¹⁴¹

The above reflects a need for both prevention strategies to address dysfunctional drinking and misuse of substances as well as promotion strategies that identify aspects of legal education that can be revised to support

¹³³L. S. Krieger, *Institutional Denial About the Dark Side of Law School, and Fresh Empirical Guidance for Constructively Breaking the Silence*, 52 J. LEGAL EDUC. 112, 113-15 (2002).

¹³⁴A. A. Patthoff, *This is Your Brain on Law School: The Impact of Fear-Based Narratives on Law Students*, 2015 UTAH L. REV. 391, 424 (2015).

¹³⁵Organ, Jaffe, & Bender, *supra* note 3, at 143.

¹³⁶*Id.* at 140.

¹³⁷*Id.*

¹³⁸ASS'N AM. L. SCH. SPECIAL COMM. ON PROBLEMS OF SUBSTANCE ABUSE IN THE L. SCHS. (1993).

¹³⁹*Id.* at vi-vii.

¹⁴⁰R. A. Lasso, *Is Our Students Learning? Using Assessments to Measure and Improve Law School Learning and Performance*, 15 BARRY L. REV. 73, 79 (2010).

¹⁴¹Patthoff, *supra* note 134, at 424.

well-being. The recommendations below offer some ideas for both.

27. CREATE BEST PRACTICES FOR DETECTING AND ASSISTING STUDENTS EXPERIENCING PSYCHOLOGICAL DISTRESS.

Ignoring law school stressors can suppress learning and intensify illness.

Law schools should develop best practices for creating a culture in which all associated with the school take responsibility for student well-being. Faculty and administrators play an important role in forming a school's culture and should be encouraged to share responsibility for student well-being.

27.1. Provide Training to Faculty Members Relating to Student Mental Health and Substance Use Disorders.

Faculty have significant sway over students but generally students are reluctant to approach them with personal problems, especially relating to their mental health. Students' aversion to doing so may be exacerbated by a perception that faculty members must disclose information relating to students' competence to practice to the state bar. To help remove uncertainty and encourage students to ask for help, law schools should consider working with lawyer assistance programs on training faculty on how to detect students in trouble, how to have productive conversations with such students, what and when faculty need to report information relating to such students, as well as confidentiality surrounding these services.¹⁴² Students should be educated about

faculty's reporting requirements to add clarity and reduce student anxiety when interacting with faculty.

Additionally, faculty members should be encouraged to occasionally step out of their formal teaching role to convey their respect and concern for students, to acknowledge the stressors of law school, and to decrease stigma about seeking help for any health issues that arise. Faculty should consider sharing experiences in which students confronted similar issues and went on to become healthy and productive lawyers.

To support this recommendation, deans of law schools must be engaged. The well-being of future lawyers is too important to relegate to student affairs departments. For faculty to take these issues seriously, it must be clear to them that deans value the time that faculty spend learning about and addressing the needs of students outside the classroom. With the full backing of their deans, deans of students should provide training and/or information to all faculty that includes talking points that correspond to students' likely needs—e.g., exam scores, obtaining jobs, passing the bar, accumulating financial debt, etc. Talking points should be offered only as a guideline. Faculty should be encouraged to tailor conversations to their own style, voice, and relationship with the student.

Law schools should consider inviting law student and lawyer well-being experts to speak at faculty lunches, colloquia, and workshops to enhance their knowledge of this scholarship.¹⁴³ Such programming should include not just faculty but teaching assistants, legal writers, peer mentors, and others with leadership roles in whom law students may seek to confide. Many of these experts are members of the Association of American Law Schools section on Balance in Legal Education.¹⁴⁴ Their scholarship is organized in an online bibliography divided into two topics: Humanizing the Law School Experience and Humanizing the Practice of Law.¹⁴⁵

¹⁴²See Organ, Jaffe, & Bender, *supra* note 3, at 153. At American University Washington College of Law, as but one example likely among many, the dean of students invites faculty no less than every other year to meet with the University Counseling director and D.C. Bar Lawyer Assistance Program manager to discuss trends, highlight notable behaviors, discuss how to respond to or refer a student, and the importance of tracking attendance.

¹⁴³See J. Bibbelhausen, K. M. Bender, R. Barrett, *Reducing the Stigma: The Deadly Effect of Untreated Mental Illness and New Strategies for Changing Outcomes in Law Students*, 41 WM. MITCHELL L. REV. 918 (2015).

¹⁴⁴Balance in Legal Educ. Sec., Ass'n Am. L. Sch., https://memberaccess.aals.org/eweb/dynamicpage.aspx?webcode=ChpDetail&chp_cst_key=9fb324e8-e515-4fd3-b6db-a1723feeb799.

¹⁴⁵*Id.* at Bibliography.



27.2. Adopt a Uniform Attendance Policy to Detect Early Warning Signs of Students in Crisis.

While law students may occasionally miss class due to personal conflicts, their repeated absence often results from deteriorating mental health.¹⁴⁶ Creating a system to monitor for chronic absences can help identify students for proactive outreach. Consequently, law schools should adhere to a consistent attendance policy that includes a timely reporting requirement to the relevant law school official. Absent such a requirement, deans of students may be left with only a delayed, reactive approach.

If faculty members are reluctant to report student absences, a system can be created to ensure that a report cannot be traced to the faculty member. Several law schools have adopted “care” networks or random check-ins whereby someone can report a student as potentially needing assistance.¹⁴⁷ In these programs, the identity of the person who provided the report is kept confidential.

Certain models on this issue include the American University Washington College of Law, which implements random “check-in” outreach, emailing students to visit the Student Affairs office for brief conversations. This method allows for a student about whom a concern has been raised to be folded quietly into the outreach.¹⁴⁸ Georgetown Law School allows anyone concerned about a student to send an email containing only the student’s name, prompting relevant law school officials to check first with one another and then investigate to determine if a student meeting is warranted.¹⁴⁹ The University of Miami School of Law uses an online protocol for a student to self-report absences in advance, thus enabling the dean of students to follow up as appropriate if personal problems are indicated.¹⁵⁰

27.3. Provide Mental Health and Substance Use Disorder Resources.

Law schools should identify and publicize resources so that students understand that there are resources available to help them confront stress and well-being crises. They should highlight the benefits of these resources and that students should not feel stigmatized for seeking help. One way to go about this is to have



Develop Student Resources

- ✓ Create and publicize well-being resources designed for students.
- ✓ Counter issues of stigma.
- ✓ Include mental health resources in every course syllabus.
- ✓ Organize wellness events.
- ✓ Develop a well-being curriculum.
- ✓ Establish peer mentoring.

every course syllabus identify the law school’s mental health resources. The syllabus language should reflect an understanding that stressors exist.¹⁵¹ Law schools also can hold special events, forums, and conversations that coincide with national awareness days, such as mental health day and suicide prevention day.

¹⁴⁶See Organ, Jaffe, & Bender, *supra* note 3, at 152.

¹⁴⁷*Id.*

¹⁴⁸*Id.*

¹⁴⁹*Id.*

¹⁵⁰*Id.*

¹⁵¹One example of such a provision is: “Mental Health Resources: Law school is a context where mental health struggles can be exacerbated. If you ever find yourself struggling, please do not hesitate to ask for help. If you wish to seek out campus resources, here is some basic information: [Website]. [Law School Name] is committed to promoting psychological wellness for all students. Our mental health resources offer support for a range of psychological issues in a confidential and safe environment. [Phone; email; address; hotline number].”



Developing a well-being curriculum is an additional way to convey that resources are available and that the law school considers well-being a top priority. Northwestern University's Pritzker School of Law has accomplished the latter with well-being workshops, mindfulness and resilience courses, and meditation sessions as part of a larger well-being curriculum.¹⁵²

Another noteworthy way to provide resources is to establish a program where law students can reach out to other law students who have been trained to intervene and help refer students in crisis. Touro Law School established a "Students Helping Students" program in 2010 where students volunteer to undergo training to recognize mental health problems and refer students confronting a mental health crisis.¹⁵³

28. ASSESS LAW SCHOOL PRACTICES AND OFFER FACULTY EDUCATION ON PROMOTING WELL-BEING IN THE CLASSROOM.

Law school faculty are essential partners in student well-being efforts. They often exercise powerful personal influence over students, and their classroom practices contribute enormously to the overall law school experience. Whether faculty members exercise their influence to promote student well-being depends, in part, on support of the law school culture and priorities. To support their involvement, faculty members should be invited into strategic planning to develop workable ideas. Framing strategies as helping students develop into healthy lawyers who possess grit and resilience may help foster faculty buy-in. Students' mental resilience can be viewed as a competitive advantage during their job searches and as support along their journeys as practicing lawyers toward sustainable professional and personal identities.

Educating law school faculty on how classroom practices can affect student well-being is one place to start the process of gaining faculty buy-in. For example, law professor Larry Krieger and social scientist Kennon

Sheldon identified potential culprits that undercut student well-being, including hierarchical markers of worth such as comparative grading, mandatory curves, status-seeking placement practices, lack of clear and timely feedback, and teaching practices that are isolating and intimidating.¹⁵⁴

Evaluate classroom practices for their impact on student well-being.

Because organizational practices so significantly influence student well-being, we recommend against focusing well-being efforts solely on detecting dysfunction and strengthening students' mental toughness. We recommend that law schools assess their classroom and organizational practices, make modifications where possible, and offer faculty programming on supporting student well-being while continuing to uphold high standards of excellence. Harmful practices should not be defended solely on the ground that law school has always been this way. Teaching practices should be evaluated to assess whether they are necessary to the educational experience and whether evidence supports their effectiveness.

29. EMPOWER STUDENTS TO HELP FELLOW STUDENTS IN NEED.

As noted above, students often are reluctant to seek mental health assistance from faculty members. Empowering students to assist each other can be a helpful alternative. One suggestion is to create a peer mentoring program that trains student mentors to provide support to fellow students in need. The ideal mentors would be students who are themselves in

¹⁵²Northwestern Law's well-being curriculum can be found at <http://www.law.northwestern.edu/law-school-life/student-services/wellness/curriculum/>.

¹⁵³TOURO L. SCH. STUDENTS HELPING STUDENTS (2017), available at <https://www.tourolaw.edu/uploads/Students%20Helping%20Students%20Spring17.pdf>.

¹⁵⁴See K. M. Sheldon & L. S. Krieger, *Understanding the Negative Effects of Legal Education on Law Students: A Longitudinal Test of Self-Determination Theory*, 33 PERSONALITY & SOC. PSYCH. BULL. 883 (2007); K. M. Sheldon & L. S. Krieger, *Does Legal Education Have Undermining Effects on Law Students? Evaluating Changes in Motivation, Values, and Well-Being*, 22 BEHAV. SCI. & THE LAW 261 (2004).



recovery. They should be certified by the local lawyer assistance program or another relevant organization and should be covered by the lawyer assistance program's confidentiality provisions. Peer mentors should not have a direct reporting obligation to their law school dean of students. This would help ensure confidentiality in the peer mentoring relationship and would foster trust in the law school community.¹⁵⁵

30. INCLUDE WELL-BEING TOPICS IN COURSES ON PROFESSIONAL RESPONSIBILITY.

Mental health and substance use should play a more prominent role in courses on professional responsibility, legal ethics, or professionalism. A minimum of one class session should be dedicated to the topic of substance use and mental health issues, during which bar examiners and professional responsibility professors or their designee (such as a lawyer assistance program representative) appear side-by-side to address the issues. Until students learn from those assessing them that seeking assistance will not hurt their bar admission prospects, they will not get the help they need.

31. COMMIT RESOURCES FOR ONSITE PROFESSIONAL COUNSELORS.

Law schools should have, at a minimum, a part-time, onsite professional counselor. An onsite counselor provides easier access to students in need and sends a symbolic message to the law school community that seeking help is supported and should not be stigmatized. Although the value of such a resource to students should justify the necessary budget, law schools also could explore inexpensive or no-cost assistance from lawyer assistance programs. Other possible resources may be available from the university or private sector.

32. FACILITATE A CONFIDENTIAL RECOVERY NETWORK.

Law schools should consider facilitating a confidential network of practicing lawyers in recovery from substance

use to connect with law students in recovery. Law students are entering a new community and may assume that there are few practicing lawyers in recovery. Facilitating a confidential network will provide an additional support network to help students manage the challenges of law school and maintain health. Lawyers Concerned for Lawyers is an example of a legal peer assistance group that exists in many regions that may be a confidential network source.

33. PROVIDE EDUCATION OPPORTUNITIES ON WELL-BEING-RELATED TOPICS.

33.1. Provide Well-Being Programming During the 1L Year.

We agree with the Survey of Law Student Well-Being report's recommendation that law schools should incorporate well-being topics into student orientation.¹⁵⁶ We recommend that during 1L orientation, law schools should include information about student well-being and options for dealing with stress. Communications should convey that seeking help is the best way to optimize their studies and to ensure they graduate and move successfully into law practice. Other vulnerable times during which well-being-related programming would be particularly appropriate include the period before fall final exams, the period when students receive their first set of law school grades (usually at the start of spring semester), and the period before spring final exams. The Task Force commends Southwestern Law School's IL "Peak Performance Program" and its goal of helping new law students de-stress, focus, and perform well in law school.¹⁵⁷ This voluntary program is the type of programming that can have a transformative effect on law student well-being.

33.2. Create A Well-Being Course and Lecture Series for Students.

To promote a culture of well-being, law schools should create a lecture series open to all students and a course designed to cover well-being topics in depth. Well-being

¹⁵⁵The University of Washington School of Law offers a "Peer Support Program" that includes peer counseling, that offers stress management resources, and support for multicultural engagement. More information on the program can be found at <https://www.law.uw.edu/wellness/resources/>.

¹⁵⁶Organ, Jaffe, & Bender, *supra* note 3, at 148.

¹⁵⁷Southwestern Law School, Mindfulness, Peak Performance, and Wellness Programs, <http://www.swlaw.edu/student-life/support-network/mindfulness-peak-performance-and-wellness-programs>.



has been linked to improved academic performance, and, conversely, research reflects that well-being deficits connect to impaired cognitive performance. Recent research also has found that teaching well-being skills enhances student performance on standardized tests, and improves study habits, homework submission,



Effects of Student Well-Being

- ✓ Better academic performance and cognitive functioning
- ✓ Enhanced test performance
- ✓ Improved study habits and homework quality
- ✓ Long-term academic success

grades, and long-term academic success, as well as adult education attainment, health, and wealth.¹⁵⁸ A well-being course can, for example, leverage research findings from positive psychology and neuroscience to explore the intersection of improved well-being, enhanced performance, and enriched professional identity development for law students and lawyers. Further knowledge of how to maintain well-being can enhance competence, diligence, and work

relationships—all of which are required by the ABA's Model Rules of Professional Conduct. The content of a well-being course could be guided by education reform recommendations. **Appendix E** provides content suggestions for such a course.

34. DISCOURAGE ALCOHOL-CENTERED SOCIAL EVENTS.

Although the overwhelming majority of law students are of legal drinking age, a law school sends a strong message when alcohol-related events are held or publicized with regularity. Students in recovery and those thinking about it may feel that the law school does not take the matter seriously and may be less likely to seek assistance or resources. A law school can minimize the alcohol provided; it can establish a policy whereby student organizations cannot use student funds for the purchase of alcohol.¹⁵⁹ Events at which alcohol is not the primary focus should be encouraged and supported. Further, law school faculty should refrain from drinking alcohol at law school social events.

35. CONDUCT ANONYMOUS SURVEYS RELATING TO STUDENT WELL-BEING.

Recommendation 24 for legal employers suggests regular assessment of lawyer well-being. That same Recommendation applies in the law school context.

¹⁵⁸A. Adler & M. E. P. Seligman, *Using Wellbeing for Public Policy: Theory, Measurement, and Recommendations*, 6 INT'L J. WELLBEING, 1, 17 (2016); M. A. White & A. S. Murray, *Building a Positive Institution*, in EVIDENCE-BASED APPROACHES IN POSITIVE EDUC. IN SCHS.: IMPLEMENTING A STRATEGIC FRAMEWORK FOR WELL-BEING IN SCHS. 1, 8 (M. A. White & A. S. Murray eds., 2015).

¹⁵⁹At a minimum, permission should be sought from the dean of students to serve alcohol at school-sponsored, school-located events, so administration is aware. Off-campus events should be only on a cash basis by the establishment. Professional networking events, and on campus events should be focused on the program or speaker, and not on drink specials or offers of free alcohol. Publicity of these events should avoid mention of discounted drink specials that could detract from the professional networking environment. In all instances, providing alcohol should be limited to beer and wine. Open bars not regulated by drink tickets or some other manner of controlling consumption should not be permitted.





“When we look at what has the strongest statistical relationship to overall [life satisfaction], the first one is your career well-being, or the mission, purpose and meaning of what you’re doing when you wake up each day.” — Tom Rath

Bar associations are organized in a variety of ways, but all share common goals of promoting members’ professional growth, quality of life, and quality of the profession by encouraging continuing education, professionalism (which encompasses lawyer competence, ethical conduct, eliminating bias, and enhancing diversity), pro bono and public service. Bar members who are exhausted, impaired, disengaged, or overly self-interested will not live up to their full potential as lawyers or positive contributors to society. Below are recommendations for bar associations to foster positive change in the well-being of the legal community which, in turn, should benefit lawyers, bar associations, and the general public.

36. ENCOURAGE EDUCATION ON WELL-BEING TOPICS IN COORDINATION AND IN ASSOCIATION WITH LAWYER ASSISTANCE PROGRAMS.

36.1. Sponsor High-Quality CLE Programming on Well-Being-Related Topics.

In line with Recommendation 8, bar associations should develop and regularly offer educational programming on well-being-related topics. Bar leadership should recommend that all sections adopt a goal of providing at least one well-being related educational opportunity at all bar-sponsored events, including conferences, section retreats, and day-long continuing legal education events.

36.2. Create Educational Materials to Support Individual Well-Being and “Best Practices” for Legal Organizations.

We recommend that bar associations develop “best practice” model policies on well-being-related topics, for example practices for responding to lawyers in distress, succession planning, diversity and inclusion, mentoring practices, work-life balance policies, etc.

36.3 Train Staff to Be Aware of Lawyer Assistance Program Resources and Refer Members.

Educating bar association staff regarding lawyer assistance programs’ services, resources, and the confidentiality of referrals is another way to foster change in the legal community. Bar association staff can further promote these resources to their membership. A bar association staff member may be the person who coordinates a needed intervention for a lawyer facing a mental health or substance use crisis.

37. SPONSOR EMPIRICAL RESEARCH ON LAWYER WELL-BEING AS PART OF ANNUAL MEMBER SURVEYS.

Many bar associations conduct annual member surveys. These surveys offer an opportunity for additional research on lawyer well-being and awareness of resources. For example, questions in these surveys can gauge awareness of support networks either in law firms or through lawyer assistance programs. They can survey lawyers on well-being topics they would like to see addressed in bar journal articles, at bar association events, or potentially through continuing legal education courses. The data gathered can inform bar associations’ outreach and educational efforts.

38. LAUNCH A LAWYER WELL-BEING COMMITTEE.

We recommend that bar associations consider forming Lawyer Well-Being Committees. As noted in Recommendation 5.2, the ABA and a number of state bar associations already have done so. Their work supplements lawyer assistance programs with a more expansive approach to well-being. These committees typically focus not only on addressing disorders and ensuring competence to practice law but also on optimal functioning and full engagement in the profession. Such committees can provide a valuable service to members by, for example, dedicating attention to compiling resources, high-quality speakers, developing and compiling educational materials and programs, serving as a clearinghouse for lawyer well-being information, and partnering with the lawyer assistance program, and other state and national organizations to advocate for lawyer well-being initiatives.

The South Carolina Bar’s Lawyer Wellness Committee, launched in 2014 and featuring a “Living Above the Bar” website, is a good model for well-being committees. In 2016, the ABA awarded this Committee the E. Smythe Gambrell Professionalism Award, which honors excellence and innovation in professionalism programs.¹⁶⁰

39. SERVE AS AN EXAMPLE OF BEST PRACTICES RELATING TO LAWYER WELL-BEING AT BAR ASSOCIATION EVENTS.

Bar associations should support members’ well-being and role model best practices in connection with their own activities and meetings. This might include, for example, organizing functions to be family-friendly, scheduling programming during times that do not interfere with personal and family time, offering well-being-related activities at events (e.g., yoga, fun runs, meditation, providing coffee or juice bars, organizing Friends of Bill/support group meetings), providing well-being-related education and training to bar association leaders, and including related programming at conferences and other events. For instance, several bar associations around the country sponsor family-friendly fun runs, such as the Maricopa County Bar Association annual 5k Race Judicata.

¹⁶⁰The South Carolina Bar’s lawyer well-being website is available at <http://discussions.scbar.org/public/wellness/index.html>.





"If any organism fails to fulfill its potentialities, it becomes sick." — William James

Lawyers' professional liability (LPL) carriers have a vested interest from a loss prevention perspective to encourage lawyer well-being. Happier, healthier lawyers generally equate to better risks. Better risks create stronger risk pools. Stronger risk pools enjoy lower frequency and often less severe claims. Fewer claims increases profitability. For lawyers, the

Happier, healthier lawyers equate to better risk, fewer claims, and greater profitability.

stronger the performance of the risk pool, the greater the likelihood of premium reduction. Stakeholders interested in lawyer well-being would be well-served to explore partnerships with lawyers' professional liability carriers, many of whom enjoy bar-related origins with their respective state bar and as members of the National Association of Bar-Related Insurance Carriers (or NABRICOs). Even commercial carriers active in the lawyers' malpractice market enjoy important economic incentives to support wellness initiatives, and actively assess risks which reflect on the likelihood of future claims.¹⁶¹ Below are several recommendations for LPL carriers to consider in their pursuit of improving lawyer well-being.

40. ACTIVELY SUPPORT LAWYER ASSISTANCE PROGRAMS.

In certain jurisdictions, lawyers' professional liability carriers are amongst the most important funders of lawyer assistance programs, appreciating that an ounce of prevention is worth a pound of cure. An impaired or troubled attorney who is aided before further downward spiral harms the lawyer's ability to engage in high-quality professional services can directly prevent claims. Thus, LPL carriers are well-served to understand lawyer assistance program needs, their impact, and how financial and marketing support of such programs can be a worthy investment. At the same time, where appropriate, lawyer assistance programs could prepare a case for support to LPL carriers on how their activities affect attorneys, much like a private foundation examines the impact effectiveness of grantees. If the case for support is effectively made, support may follow.

41. EMPHASIZE WELL-BEING IN LOSS PREVENTION PROGRAMS.

Most LPL carriers, as a means of delivering value beyond just the promise of attorney protection in the event of an error or omission, are active in developing risk management programs via CLE, law practice resources, checklists, and sample forms designed to reduce the susceptibility of an attorney to a claim. These resources often center on topics arising from recent claims trends, be it law practice management tips, technology traps, professionalism changes, or ethical infrastructure challenges. LPL carriers should consider paying additional attention to higher level attorney wellness issues, focusing on how such programs promote the emotional and physical foundations from which lawyers can thrive in legal service delivery. Bar associations are increasingly exploring well-being programs as a member benefit, and LPL carriers could be helpful in providing financial support or thought leadership in the development of such programs.

¹⁶¹Examples of LPL carriers serving the market from the commercial side include CNA, AON, Liberty Mutual, Hartford, among others.

42. INCENTIVIZE DESIRED BEHAVIOR IN UNDERWRITING LAW FIRM RISK.

The process of selecting, structuring, and pricing LPL risk is part art, part science. Underwriters, in addition to seeking core LPL information such as area of practice, claim frequency, claim severity, firm size, firm longevity and firm location, are also working to appreciate and understand the firm's complete risk profile. The more effectively a firm can illustrate its profile in a positive manner, the more desirable a firm will be to a carrier's risk pool. Most states permit carriers flexibility in applying schedule rating credits or debits to reflect the individual risk characteristics of the law firm. LPL carriers should more actively explore the application of lawyer well-being premium credits, much like they currently do for internal risk management systems, documented attorney back-up systems, and firm continuity.

43. COLLECT DATA WHEN LAWYER IMPAIRMENT IS A CONTRIBUTING FACTOR TO CLAIMS ACTIVITY.

LPL carriers traditionally track claims based on area of practice or the nature of the error. LPL carriers do

not ordinarily track when substance abuse, stress, depression, or mental health are suspected to be contributing factors to the underlying claim. This is primarily due to the fact that most LPL claims adjusters, usually attorneys by trade, lack sufficient (or usually any) clinical training to make such a determination. That being said, anecdotal evidence suggests the impact is substantial. Thus, LPL carriers should consider whether a "common sense" assessment of instances where attorney impairment is suspected to be a contributing factor to the underlying claim. Such information would be helpful to lawyer assistance programs and as an important data point for what bar counsel or disciplinary units similarly see when investigating bar grievances. LPL carriers are in a prime position to collect data, share such data when appropriate, and assess the manner in which lawyer impairment has a direct correlation to claims activity.





"It is under the greatest adversity that there exists the greatest potential for doing good, both for oneself and others." — Dalai Lama

Because lawyer assistance programs are so well-positioned to play a pivotal role in lawyer well-being, they should be adequately funded and organized to ensure that they can fulfill their potential.

Lawyer assistance programs should be supported to fulfill their full potential.

This is not consistently the case. While a lawyer assistance program exists in every state, according to the 2014 Comprehensive Survey of Lawyer Assistance Programs their structures, services, and funding vary widely. Lawyer assistance programs are organized either as agencies within bar associations, as independent agencies, or as programs within the state's court system.¹⁶² Many operate with annual budgets of less than \$500,000.¹⁶³ About one quarter operate without any funding and depend solely on volunteers.¹⁶⁴ The recommendations below are designed to equip lawyer assistance programs to best serve their important role in lawyer well-being.

44. LAWYERS ASSISTANCE PROGRAMS SHOULD BE APPROPRIATELY ORGANIZED AND FUNDED.

44.1 Pursue Stable, Adequate Funding.

Lawyer assistance programs should advocate for stable, adequate funding to provide outreach, screening, counseling, peer assistance, monitoring, and preventative education. Other stakeholders should ally themselves with lawyer assistance programs in pursuit of this funding.

44.2 Emphasize Confidentiality.

Lawyer assistance programs should highlight the confidentiality of the assistance they provide. The greatest concern voiced by lawyer assistance programs in the most recent CoLAP survey was under-utilization of their services stemming from the shame and fear of disclosure that are bound up with mental health and substance use disorders.¹⁶⁵ Additionally, lawyer assistance programs should advocate for a supreme court rule protecting the confidentiality of participants in the program, as well as immunity for those making good faith reports, volunteers, and staff.

44.3 Develop High-Quality Well-Being Programming.

Lawyer assistance programs should collaborate with other organizations to develop and deliver programs on the topics of lawyer well-being, identifying and treating substance use and mental health disorders, suicide prevention, cognitive impairment, and the like.¹⁶⁶ They should ensure that all training and other education efforts emphasize the availability of resources and the

¹⁶²2014 COMPREHENSIVE SURVEY OF LAWYER ASSISTANCE PROGRAMS, *supra* note 25, at 3.

¹⁶³*Id.* at 5.

¹⁶⁴*Id.* at 27.

¹⁶⁵*Id.* at 49-50.

¹⁶⁶Accommodating adult learning should inform program development. The Illinois Supreme Court Commission on Professionalism offers a number of resources through its "Strategies for Teaching CLE" web page, <https://www.2civility.org/programs/cle/cle-resources/strategies-for-teaching-cle/>. See also K. TAYLOR & C. MARIENAU, FACILITATING LEARNING WITH THE ADULT BRAIN IN MIND: A CONCEPTUAL AND PRACTICAL GUIDE (2016); M. Silverthorn, *Adult Learning: How Do We Learn?*, ILL. SUP. CT. COMM'N ON PROFESSIONALISM, Dec. 4, 2014, <https://www.2civility.org/adult-learning/>.

confidentiality of the process.

Lawyer assistance programs should evaluate whether they have an interest in and funding to expand their programming beyond the traditional focus on treatment of alcohol use and mental health disorders. Some lawyer assistance programs already have done so. The 2014 Comprehensive Survey of Lawyer Assistance Programs reflects that some well-resourced lawyer assistance programs include services that, for example, address transition and succession planning, career counseling, anger management, grief, and family counseling.¹⁶⁷ Increasingly, lawyer assistance programs are expanding their services to affirmatively promote well-being (rather than seeking only to address dysfunction) as a means of preventing prevalent impairments.

This expansion is consistent with some scholars' recommendations for Employee Assistance Programs that encourage engagement in a broader set of prevention and health-promotion strategies. Doing so could expand the lawyer assistance programs' net to people who are in need but have not progressed to the level of a disorder. It also could reach people who may participate in a health-promotion program but would avoid a prevention program due to social stigma.¹⁶⁸ Health-promotion approaches could be incorporated into traditional treatment protocols. For example, "Positive Recovery" strategies strive not only for sobriety but also for human flourishing.¹⁶⁹ Resilience-boosting strategies have also been proposed for addiction treatment.¹⁷⁰

44.4 Lawyer Assistance Programs' Foundational Elements.

All lawyer assistance programs should include the following foundational elements to provide effective leadership and services to lawyers, judges, and law students:

- A program director with an understanding of the legal profession and experience addressing mental health conditions, substance use disorders, and wellness issues for professionals;
- A well-defined program mission and operating policies and procedures;
- Regular educational activities to increase awareness and understanding of mental health and substance use disorders;
- Volunteers trained in crisis intervention and assistance;
- Services to assist impaired members of the legal profession to begin and continue recovery;
- Participation in the creation and delivery of interventions;
- Consultation, aftercare services, voluntary and diversion monitoring services, referrals to other professionals, and treatment facilities; and
- A helpline for individuals with concern about themselves or others.¹⁷¹

¹⁶⁷2014 COMPREHENSIVE SURVEY OF LAWYER ASSISTANCE PROGRAMS, *supra* note 25, at 13.

¹⁶⁸R. F. Cook, A. S. Back, J. Trudeau, & T. McPherson, *Integrating Substance Abuse Prevention into Health Promotion Programs in the Workplace: A Social Cognitive Intervention Targeting the Mainstream User*, in PREVENTING WORKPLACE SUBSTANCE ABUSE: BEYOND DRUG TESTING TO WELLNESS 97-133 (J. B. Bennett, W. K. Lehman eds., 2003).

¹⁶⁹J. Z. POWERS, POSITIVE RECOVERY DAILY GUIDE: THRIVE IN RECOVERY (2015).

¹⁷⁰T. Alim, W. Lawson, A. Neumeister, et al., *Resilience to Meet the Challenge of Addiction: Psychobiology and Clinical Considerations*, 34 ALCOHOL RESEARCH: CURRENT REVIEWS 506 (2012).

¹⁷¹See AM. BAR ASS'N, MODEL LAWYER ASSISTANCE PROGRAM (Revised 2004), available at http://www.americanbar.org/content/dam/aba/administrative/lawyer_assistance/ls_colap_model_lawyer_assistance_program.authcheckdam.pdf; AM. BAR ASS'N, GUIDING PRINCIPLES FOR A LAWYER ASSISTANCE PROGRAM (1991), available at http://www.americanbar.org/content/dam/aba/administrative/lawyer_assistance/ls_colap_guiding_principles_for_assistance.authcheckdam.pdf.



"It always seems impossible until it's done." — Nelson Mandela

This Report makes a compelling case that the legal profession is at a crossroads. Our current course, one involving widespread disregard for lawyer well-being and its effects, is not sustainable. Studies cited above show that our members suffer at alarming rates from conditions that impair our ability to function at levels compatible with high ethical standards and public expectations. Depression, anxiety, chronic stress, burnout, and substance use disorders exceed those of many other professions. We have ignored this state of affairs long enough. To preserve the public's trust and maintain our status as a self-regulating profession, we must truly become "our brothers' and sisters' keepers," through a strong commitment to caring for the well-being of one another, as well as ourselves.

The members of the National Task Force for Lawyer Well-Being urge all stakeholders identified in this report to take action. To start, please review the State Action Plan and Checklist that follows in **Appendix A**. If you are a leader in one of these sectors, please use your authority to call upon your cohorts to come together and develop

a plan of action. Regardless of your position in the legal profession, please consider ways in which you can make a difference in the essential task of bringing about a

***We have the capacity
to create a better
future for our lawyers.***

culture change in how we, as lawyers, regard our own well-being and that of one another.

As a profession, we have the capacity to face these challenges and create a better future for our lawyers that is sustainable. We can do so—not in spite of—but in pursuit of the highest professional standards, business practices, and ethical ideals.

¹P. R. Krill, R. Johnson, & L. Albert, *The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys*, 10 J. ADDICTION MED. 46 (2016).

²A. M. Brafford, *Building the Positive Law Firm: The Legal Profession At Its Best* (August 1, 2014) (Master's thesis, Univ. Pa., on file with U. Pa. Scholarly Commons Database), available at http://repository.upenn.edu/mapp_capstone/62/.

³J. M. Organ, D. Jaffe, & K. Bender, *Suffering in Silence: The Survey of Law Student Well-Being and the Reluctance of Law Students to Seek Help for Substance Use and Mental Health Concerns*, 66 J. LEGAL EDUC. 116 (2016).

⁴See D. L. Chambers, *Overstating the Satisfaction of Lawyers*, 39 LAW & SOC. INQUIRY 1 (2013).

⁵J. M. Organ, *What Do We Know About the Satisfaction/Dissatisfaction of Lawyers? A Meta-Analysis of Research on Lawyer Satisfaction and Well-Being*, 8 U. ST. THOMAS L. J. 225 (2011); L. S. Krieger & K. M. Sheldon, *What Makes Lawyers Happy? Transcending the Anecdotes with Data from 6200 Lawyers*, 83 GEO. WASH. L. REV. 554 (2015).

National Task Force on Lawyer Well-Being State Action Plan & Checklist

Chief Justice (or Designee) "To Do List"

Gather all stakeholders

(Identify leaders in the jurisdiction with an interest in and commitment to well-being issues. Bring these leaders together in a Commission on Lawyer Well-Being. The attached list of potential stakeholder representatives offers guidance.)

Review the Task Force Report

Have Commission members familiarize themselves with the Task Force Report. It provides concrete recommendations for how to address lawyer well-being issues.

Do an inventory of recommendations

(Next, assess which recommendations can be implemented in the jurisdiction. This includes an assessment of the leadership and resources required to implement these recommendations.)

Create priorities

(Each jurisdiction will have its own priorities based on the inventory of recommendations. Which ones are the most urgent? Which ones will create the most change? Which ones are feasible?)

Develop an action plan

(Having inventoried the recommendations and prioritized them, now is the time to act. What does that path forward look like? Who needs to be involved? How will progress be measured?)

National Task Force on Lawyer Well-Being State Action Plan & Checklist

Checklist for Gathering the Stakeholders

Item 1 of the Plan above recommends the gathering of stakeholders as a first step. The National Task Force suggests the Chief Justice of each state create a Commission on Lawyer Well-Being in that state and appoint representatives from each stakeholder group to the Commission. Below is a checklist of potential stakeholder representatives the Chief Justice may consider in making appointments.

JUDICIAL

- ☐ Supreme Court Chief Justice or designated representative
- ☐ Other judge representatives

LAWYER ASSISTANCE PROGRAM (LAP)

- ☐ LAP Director
- ☐ Clinical director
- ☐ Lawyer representative to the LAP

LAW SCHOOLS

- ☐ Dean representative
- ☐ Faculty representative
- ☐ Law student representative

REGULATORS

- ☐ Admissions (or Board of Law Examiners) representative
- ☐ Mandatory CLE program representative
- ☐ CLE provider representative
- ☐ Regulation/Bar/Disciplinary Counsel representative

BAR ASSOCIATIONS

- ☐ Bar president
- ☐ Bar president-elect
- ☐ Executive director
- ☐ Young lawyer division representative
- ☐ Specialty bar representative

LAW FIRMS

- ☐ Sole practitioner
- ☐ Small firm representative (2-5 lawyers)
- ☐ Medium firm representative (6-15 lawyers)
- ☐ Large firm representative (16+ lawyers)
- ☐ In-house counsel representative
- ☐ Non-traditional lawyer representative

ALLIES

- ☐ ASAM representative (addiction psychiatrist)
- ☐ Organizational/behavioral psychologist
- ☐ Members of the public

Appendix to Recommendation 8: Example Educational Topics About Lawyer Distress and Well-Being

Recommendation 8 advises stakeholders to provide high-quality education programs and materials on causes and consequences of lawyer distress and well-being. Below is a list of example educational topics for such programming with empirical support.

8.1 Work Engagement vs. Burnout

The work engagement-burnout model can serve as a general organizing framework for stakeholders' efforts to boost lawyer well-being and curb dysfunction. Work engagement is a kind of work-related well-being. It includes high levels of energy and mental resilience, dedication (which includes a sense of meaningfulness, significance, and challenge), and frequently feeling positively absorbed in work.¹⁷² Work engagement contributes to, for example, mental health, less stress and burnout, job satisfaction, helping behaviors, reduced turnover, performance, and profitability.¹⁷³

Burnout is essentially the opposite of engagement. It is a stress response syndrome that is highly correlated with depression and can have serious psychological and physiological effects. Workers experiencing burnout feel emotionally and physically exhausted, cynical about the value of their activities, and uncertain about their capacity to perform well.¹⁷⁴

The work engagement-burnout model proposes the idea of a balance between resources and demands: Engagement arises when a person's resources (i.e., positive individual, job, and organizational factors, like autonomy, good leadership, supportive colleagues, feedback, interesting work, optimism, resilience) outweigh demands (i.e., draining aspects of the job, like work overload and conflicting demands). But when excessive demands or a lack of recovery from demands tip the scale, workers are in danger of burnout. Disengagement, alienation, and turnover become likely. Resources contribute to engagement; demands feed burnout. Using this framework as a guide, stakeholders should develop lawyer well-being strategies that focus on increasing individual and organizational resources and decreasing demands when possible.¹⁷⁵

The incidence of burnout vs. work engagement in the legal profession is unknown but has been well-studied in the medical profession. Research has found that 30-40 percent of licensed physicians, 49 percent of medical students, and 60 percent of new residents meet the definition of burnout, which is associated with an increased risk of depression, substance use, and suicidal thinking.¹⁷⁶ Burnout also undermines professionalism and quality of patient care by eroding honesty, integrity, altruism, and self-regulation.¹⁷⁷

The medical profession's work on these issues can serve as a guide for the legal profession. It has conducted

¹⁷²W. B. Schaufeli, *What is Engagement?*, in *EMPLOYEE ENGAGEMENT IN THEORY AND PRACTICE* (C. Truss, K. Alfes, R. Delbridge, A. Shantz, & E. Soane eds., 2013).

¹⁷³C. Bailey, A. Madden, K. Alfes, & L. Fletcher, *The Meaning, Antecedents and Outcomes of Employee Engagement: A Narrative Synthesis*, 19 INT'L J. MGMT. REV. 19 (2017); BRAFFORD, *supra* note 131; GALLUP, INC., *ENGAGEMENT AT WORK: ITS EFFECT ON PERFORMANCE CONTINUES IN TOUGH ECONOMIC TIMES* (2013), available at <http://www.gallup.com/services/176657/engagement-work-effect-performance-continues-tough-economic-times.aspx>.

¹⁷⁴Maslach, Schaufeli, & Leiter, *supra* note 121.

¹⁷⁵A. B. Bakker & E. Demerouti, *Job Demands-Resources Theory: Taking Stock and Looking Forward*, J. OCCUPATIONAL HEALTH PSYCHOL. (2016), advance online publication available at <http://dx.doi.org/10.1037/ocp0000056>; A. B. Bakker, *Top-Down and Bottom-Up Interventions to Increase Work Engagement*, in AM. PSYCHOL. ASS'N HANDBOOK OF CAREER INTERVENTION: VOL. 2. APPLICATIONS 427-38 (P. J. Hartung, M. L. Savickas, & W. B. Walsh eds., 2015); BRAFFORD, *supra* note 131.

¹⁷⁶L. Dyrbye, T. Shanafelt, *Physician Burnout: A Potential Threat to Successful Health Care Reform*, 305 J. AM. MED. ASS'N 2009 (2009); L. Dyrbye & T. Shanafelt, *A Narrative Review of Burnout Experienced by Medical Students and Residents*, 50 MED. EDUC. 132 (2016); J. J. Hakanen & W. B. Schaufeli, *Do Burnout and Work Engagement Predict Depressive Symptoms and Life Satisfaction? A Three-Wave Seven-Year Prospective Study*, 141 J. AFFECTIVE DISORDERS 415 (2012).

¹⁷⁷Dyrbye & Shanafelt, *supra* note 176; T. L. Schwenk, *Resident Depression: The Tip of a Graduate Medical Education Iceberg*, 314 J. AM. MED. ASS'N 2357 (2015).

hundreds of studies, has identified many individual and organizational contributors to burnout, and has proposed wellness strategies and resilience programs.¹⁷⁸ Bi-annually, the American Medical Association (AMA) co-sponsors an International Conference on Physician Health. The September 2016 conference was held in Boston with the theme, “Increasing Joy in Medicine.” The conference included 70 presentations, workshops, and plenary speaker sessions on a wide variety of well-being topics over a three-day period (See AMA website).

8.2 Stress

Stress is inevitable in lawyers’ lives and is not necessarily unhealthy.¹⁷⁹ Mild to moderate levels of stress that are within our capability can present positive challenges that result in a sense of mastery and accomplishment.¹⁸⁰ Much of our daily stress is governed by our beliefs about our coping abilities.¹⁸¹ When stress is perceived as a positive, manageable challenge, the stress response actually can enable peak performance.¹⁸² For example, in a study of a New Zealand law firm, researchers found that lawyers who frequently experience positive challenge reported the highest levels of work engagement. The researchers also found that, where lawyers felt overburdened by work, they were more likely to experience burnout.¹⁸³

This finding highlights the importance of positive challenge but also its paradoxical effect: Challenge contributes to work-related well-being, but it also can lead to negative

consequences like burnout when it becomes overwhelming. Stressors that pose the greatest risk of harm are those that are uncontrollable, ambiguous, unpredictable, and chronic that we perceive as exceeding our ability to cope.¹⁸⁴ Such stressors increase the rise of (or exacerbate) depression, anxiety, burnout, alcohol abuse, and physical conditions such as cardiovascular, inflammatory, and other illnesses that can affect lawyers’ health and capacity to practice.¹⁸⁵ For example, in a 2004 study of North Carolina lawyers, more than half had elevated levels of perceived stress, and this was the highest predictor of depression of all factors in the study.¹⁸⁶

Stress also is associated with cognitive decline, including impaired attention, concentration, memory, and problem-solving.¹⁸⁷ Stress also can harm one’s ability to establish strong relationships with clients and is associated with relational conflict, which can further undermine lawyers’ ability to competently represent and interact with clients. Both personal and environmental factors in the workplace contribute to stress and whether it positively fuels performance or impairs mental health and functioning.¹⁸⁸ Research reflects that organizational factors more significantly contribute to dysfunctional stress responses than individual ones, and that the most effective prevention strategies target both.¹⁸⁹

8.3 Resilience & Optimism

The American Psychological Association defines resilience

¹⁷⁸E.g., J. Brennan & A. McGrady, *Designing and Implementing a Resiliency Program for Family Medicine Residents*, 50 INT’L J. PSYCHIATRY MED. 104 (2015); J. Eckleberry-Hunt, A. Van Dyke, D. Lick, & J. Tucciarone, *Changing the Conversation from Burnout to Wellness: Physician Well-Being in Residency Training Programs*, 1 J. GRADUATE MED. EDUC. 225 (2009); R. M. Epstein & M. S. Krasner, *Physician Resilience: What It Means, Why It Matters, and How to Promote It*, 88 ACAD. MED. 301 (2013); A. Nedrow, N. A. Steckler, & J. Hardman, *Physician Resilience and Burnout: Can You Make the Switch?* 20 FAMILY PRAC. MGMT. 25 (2013).

¹⁷⁹A. ELWORK, *STRESS MANAGEMENT FOR LAWYERS* (2007).

¹⁸⁰K. M. Keyes, M. L. Hatzenbuehler, B. F. Grant, & D. S. Hasin, *Stress and Alcohol: Epidemiologic Evidence*, 34 ALCOHOL RES.: CURRENT REV. 391 (2012).

¹⁸¹J. B. Avey, F. Luthans, & S. M. Jensen, *Psychological Capital: A Positive Resource for Combating Employee Stress and Turnover*, 48 HUMAN RES. MGMT. 677 (2009).

¹⁸²BRAFFORD, *supra* note 131; Crum, Salovey, Achor, *supra* note 50; K. McGonigal, *THE UPSIDE OF STRESS: WHY STRESS IS GOOD FOR YOU, AND HOW TO GET GOOD AT IT* (2015).

¹⁸³V. Hopkins & D. Gardner, *The Mediating Role of Work Engagement and Burnout in the Relationships Between Job Characteristics and Psychological Distress Among Lawyers*, 41 N. Z. J. PSYCHOL. 59 (2012).

¹⁸⁴R. M. Anthenelli, *Overview: Stress and Alcohol Use Disorders Revisited*, 34 ALCOHOL RES.: CURRENT REV. 386 (2012).

¹⁸⁵E.g., S. M. Southwick, G. A. Bonanno, A. S. Masten, C. Panter-Brick, & R. Yehuda, *Resilience Definitions, Theory, and Challenges: Interdisciplinary Perspectives*, 5 EUR. J. PSYCHOTRAUMATOLOGY 1 (2014); M. R. Frone, *Work Stress and Alcohol Use*, 23 ALCOHOL RES. & HEALTH 284 (1999); C. Hammen, *Stress and Depression*, 1 ANN. REV. CLINICAL PSYCHOL. 293 (2005); Keyes, Hatzenbuehler, Grant, & Hasin, *supra* note 180; J. Wang, *Work Stress as a Risk Factor for Major Depressive Episode(s)*, 35 PSYCHOL. MED. 865 (2005); J-M Woo & T. T. Postolache, *The Impact of Work Environment on Mood Disorders and Suicide: Evidence and Implications*, 7 INT’L J. DISABILITY & HUMAN DEV. 185 (2008).

¹⁸⁶M. H. Howerton, *The Relationship Between Attributional Style, Work Addiction, Perceived Stress, and Alcohol Abuse on Depression in Lawyers in North Carolina* (2004) (doctoral dissertation, Univ. of N.C. at Charlotte) (available from ProQuest Dissertations and Theses database).

¹⁸⁷B. S. McEwen, & R. M. Sapolsky, *Stress and Cognitive Function*, 5 CURRENT OPINION IN NEUROBIOLOGY 205–216 (1995); L. Schwabe & O. T. Wolf, *Learning Under Stress Impairs Memory Formation*, 93 NEUROBIOLOGY OF LEARNING & MEMORY 183 (2010); S. Shapiro, J. Astin, S. Bishop, & M. Cordova, *Mindfulness-Based Stress Reduction and Health Care Professionals: Results from a Randomized Controlled Trial*, 12 INT’L J. STRESS MGMT. 164 (2005).

¹⁸⁸J. C. QUICK, T. A. WRIGHT, J. A. ADKINS, D. L. NELSON, & J. D. QUICK, *PREVENTIVE STRESS MANAGEMENT IN ORGANIZATIONS* (2013).

¹⁸⁹Maslach, Schaufeli, & Leiter, *supra* note 121.

as a process that enables us to bounce back from adversity in a healthy way. It also has been defined as a “process to harness resources to sustain well-being”¹⁹⁰—a definition that connects resilience to the resource-balancing framework of the work engagement-burnout model discussed above. Our capacity for resilience derives from a host of factors, including genetics and childhood experiences that influence the neurobiology of our stress response—specifically, whether the stress response is both activated and terminated efficiently.¹⁹¹

But resilience also derives from a collection of psychological, social, and contextual factors—many of which we can change and develop. These include, for example, optimism, confidence in our abilities and strengths (self-efficacy), effective problem-solving, a sense of meaning and purpose, flexible thinking, impulse control, empathy, close relationships and social support, and faith/spirituality.¹⁹² A model for developing many of these psychological and social competencies is provided by the U.S. Army’s Master Resilience Training program.¹⁹³ As noted above, the medical profession also has designed resilience programs for physicians and residents that can serve as guides, and researchers have offered additional strategies.¹⁹⁴

Among the most important of the personal competencies is optimistic explanatory style, which is a habit of thought that allows people to put adverse events in a rational context and not be overwhelmed by catastrophic thinking. The principal strategy for building optimistic explanatory style is by teaching cognitive reframing based on cognitive-behavioral therapy research.¹⁹⁵ The core of the technique is to teach people to monitor and dispute their automatic

negative self-talk. Neurobiology scholars recently have argued that this capacity is so important to our regulation of stress that it constitutes the cornerstone of resilience.¹⁹⁶

This skill can benefit not only practicing lawyers but also law students.¹⁹⁷ Stanford Law, for example, has offered a 3-hour course teaching cognitive framing that has been popular and successful.¹⁹⁸ Lawyer assistance programs also could benefit from learning this and other resilience strategies, which have been used in addiction treatment.¹⁹⁹

Aside from individual-level skills and strengths, developing “structural resilience” also is important, if not more important. This requires leaders to develop organizations and institutions that are resource-enhancing to help give people the wherewithal to realize their full potential.²⁰⁰ Individual resilience is highly dependent on the context in which people are embedded. This means that initiatives to foster lawyer well-being should take a systemic perspective.

8.4 Mindfulness Meditation

Mindfulness meditation is a practice that can enhance cognitive reframing (and thus resilience) by aiding our ability to monitor our thoughts and avoid becoming emotionally overwhelmed. A rapidly growing body of research on meditation has shown its potential for help in addressing a variety of psychological and psychosomatic disorders, especially those in which stress plays a causal role.²⁰¹ One type of meditative practice is mindfulness—a technique that cultivates the skill of being present by focusing attention on your breath and detaching from your thoughts or feelings. Research has found that mindfulness can reduce rumination, stress, depression, and anxiety.²⁰² It

¹⁹⁰ Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, *supra* note 185.

¹⁹¹ Alim, Lawson, & Neumeister, et al., *supra* note 170.

¹⁹² K. J. Reivich, M. E. P. Seligman, & S. McBride, *Master Resilience Training in the U.S. Army*, 66 AM. PSYCHOLOGIST 25 (2011); C. D. Schetter & C. Dolbier, *Resilience in the Context of Chronic Stress and Health in Adults*, 5 SOC. PERSONAL PSYCHOL. COMPASS 634 (2011).

¹⁹³ *Id.*; R. R. SINCLAIR, & T. A. BRITT, BUILDING PSYCHOLOGICAL RESILIENCE IN MILITARY PERSONNEL: THEORY AND PRACTICE (2013).

¹⁹⁴ C. COOPER, J. FLINT-TAYLOR, & M. PEARN, BUILDING RESILIENCE FOR SUCCESS: A RESOURCE GUIDE FOR MANAGERS AND ORGANIZATIONS (2013); I. T. Robertson, C. L. Cooper, M. Sarkar, & T. Curran, *Resilience Training in the Workplace from 2003 to 2014: A Systematic Review*, 88 J. OCCUPATIONAL & ORG. PSYCHOL. 533 (2015).

¹⁹⁵ *Id.*

¹⁹⁶ R. Kalisch, M. B. Muler, & O. Tüscher, *A Conceptual Framework for the Neurobiological Study of Resilience*, 27 BEHAV. & BRAIN SCI. 1 (2014).

¹⁹⁷ C. Rosen, *Creating the Optimistic Classroom: What Law Schools Learn from Attribution Style Effects*, 42 MCGEORGE L. REV. 319 (2011).

¹⁹⁸ Stanford Law Professor Joe Bankman’s use of cognitive behavioral therapy concepts are described on the school’s website: <http://news.stanford.edu/2015/04/07/bank-man-law-anxiety-040715>. He has posted relevant materials to educate other law schools how to teach this skill: <http://www.colorado.edu/law/sites/default/files/Bankman%20-%20Materials%20for%20Anxiety%20Psychoeducation%20Course.pdf>.

¹⁹⁹ Alim, Lawson, & Neumeister, *supra* note 170.

²⁰⁰ BRAFFORD, *supra* note 131; Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, *supra* note 185.

²⁰¹ R. Walsh & S. L. Shapiro (2006), *The Meeting of Meditative Disciplines and Western Psychology*, 61 AM. PSYCHOL. 227 (2006).

²⁰² E.g., S. G. Hoffman, A. T. Sawyer, A. A. Witt, & D. Oh, *The Effect of Mindfulness-Based Therapy on Anxiety and Depression: A Meta-Analytic Review*, 78 J. CONSULTING & CLINICAL PSYCHOL. 169 (2010); R. Teper, Z. V. Segal, & M. Inzlicht, *Inside the Mindful Mind: How Mindfulness Enhances Emotion Regulation Through Improvements in Executive Control*, 22 CURRENT DIRECTIONS IN PSYCHOL. SCI. 449

also can enhance a host of competencies related to lawyer effectiveness, including increased focus and concentration, working memory, critical cognitive skills, reduced burnout, and ethical and rational decision-making.²⁰³ Multiple articles have advocated for mindfulness as an important practice for lawyers and law students.²⁰⁴ Evidence also suggests that mindfulness can enhance the sense of work-life balance by reducing workers' preoccupation with work.²⁰⁵

8.5 Rejuvenation Periods to Recover From Stress

Lawyers must have downtime to recover from work-related stress. People who do not fully recover are at an increased risk over time for depressive symptoms, exhaustion, and burnout. By contrast, people who feel recovered report greater work engagement, job performance, willingness to help others at work, and ability to handle job demands.²⁰⁶ Recovery can occur during breaks during the workday, evenings, weekends, vacations, and even microbreaks when transitioning between projects.²⁰⁷ And the quality of employees' recovery influences their mood, motivation, and job performance.

Researchers have identified four strategies that are most effective for recovering from work demands: (1) psychological detachment (mentally switching off from work), (2) mastery experiences (challenges and learning experiences), (3) control (spending time off as we choose), and (4) relaxation.²⁰⁸ Falling into the second category is physical activity (exercise and sports), which may be an

especially effective form of recovery for people performing mentally demanding work—like lawyers. This is so because low-effort activities (e.g., watching TV) may actually increase subjective feelings of fatigue.²⁰⁹

Quality sleep is critically important in the recovery process.²¹⁰ Sleep deprivation has been linked to a multitude of health problems that decay the mind and body, including depression, cognitive impairment, decreased concentration, and burnout. Cognitive impairment associated with sleep-deprivation can be profound. For example, a study of over 5,000 people showed that too little sleep was associated with a decline over a five year-period in cognitive functioning, including reasoning, vocabulary, and global cognitive status. Research on short-term effects of sleep deprivation shows that people who average four hours of sleep per night for four or five days develop the same cognitive impairment as if they had been awake for 24 hours—which is the equivalent of being legally drunk.²¹¹ Given lawyers' high risk for depression, it is worth noting evidence that sleep problems have the highest predictive value for who will develop clinical depression.²¹²

8.6 Physical Activity

Many lawyers' failure to prioritize physical activity is harmful to their mental health and cognitive functioning. Physical exercise is associated with reduced symptoms of anxiety and low energy. Aerobic exercise has been found to be as effective at improving symptoms of depression

²⁰³A. P. Jha, E. A. Stanley, W. L. Kiyonaga, & L. Gelfand, *Examining the Protective Effects of Mindfulness Training on Working Memory Capacity and Affective Experience*, 10 EMOTION 56 (2010); D. Levy, J. Wobbrock, A. W. Kaszniak, & M. Ostergren, *The Effects of Mindfulness Meditation Training on Multitasking in a High-Stress Environment*, *Proceedings of Graphics Interface Conference* (2012), available at <http://faculty.washington.edu/wobbrock/pubs/gi-12.02.pdf>; M. D. Mrazek, M. S. Franklin, D. T. Phillips, B. Baird, & J. W. Schooler, *Mindfulness Training Improves Working Memory Capacity and GRE Performance While Reducing Mind Wandering*, 24 PSYCHOL. SCI. 776 (2013); N. E. Ruedy & M. E. Schweizer, *In the Moment: The Effect of Mindfulness on Ethical Decision Making*, 95 J. BUS. ETHICS 73 (2010); F. Zeidan, S. K. Johnson, B. J. Diamond, Z. David, & P. Goolkasian, *Mindfulness Meditation Improves Cognition: Evidence of Brief Mental Training*, 19 CONSCIOUSNESS & COGNITION 597 (2010).

²⁰⁴E.g., W. S. Blatt, *What's Special About Meditation? Contemplative Practice for American Lawyers*, 7 HARV. NEGOT. L. REV. 125 (2002); Peter H. Huang, *How Improving Decision-Making and Mindfulness Can Improve Legal Ethics and Professionalism*, 21 J. L. BUS. & ETHICS 35 (2014).

²⁰⁵A. Michel, C. Bosch, & M. Rexroth, *Mindfulness as a Cognitive-Emotional Segmentation Strategy: An Intervention Promoting Work-Life Balance*, 87 J. OCCUPATIONAL & ORGANIZATIONAL PSYCHOL. 733 (2014).

²⁰⁶See, e.g., C. Fritz, A. M. Ellis, C. A. Demsky, B. C. Lin, & F. Gueros, *Embracing Work Breaks: Recovery from Work Stress*, 42 ORG. DYNAMICS 274 (2013); N. P. Rothbard & S. V. Patil, *Being There: Work Engagement and Positive Organizational Scholarship*, in THE OXFORD HANDBOOK OF POSITIVE ORGANIZATIONAL SCHOLARSHIP 56-68 (K. S. Cameron & G. M. Spreitzer eds., Oxford University Press 2012).

²⁰⁷S. Sonnentag, C. Niessen, & A. Neff, *Recovery: Nonwork Experiences that Promote Positive States*, in Cameron & Spreitzer, *supra* note 206.

²⁰⁸BRAFFORD, *supra* note 131; V. C. Hahn, C. Binnewies, S. Sonnentag, & E. J. Mojza, *Learning How to Recover from Job Stress: Effects of a Recovery Training Program on Recovery, Recovery-Related Self-Efficacy, and Well-Being*, 16 J. OCCUPATIONAL HEALTH PSYCHOL. 202 (2011).

²⁰⁹J. W. Rook & F. R. H. Zijlstra, *The Contribution of Various Types of Activities to Recovery*, 15 EUROPEAN J. WORK & ORGANIZATIONAL PSYCHOL. 218 (2006).

²¹⁰M. Soderstrom, J. Jeding, M. Ekstedt, A. Perski, & T. Akerstedt, *Insufficient Sleep Predicts Clinical Burnout*, 17 J. OCCUPATIONAL HEALTH PSYCHOL. 175 (2012).

²¹¹J. E. Ferrie, M. J. Shipley, T. N. Akbaraly, M. G. Marmot, M. Kivimaki, & A. Singh-Manoux, *Change in Sleep Duration and Cognitive Function: Findings from the Whitehall II Study*, 34 SLEEP 565-73 (2011); B. Fryer, *Sleep Deficit: The Performance Killer*, HARV. BUS. REV., Oct. 2006, available at <http://hbr.org/2006/10/sleep-deficit-the-performance-killer>; S. Maxon, *How Sleep Deprivation Decays the Mind and Body*, THE ATLANTIC, December 2013, available at <http://www.theatlantic.com/health/archive/2013/12/how-sleep-deprivation-decays-the-mind-and-body/282395>.

²¹²P. L. Franzen, & D. J. Buysse, *Sleep Disturbances and Depression: Risk Relationships for Subsequent Depression and Therapeutic Implications*, 10 DIALOGUES IN CLINICAL NEUROSCIENCE 473 (2008).

as antidepressant medication and psychotherapy.²¹³ In a review of strategies for preventing workplace depression, researchers found that interventions to increase physical activity were among the most effective.²¹⁴

Research also shows that physical exercise improves brain functioning and cognition. Physical activity, which stimulates new cell growth in the brain, can offset the negative effects of stress, which causes brain atrophy. Greater amounts of physical activity (particularly aerobic) have been associated with improvements in memory, attention, verbal learning, and speed of cognitive processing.²¹⁵ A growing body of evidence reflects that regular aerobic activity in middle age significantly reduces the risk of developing dementia and, in older age, can slow the progression of cognitive decline of those who already are diagnosed with Alzheimer's disease.²¹⁶

8.7 Leader Development and Training

Leader development and training is critically important for supporting lawyer well-being and optimal performance. Low-quality leadership is a major contributor to stress, depression, burnout, and other mental and physical health disorders.²¹⁷ Even seemingly low-level incivility by leaders can have a big impact on workers' health and motivation. Research found harmful effects from leaders, for example, playing favorites; criticizing unfairly; and failing to provide information, listen to problems, explain goals, praise good work, assist with professional development,

and show that they cared. On the other hand, positive leadership styles contribute to subordinates' mental health, work engagement, performance, and job satisfaction.²¹⁸ Many studies confirm that positive leader behaviors can be trained and developed.²¹⁹ Training is important for all levels of lawyers who supervise others. This is so because leaders with the most direct contact with subordinates have the most significant impact on their work experience.²²⁰ Subordinates' immediate leader drives almost 70 percent of their perceptions of the workplace.²²¹

8.8 Control and Autonomy

As noted in Recommendation 7, feeling a lack of control over work is a well-established contributor to poor mental health, including depression and burnout. A sense of autonomy is considered to be a basic psychological need that is foundational to well-being and optimal functioning.²²² Research confirms that leaders can be trained to be more autonomy-supportive.²²³ Other organizational practices that can enhance a sense of autonomy include, for example, structuring work to allow for more discretion and autonomy and encouraging lawyers to craft aspects of their jobs to the extent possible to best suit their strengths and interests.²²⁴

The benefits of autonomy-support are not limited to manager-subordinate relationships for legal employers. Research reflects that law students with autonomy-supportive professors and school cultures have higher well-being and performance.²²⁵ Lawyer-client relationships also

²¹³J.-H. Chu, J. Buckworth, T. E. Kirby, & C. F. Emery, *Effect of Exercise Intensity on Depressive Symptoms in Women*, 2 MENTAL HEALTH AND PHYSICAL ACTIVITY 37 (2009); M. P. Herring, M. L. Jacob, C. Suveg, & P. J. O'Connor, *Effects of Short-Term Exercise Training on Signs and Symptoms of Generalized Anxiety Disorder*, 4 MENTAL HEALTH & PHYSICAL ACTIVITY 71 (2011).

²¹⁴S. Joyce, M. Modini, H. Christensen, A. Mykletun, R. Bryant, P. B. Mitchell, & S. B. Harvey, *Workplace Interventions for Common Mental Disorders: A Systematic Meta-Review*, 46 PSYCHOL. MED. 683 (2016).

²¹⁵A. Kandola, J. Hendrikse, P. J. Lucassen, & M. Yücel, *Aerobic Exercise as A Tool to Improve Hippocampal Plasticity and Function in Humans: Practical Implications for Mental Health Treatment*, 10 FRONTIERS IN HUMAN NEUROSCIENCE 373 (2016).

²¹⁶*Id.*; J. E. Ahlskog, Y. E. Geda, N. R. Graff-Radford, & R. C. Petersen, *Physical Exercise as a Preventive or Disease-Modifying Treatment of Dementia and Brain Aging*, 86 MAYO CLINIC PROC. 876 (2011).

²¹⁷BRAFFORD, *supra* note 131; R. J. BURKE AND K. M. PAGE, RESEARCH HANDBOOK ON WORK AND WELL-BEING (2017); W. Lin, L. Wang, & S. Chen, *Abusive Supervision and Employee Well-Being: The Moderating Effect of Power Distance Orientation*, 62 APPLIED PSYCHOL.: AN INT'L REV. 308 (2013); E. K. Kelloway, N. Turner, J. Barling, & C. Loughlin, *Transformational Leadership and Employee Psychological Well-Being: The Mediating Role of Employee Trust in Leadership*, 26 WORK & STRESS 39 (2012).

²¹⁸E.g., A. Amankwaa & O. Anku-Tsede, *Linking Transformational Leadership to Employee Turnover: The Moderating Role of Alternative Job Opportunity*, 6 INT'L J. BUS. ADMIN. 19 (2015); J. Perko, U. Kinnunen, & T. Feldt, *Transformational Leadership and Depressive Symptoms Among Employees: Mediating Factors*, 35 LEADERSHIP & ORG. DEV. J. 286 (2014); M. Y. Ghadi, M. Fernando, & P. Caputi, *Transformational Leadership and Work Engagement*, 34 LEADERSHIP & ORG. DEV. J. 532 (2013).

²¹⁹E.g., B. J. Avolio & B. M. Bass, *You Can Drag a Horse to Water, But You Can't Make It Drink Except When It's Thirsty*, 5 J. LEADERSHIP STUDIES 1 (1998); K. E. Kelloway, J. Barling, & J. Helleur, *Enhancing Transformational Leadership: The Roles of Training and Feedback*, 21 LEADERSHIP & ORG. DEV. J. 145 (2000).

²²⁰D. J. Therkelsen & C. L. Fiebich, *The Supervisor: The Linchpin of Employee Relations*, 8 J. COMM. MGMT. 120 (2003).

²²¹R. Beck & J. Harter, *Managers Account for 70% of Variance in Employee Engagement*, GALLUP BUS. J., April 21, 2015, available at <http://www.gallup.com/businessjournal/182792/managers-account-variance-employee-engagement.aspx>.

²²²BRAFFORD, *supra* note 131; Y.-L. Su & J. Reeve, *A Meta-Analysis of the Effectiveness of Intervention Programs Designed to Support Autonomy*, 23 EDUC. PSYCHOL. REV. 159 (2011).

²²³*Id.*

²²⁴See G. R. Slemp & D. A. Vella-Brodick, *Optimising Employee Mental Health: The Relationship Between Intrinsic Need Satisfaction, Job Crafting, and Employee Well-Being*, 15 J. HAPPINESS STUDIES 957 (2014); D. T. Ong & V. T. Ho, *A Self-Determination Perspective of Strengths Use at Work: Examining Its Determinant and Performance Implications*, 11 J. POSITIVE PSYCHOL. 15 (2016).

²²⁵E.g., Sheldon & Krieger, *supra* note 5; see also G. F. Hess, *Collaborative Course Design: Not My Course, Not Their Course, But Our Course*, 47 WASHBURN L.J. 367 (2008).

can be enhanced by autonomy-supportive behaviors by both parties. Lawyers respect client autonomy by, for example, taking full account of their perspectives, not interrupting, affording choice, offering information respectfully, providing a rationale for recommendations, sharing power in decision-making (when appropriate), and accepting clients' decisions.²²⁶ In the medical profession, this model of client-centered care has been found to result in better outcomes, patient satisfaction, and diminished risk of malpractice lawsuits.²²⁷

8.9 Conflict Management

Our legal system is adversarial—it's rooted in conflict. Even so, lawyers generally are not trained on how to constructively handle conflict and to adapt tactics based on context—from necessary work-related conflicts to inter-personal conflicts with clients, opposing counsel, colleagues, or loved ones.²²⁸ Conflict is inevitable and can be both positive and negative.²²⁹ But chronic, unmanaged conflict creates physical, psychological, and behavioral stress. Research suggests that conflict management training can reduce the negative stressful effects of conflict and possibly produce better, more productive lawyers.²³⁰

8.10 Work-Life Conflict

The stress of chronic work-life conflict can damage well-being and performance.²³¹ A study of a New Zealand law firm found that work-life conflict was the strongest predictor of lawyer burnout.²³² Similarly, a study of Australian lawyers found that preoccupation with work was the strongest predictor of depression.²³³ Research in the medical profession repeatedly has found that work-life

conflict contributes to burnout.²³⁴ A large scale study across a variety of occupations found that reports of work-life conflict increased the odds of poor physical health by 90 percent.²³⁵ On the other hand, work-life balance (WLB) benefits workers and organizations.²³⁶

WLB is a complex topic, but research provides guidance on how to develop a WLB-supportive climate. Adopting a formal policy that endorses flexibility is a threshold requirement. Such policies foster the perception of organizational support for flexibility, which is even more important to workers' experience of WLB than actual benefit use. Policies should not be restricted to work-family concerns and any training should emphasize support for the full range of work-life juggling issues. Narrow family-focused policies can create feelings of resentment by workers who have valued non-family commitment.

WLB initiatives cannot end with formal policies or people will doubt their authenticity and fear using them. For example, nearly all large firms report having a flexible schedule policy.²³⁷ But a recent survey of law firm lawyers found that use of flexibility benefits was highly stigmatizing.²³⁸ To benefit from WLB initiatives, organizations must develop a WLB-supportive climate. Research has identified multiple factors for doing so: (1) job autonomy, (2) lack of negative consequences for using WLB benefits, (3) level of perceived expectation that work should be prioritized over family, and (5) supervisor support for WLB. By far, the most important factor is the last. Supervisors communicate their support for WLB by, for example, creatively accommodating non-work-related needs, being empathetic with juggling efforts, and role modeling WLB behaviors.²³⁹

²²⁶G. C. Williams, R. M. Frankel, T. L. Campbell, & E. L. Deci, *Research on Relationship-Centered Care and Healthcare Outcomes from the Rochester Biopsychosocial Program: A Self-Determination Theory Integration*, 18 FAMILIES, SYS. & HEALTH 79 (2000).

²²⁷*Id.*; see also C. White, *The Impact of Motivation on Customer Satisfaction Formation: A Self-Determination Perspective*, 49 EUROPEAN J. MARKETING 1923 (2015).

²²⁸M. T. Colatrella, *A Lawyer for All Seasons: The Lawyer as Conflict Manager*, 49 SAN DIEGO L. REV. 93 (2012).

²²⁹A. Elwork & G. A. H. Benjamin, *Lawyers in Distress*, 23 J. PSYCHIATRY & L. 205 (1995).

²³⁰D. L. Haraway & W. M. Haraway, *Analysis of the Effect of Conflict-Management and Resolution Training on Employee Stress at a Healthcare Organization*, 83 HOSPITAL TOP-ICS 11 (2005); see also Colatrella, *supra* note 228.

²³¹BRAFFORD, *supra* note 131; D. A. MAJOR & R. BURKE, HANDBOOK OF WORK-LIFE INTEGRATION AMONG PROFESSIONALS: CHALLENGES AND OPPORTUNITIES (2013).

²³²Hopkins & Gardner, *supra* note 183.

²³³A. D. Joudrey & J. E. Wallace, *Leisure As A Coping Resource: A Test of the Job Demand-Control-Support Model*, 62 HUMAN RELATIONS 195 (2009).

²³⁴E.g., E. Amofo, N. Hanabali, A. Patel, & P. Singh, *What Are the Significant Factors Associated with Burnout in Doctors?*, 65 OCCUPATIONAL MED. 117 (2015).

²³⁵J. Goh, J. Pfefer, & S. A. Zenios, *Workplace Stressors & Health Outcomes: Health Policy for the Workplace*, 1 BEHAV. SCI. & POL'Y. 43 (2015).

²³⁶Major & Burke, *supra* note 231; S. L. Munn, *Unveiling the Work-Life System: The Influence of Work-Life Balance on Meaningful Work*

²³⁷Press Release, *National Association for Law Placement, NALP Press Release on Part-Time Schedules* (Feb. 21, 2013), http://www.nalp.org/part-time_feb2013.

²³⁸K. M. Managan, E. Giglia, & L. Rowen, *Why Lawyers Leave Law Firms and What Firms Can Do About It*, L. PRAC. TODAY, April 14, 2016, <http://www.lawpracticetoday.org/article/why-lawyers-leave-law-firms-and-what-firms-can-do-about-it>.

²³⁹L. B. Hammer, E. E. Kossek, N. L. Yragui, T. E. Bodner, & G. C. Hanson, *Development and Validation of Multidimensional Measure of Family Supportive Supervisor Behaviors (FSSB)*, 35 J. MGMT. 837 (2009); L. B. Hammer, S. E. Van Dyck, & A. M. Ellis, *Organizational Policies Supportive of Work-Life Integration*, in Major & Burke, *supra* note 231; E. E. Kossek, S. Pichler, T. Bodner, & L. B. Hammer, *Workplace Social Support and Work-Family Conflict: A Meta-Analysis Clarifying the Influence of General and Work-Family-Specific Supervisor and Organizational Support*, 64 PERSONNEL PSYCHOL. 289 (2011).

To support WLB, bar associations and regulators should work with legal employers to develop best practices and relevant training. Regulators and judges should consider whether any of their practices and policies can be modified to better support lawyer WLB.

8.11 Meaning and Purpose

Research has found that feeling that our lives are meaningful is important for physical and psychological wellness. It provides a buffer against stress.²⁴⁰ For example, meaning in life is associated with a reduced risk of anxiety, depression, substance use, suicidal ideation, heart attack, and stroke; slower cognitive decline in Alzheimer's patients; and lower overall mortality for older adults.²⁴¹

For many lawyers, an important part of building a meaningful life is through meaningful work. Experiencing our work as meaningful means that we believe that our work matters and is valuable. A large body of research shows that meaningfulness plays an important role in workplace well-being and performance.²⁴² Evidence suggests that the perception of meaningfulness is the strongest predictor of work engagement.²⁴³

Meaningfulness develops when people feel that their work corresponds to their values. Organizations can enhance the experience of fit and meaningfulness by, for example, fostering a sense of belonging; designing and framing

work to highlight its meaningful aspects; and articulating compelling goals, values, and beliefs.²⁴⁴

These same principles apply in law school. Studies in the college context have found that the majority of students want their educational experiences to be meaningful and to contribute to a life purpose.²⁴⁵ One study measured “psychological sense of community,” which was proposed as a foundation for students to find greater meaning in their educational experience. It was the strongest predictor of academic thriving in the study.²⁴⁶ Deterioration of law students’ sense of meaning may contribute to their elevated rate of psychological distress. Research reflects that, over the course of law school, many students disconnect from their values and become emotionally numb.²⁴⁷

8.12. Substance Use and Mental Health Disorders

Recommended content for training on substance use and mental disorders is outlined above in Recommendation 8 in the body of this report.

8.13. Additional Topics

Many topics are possible for programming aimed at boosting work engagement and overall well-being (through resource-development) and curbing stress and burnout (by limiting demands) or otherwise promoting lawyer well-being. Additional topics to consider include: psychological

²⁴⁰BRAFFORD, *supra* note 131; P. Halama, *Meaning in Life and Coping: Sense of Meaning as a Buffer Against Stress*, in MEANING IN POSITIVE AND EXISTENTIAL PSYCHOLOGY 239-50 (A. Batthyany and P. Russo-Netzer eds., 2014).

²⁴¹E. S. Kim, J. K. Sun, N. Park, C. Peterson, *Purpose in Life and Reduced Incidence of Stroke in Older Adults: The Health and Retirement Study*, 74 J. PSYCHOSOMATIC RES. 427 (2013); M. F. Steger, A. R. Fitch-Martin, J. Donnelly, & K. M. Rickard, *Meaning in Life and Health: Proactive Health Orientation Links Meaning in Life to Health Variables Among American Undergraduates*, 16 J. HAPPINESS STUDIES 583 (2015); M. F. Steger, P. Frazier, S. Oishi, M. Kaler, *The Meaning in Life Questionnaire: Assessing the Presence of and Search for Meaning in Life*, 53 J. COUNSELING PSYCHOL. 80 (2006).

²⁴²E.g., S. Albrecht, *Meaningful Work: Some Key Questions for Research and Practice*, in FLOURISHING IN LIFE, WORK AND CAREERS: INDIVIDUAL WELLBEING AND CAREER EXPERIENCES (R. J. Burke, K. M. Page, & C. Cooper eds., 2015); B. D. Rosso, K. H. Dekas, & A. Wrzesniewski, *On the Meaning of Work: A Theoretical Integration and Review*, 30 RES. IN ORGANIZATIONAL BEHAV. 91 (2010).

²⁴³D. R. May, R. L. Gilson, & L. M. Harter, *The Psychological Conditions of Meaningfulness, Safety and Availability and the Engagement of the Human Spirit at Work*, 77 J. OCCUPATIONAL & ORGANIZATIONAL PSYCHOL. 11 (2004); P. Fairlie, *Meaningful Work, Employee Engagement, and Other Key Employee Outcomes: Implications for Human Resource Development*, 13 ADVANCED IN DEVELOPING HUMAN RESOURCES 508 (2011).

²⁴⁴BRAFFORD, *supra* note 131; M. G. Pratt & B. E. Ashforth, *Fostering Meaningfulness*, in Cameron, Dutton, & Quinn, *supra* note 32; D. J. Cleavenger & T. P. Munyon, *It's How You Frame It: Transformational Leadership and the Meaning of Work*, 56 BUS. HORIZONS 351 (2013); W. Kahn & S. Fellows, *Employee Engagement and Meaningful Work*, in PURPOSE AND MEANING IN THE WORKPLACE 105-26 (B. J. Dik, Z. S. Byrne, & M. F. Steger eds., 2013).

²⁴⁵S. J. DeWitz, M. L. Woolsey, W. B. Walsh, *College Student Retention: An Exploration of the Relationship Between Self-Efficacy Beliefs, and Purpose in Life among College Students*, 50 J. C. STUDENT DEV. 19 (2009); HIGHER EDUC. RES. INST., *THE SPIRITUAL LIFE OF COLLEGE STUDENTS* (2005), available at http://spirituality.ucla.edu/docs/reports/Spiritual_Life_College_Students_Full_Report.pdf; see also J. K. Coffey, L. Wray-Lake, D. Mashek, & B. Branand, *A Longitudinal Examination of a Multidimensional Well-Being Model in College and Community Samples*, 17 J. HAPPINESS STUDIES 187 (2016).

²⁴⁶Eric James McIntosh, *Thriving in College: The Role of Spirituality and Psychological Sense of Community in Students of Color* (2012) (unpublished Ph.D. dissertation, Azusa Pacific University).

²⁴⁷Sheldon & Krieger, *supra* note 154.

capital (composed of optimism, self-efficacy, hope, and resilience),²⁴⁸ psychological hardiness (composed of commitment, control, and challenge),²⁴⁹ stress mindset,²⁵⁰ growth mindset,²⁵¹ grit,²⁵² effort-reward balance,²⁵³ transformational leadership,²⁵⁴ self-determination theory,²⁵⁵ strengths-based management,²⁵⁶ emotional intelligence and regulation,²⁵⁷ organizational fairness,²⁵⁸ nutrition,²⁵⁹ interpersonal skills,²⁶⁰ and political skills.²⁶¹

²⁴⁸E.g., Avey, Luthans, & Jensen, *supra* note 181.

²⁴⁹S. R. Maddi, S. Kahn, & K. L. Maddi, *The Effectiveness of Hardiness Training*, 50 CONSULTING PSYCHOL. J.: PRAC. & RES. 78 (1998).

²⁵⁰Crum, Salovey, Achor, *supra* note 50; McGonigal, *supra* note 182.

²⁵¹C. S. DWECK, MINDSET: THE NEW PSYCHOLOGY OF SUCCESS (2008).

²⁵²A. DUCKWORTH, GRIT: THE POWER OF PASSION AND Perseverance (2016).

²⁵³A. Allisey, J. Rodwell, & A. Noblet, *Personality and the Effort-Reward Imbalance Model of Stress: Individual Differences in Reward Wensitivity*, 26 WORK & STRESS 230 (2012).

²⁵⁴M. Y. Ghadi, M. Fernando, & P. Caputi, *Transformational Leadership and Work Engagement*, 34 LEADERSHIP & ORG. DEV. J. 532 (2013).

²⁵⁵Krieger & Sheldon, *supra* note 5.

²⁵⁶D. O. Clifton & J. K. Harter, *Investing in Strengths*, in Cameron, Dutton, & Quinn, *supra* note 32.

²⁵⁷C. Miao, R. H., Humphrey, & S. Qian, *Leader Emotional Intelligence and Subordinate Job Satisfaction: A Meta-Analysis of Main, Mediator, and Moderator Effects*, 102 PERSONALITY AND INDIVIDUAL DIFFERENCES 13 (2016); K. Thory, *Teaching Managers to Regulate Their Emotions Better: Insights from Emotional Intelligence Training and Work-Based Application*, 16 HUMAN RESOURCE DEV. INT'L 4 (2013); R. E. Riggio, *Emotional Intelligence and Interpersonal Competencies*, in SELF-MANAGEMENT AND LEADERSHIP DEVELOPMENT 160-82 (M. G. Rothstein, R. J. Burke eds., 2010).

²⁵⁸J. Greenberg, *Positive Organizational Justice: From Fair to Fairer—and Beyond*, in EXPLORING POSITIVE RELATIONSHIPS AT WORK: BUILDING A THEORETICAL AND RESEARCH FOUNDATION 159-78 (J. E. Dutton & B. R. Ragins eds., 2007).

²⁵⁹T. RATH, EAT, MOVE, SLEEP (2013).

²⁶⁰J. Mencl, A. J. Wefald, & K. W. van Ittersum, *Transformational Leader Attributes: Interpersonal Skills, Engagement, and Well-Being*, 37 LEADERSHIP & ORG. DEV. J. 635 (2016).

²⁷⁰*Id.*; C. C. Rosen & D. C. Ganster, *Workplace Politics and Well-Being: An Allostatic Load Perspective*, in IMPROVING EMPLOYEE HEALTH AND WELL-BEING 3-23 (A. M. Rossi, J. A. Meurs, P. L. Perrewa eds., 2014); Ferris, Daniels, & Sexton, *supra* note 40.

Appendix to Recommendation 9: Guide and Support The Transition of Older Lawyers.

Recommendation 9 advised stakeholders to create programs for detecting and addressing cognitive decline in lawyers, develop succession plans for aging lawyers, and develop reorientation programs to support lawyers facing retirement. Such initiatives and programs may include the following:

- Gathering demographic information about the lawyer population, including years in practice, the nature of the practice, the size of the firm in which the lawyer's practice is conducted, and whether the lawyer has engaged in any formal transition or succession planning for the lawyer's practice;
- Working with medical professionals to develop educational programs, checklists, and other tools to identify lawyers who may be experiencing incapacity issues;
- Developing and implementing educational programs to inform lawyers and their staff members about incapacity issues, steps to take when concerns about a lawyer's incapacity are evident, and the importance of planning for unexpected practice interruptions or the cessation of practice;
- Developing succession or transition planning manuals and checklists, or planning ahead guidelines for lawyers to use to prepare for an unexpected interruption or cessation of practice;²⁶²
- Enacting rules requiring lawyers to engage in succession planning;
- Providing a place on each lawyer's annual license renewal statement for the lawyer to identify whether the lawyer has engaged in succession and transition planning and, if so, identifying the person, persons or firm designated to serve as a successor;
- Enacting rules that allow senior lawyers to continue to practice in a reduced or limited license or emeritus capacity, including in pro bono and other public service representation;
- Enacting disability inactive status and permanent retirement rules for lawyers whose incapacity does not warrant discipline, but who, nevertheless, should not be allowed to practice law;
- Developing a formal, working plan to partner with Judges and Lawyer Assistance Programs to identify, intervene, and assist lawyers demonstrating age-related or other incapacity or impairment.²⁶³
- Developing "re-orientation" programs to proactively engage lawyers in transition planning with topics to include:
 - financial planning;
 - pursuing "bridge" or second careers;
 - identity transformation;
 - developing purpose in life;
 - cognitive flexibility;
 - goal-setting;
 - interpersonal connection;
 - physical health;
 - self-efficacy;
 - perceived control, mastery, and optimism.²⁶⁴

²⁶²See, e.g., N. M. SUP. CT. LAW. SUCCESSION & TRANSITION COMM. SUCCESSION PLANNING HANDBOOK FOR N. M. LAW. (2014), available at <http://www.nmbar.org/NmbarDocs/forMembers/Succession/SuccessionHandbook.pdf>; W. VA. STATE BAR, SUCCESSION PLANS, available at <http://wvbar.org/wp-content/uploads/2012/04/succession.pdf>; WASH. STATE BAR ASS'N, SUCCESSION PLANNING, available at <http://www.wsba.org/Resources-and-Services/Ethics/Succession-Planning>.

²⁶³See generally W. Slease, et al., *supra* note 60.

²⁶⁴See, e.g., S. D. Asebedo & M. C. Seay, *Positive Psychological Attributes and Retirement Satisfaction*, 25 J. FIN. COUNSELING & PLANNING 161 (2014); Dingemans & Hengkens, *supra* note 64; Houliort, Fernet, Vallerand, Laframboise, Guay, & Koestner, *supra* note 62; Muratore & Earl, *supra* note 64.

Appendix to Recommendation 25:

Topics for Legal Employers' Audit of Well-Being Related Policies and Practices

Legal employers should consider topics like the following as part of their audits of current policies and practices to evaluate whether the organization adequately supports lawyer well-being.

MENTAL HEALTH & SUBSTANCE USE DISORDERS

- Is there a policy regarding substance use, mental health, and impairment? If so, does it need updating?
- Does the policy explain lawyers' ethical obligations relating to their own or colleagues' impairment?
- Is there a leave policy that would realistically support time off for treatment?
- Are there meaningful communications about the importance of well-being?
- Do health plans offered to employees include coverage for mental health and substance use disorder treatment?

LAW PRACTICE MANAGEMENT PRACTICES AFFECTING LAWYER WELL-BEING

- **Assessment of Well-Being:** Is there a regular practice established to assess work engagement, burnout, job satisfaction, turnover intentions, psychological well-being, or other indicators of well-being and to take action on the results?
- **Orientation Practices:** Are orientation practices established to set new lawyers up for success, engagement, and well-being?
- **Work-Life Balance-Related Policies & Practices:** Is there a policy that allows flexibility and an organizational climate that supports it? Is it a practice to recognize lawyers and staff who demonstrate a high standard of well-being?
- **Diversity/Inclusion-Related Policies & Practices:** Diversity and inclusion practices impact lawyer well-being. Are policies and practices in place with a specific mission that is adequately funded?²⁶⁵
- **24/7 Availability Expectations:** Do practices allow lawyers time for sufficient rejuvenation? Are response-time expectations clearly articulated and reasonable? Is there an effort to protect time for lawyers to recover from work demands by regulating work-related calls and emails during evenings, weekends, and vacations?²⁶⁶

²⁶⁵For example, a 2015 report found that most larger firms have some type of diversity training (80 percent) and all participating firms reported having a women's affinity group. But the report also found that affinity groups were "woefully underfunded" and lacking clear goals and missions. See L. S. RIKLEEN, REPORT OF THE NINTH ANNUAL NAWL NATIONAL SURVEY ON RETENTION AND PROMOTION OF WOMEN IN LAW FIRMS, NAT'L ASSOC. OF WOMEN LAWYERS FOUND. (2015), available at <http://www.nawl.org/2015nawlsurvey>.

²⁶⁶For example, McDonald's and Volkswagen—along with one in four U.S. companies—have agreed to stop sending emails to employees after hours. See Fritz, Ellis, Demsky, Lin, & Guros, *supra* note 206. In in the highly-demanding world of law, firms should consider the possibility of establishing new norms for lawyers that limit after-hours emails and calls to actual emergencies—especially to associates who have less work-related autonomy and, thus, are at a higher risk for fatigue and burnout.

- **Billing Policies & Practices:** Do billing practices encourage excessive work and unethical behavior?²⁶⁷
- **Compensation Practices:** Are compensation practices fair? And are they perceived as fair? Do they follow standards of distributive (fair outcome), procedural (fair process), interpersonal (treating people with dignity and respect), and informational (transparency) fairness? Perceived unfairness in important practices can devastate well-being and motivation. For example, a large-scale study found that people were 50 percent more likely to have a diagnosed health condition if they perceived unfairness at work.²⁶⁸ Further, high levels of interpersonal and informational fairness should not be ignored—they can reduce the negative effect of less fair procedures and outcomes.²⁶⁹
- **Performance Appraisal Practices:** Are performance appraisal practices fair and perceived as fair? Are observations about performance regularly noted to use in the review? Do multiple raters contribute? Are they trained on the process and to reduce common biases?²⁷⁰ Is feedback given in a two-way communication? Is specific, timely feedback given regularly, not just annually? Is feedback empathetic and focused on behavior not the person's worth? Is good performance and progress toward goals

regularly recognized? Is goal-setting incorporated?²⁷¹ Is performance feedback balanced and injected with positive regard and respect to improve likelihood of acceptance?²⁷² Are lawyers asked to describe when they feel at their best and the circumstances that contribute to that experience?²⁷³ Carefully managing this process is essential given evidence that bungled performance feedback harms well-being and performance.

- **Vacation Policies & Practices:** Is there a clear vacation policy? Does the organizational culture encourage usage and support detachment from work? In their study of 6,000 practicing lawyers, law professor Larry Krieger and psychology professor Kennon Sheldon found that the number of vacation days taken was the strongest predictor of well-being among all activities measured in the study. It was a stronger predictor of well-being even than income level.²⁷⁴ This suggests that legal employers should encourage taking of vacation—or at least not discourage or unreasonably interfere with it.

²⁶⁷ABA COMM'N ON BILLABLE HOURS, AM. BAR ASS'N, THE CORROSIVE IMPACT OF EMPHASIS ON BILLABLE HOURS (2001-2002), available at http://ilta.personifycloud.com/webfiles/productfiles/914311/FMPG4_ABABillableHours2002.pdf.

²⁶⁸J. Goh, J. Pfefer, & S. A. Zenios, *Workplace Stressors & Health Outcomes: Health Policy for the Workplace*, 1 BEHAV. SCI. & POL'Y. 43 (2015); see also R. M. Herr, A. Loerbrooks, J. A. Bosch, M. Seegel, M. Schneider, & B. Schmidt, *Associations of Organizational Justice with Tinnitus and the Mediating Role of Depressive Symptoms and Burn-out—Findings from a Cross-Sectional Study*, 23 INT'L J. BEHAV. MED. 190 (2016).

²⁶⁹J. Greenberg, *Promote Procedural and Interactional Justice to Enhance Individual and Organizational Outcomes*, in Locke, *supra* note 7, 255-71; T. R. Tyler & E. A. Lind, *A Relational Model of Authority in Groups*, in *Advances in Experimental Social Psychology* 115-91 (M. P. Zanna ed., 1st ed., 1992).

²⁷⁰F. Luthans & A. Stajkovic, *Provide Recognition for Performance Improvement*, in Locke, *supra* note 7, 239-53.

²⁷¹A. N. Kluger, & N. DeNisi, *The Effects of Feedback Interventions on Performance: A Historical Review, a Meta-Analysis, and a Preliminary Feedback Intervention Theory*, 119 PSYCHOL. BULL. 254 (1996).

²⁷²O. Bouskila-Yam & A. N. Kluger, *Strengths-Based Performance Appraisal and Goal Setting*, 21 HUMAN RES. MGMT. REV. 137 (2011).

²⁷³A. N. Kluger & D. Nir, *The Feedforward Interview*, 20 HUMAN RESOURCES MGMT. REV. 235 (2010).

²⁷⁴Krieger & Sheldon, *supra* note 5.

Appendix to Recommendation 33.2: Creating a Well-Being Course and Lecture Series for Law Students

Recommendation 33.2 suggests that law schools design a lecture series dedicated to well-being topics. In 2007, the Carnegie Foundation for the Advancement of Teaching issued a report titled *Educating Lawyers: Preparation for the Profession of Law* (referred to as the “Carnegie Report”). The Carnegie Report describes three “apprenticeships” in legal education: (1) the intellectual apprenticeship, where students acquire a knowledge base; (2) the practice apprenticeship, where students learn practical legal skills; and (3) the professional identity apprenticeship, where students cultivate the attitudes and values of the legal profession.²⁷⁵ The 2016 *Foundations for Practice Report* by the Institute for the Advancement of the American Legal System recommends that law schools teach character attributes including courtesy, humility, respect, tact, diplomacy, sensitivity, tolerance, and compassion; and self-care and self-regulation skills such as positivity and managing stress; exhibiting flexibility, adaptability, and resilience during challenging circumstances; and decision-making under pressure. A well-being course can address the *Foundations for Practice Report* recommendations while helping law students develop a professional identity that encompasses

a commitment to physical and mental well-being.

Appendix B includes topics that could be incorporated into a well-being course for law students. The list below includes additional topics and provides suggested student readings in the footnotes:

- Basic Wellbeing and Stress Reduction;²⁷⁷
- Cognitive Well-being and Good Nutrition;²⁷⁸
- Restorative Practices, such as Mindfulness, Meditation, Yoga, and Gratitude;²⁷⁹
- The Impact of Substances such as Caffeine, Alcohol, Nicotine, Marijuana, Adderall, Ritalin, Cocaine, and Opiates on Cognitive Function;²⁸⁰
- “Active bystander” training that educates students about how to detect when their fellow students may be in trouble with respect to mental health disorders, suicidal thinking, or substance use and what action to take;
- Cultivating a Growth Mindset;²⁸¹
- Improving Pathway (strategies for identifying goals and plans for reaching them) and Agency (sustaining motivation to achieve objectives) Thinking;²⁸²

²⁷⁵SULLIVAN ET AL., EDUCATING LAWYERS: PREPARATION FOR THE PROFESSION OF LAW, CARNEGIE FOUND. FOR THE ADVANCEMENT OF TEACHING (2007).

²⁷⁶A. Gerkman & L. Cornett, *Foundations for Practice: The Whole Lawyer and the Character Quotient*, INST. FOR THE ADVANCEMENT OF THE AM. LEGAL SYS. 30, 33 (2016), available at <http://iaals.du.edu/foundations/reports/whole-lawyer-and-character-quotient>.

²⁷⁷See L. S. KRIEGER, THE HIDDEN SOURCES OF LAW SCHOOL STRESS: AVOIDING THE MISTAKES THAT CREATE UNHAPPY AND UNPROFESSIONAL LAWYERS (2014); D. S. Austin, *Killing Them Softly: Neuroscience Reveals How Brain Cells Die from Law School Stress and How Neural Self-Hacking Can Optimize Cognitive Performance*, 59 LOY. L. REV. 791, 828-37 (2013); M. Silver, *Work & Well-Being*, in LEARNING FROM PRACTICE: A TEXT FOR EXPERIENTIAL LEGAL EDUCATION (L. Wortham, A. Scheer, N. Maurer, & S. L. Brooks eds., 2016).

²⁷⁸D. S. Austin, *Food for Thought: The Neuroscience of Nutrition to Fuel Cognitive Performance*, OR. L. REV. (forthcoming 2017), available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2808100.

²⁷⁹Austin, *supra* note 277, at 837-847; see S. L. Rogers, *Mindfulness and the Importance of Practice*, 90 FLA. B. J. (April 2016); see S. L. Rogers, *Mindfulness in Law*, in THE WILEY-BLACKWELL HANDBOOK OF MINDFULNESS (A. Le, C. Ngoumen & E. Langer eds., 2014); see T. K. Brostoff, *Meditation for Law Students: Mindfulness Practice as Experiential Learning*, 41 L. & PSYCHOL. REV. (forthcoming 2017), online at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2836923; see J. CHO & K. GIFFORD, THE ANXIOUS LAWYER: AN 8-WEEK GUIDE TO A JOYFUL AND SATISFYING LAW PRACTICE THROUGH MINDFULNESS AND MEDITATION (2016); see G. MUMFORD, THE MINDFUL ATHLETE: SECRETS TO PURE PERFORMANCE (2015); M. Silver, *supra* note 277.

²⁸⁰See D. S. Austin, *Drink Like a Lawyer: The Neuroscience of Substance Use and its Impact on Cognitive Wellness*, 15 NEV. L.J. 826 (2015).

²⁸¹D. S. Austin, *Positive Legal Education: Flourishing Law Students and Thriving Law Schools*, 77 MD. L. REV. at 22-25 (forthcoming 2018), abstract available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2928329; see C. S. DWECK, MINDSET: THE NEW PSYCHOLOGY OF SUCCESS (2008).

²⁸²Austin, *supra* note 280, at 826-27.

- Enhancing Emotion Regulation;²⁸³
- Fostering Optimism and Resilience;²⁸⁴
- Preparing for a Satisfying Legal Career;²⁸⁵
- Developing Strong Lawyering Values, such as Courage, Willpower, and Integrity;²⁸⁶
- Work Life Balance in the Law;²⁸⁷ and
- Lawyers as Leaders.²⁸⁸

Many resources for teaching well-being skills are available to legal educators in the online AALS Balance in Legal Education Bibliography.²⁸⁹ Expert guest speakers can be found in the AALS Balance in Legal Education section,²⁹⁰ and at local lawyer assistance programs and lawyer well-being committees.

²⁸³See S. Daicoff, *Lawyer Personality Traits and their Relationship to Various Approaches to Lawyering*, in THE AFFECTIVE ASSISTANCE OF COUNSEL: PRACTICING LAW AS A HEALING PROFESSION 79 (M. A. Silver ed., 2007); see D. S. Austin & R. Durr, *Emotion Regulation for Lawyers: A Mind is a Challenging Thing to Tame*, 16 WYO. L. REV. 826 (2015); M. A. Silver, *Supporting Attorneys' Personal Skills*, 78 REV. JUR. U.P.R. 147 (2009).

²⁸⁴See S. KEEVA, TRANSFORMING PRACTICES: FINDING JOY AND SATISFACTION IN THE LEGAL LIFE (10th ed., 2011); see S. ACHOR, THE HAPPINESS ADVANTAGE: THE SEVEN PRINCIPLES OF POSITIVE PSYCHOLOGY THAT FUEL SUCCESS AND PERFORMANCE AT WORK (2010); see S. ACHOR, BEFORE HAPPINESS: THE 5 HIDDEN KEYS TO ACHIEVING SUCCESS, SPREADING HAPPINESS, AND SUSTAINING POSITIVE CHANGE (2013); see A. DUCKWORTH, GRIT: THE POWER OF PASSION AND PERSEVERANCE (2016).

²⁸⁵See L. S. KRIEGER, A DEEPER UNDERSTANDING OF YOUR CAREER CHOICES: SCIENTIFIC GUIDANCE FOR A FULFILLING LIFE AND CAREER (2007); see N. LEVIT & D. O. LINDER, THE HAPPY LAWYER: MAKING A GOOD LIFE IN THE LAW (2010); see P. H. Huang & R. Swedloff, *Authentic Happiness and Meaning at Law Firms*, 58 SYRACUSE L. REV. 335 (2008); M. Silver, *supra* note 260.

²⁸⁶See D. O. LINDER & N. LEVIT, THE GOOD LAWYER: SEEKING QUALITY IN THE PRACTICE OF LAW (2014); see G. Duhaime, *Practicing on Purpose: Promoting Personal Wellness and Professional Values in Legal Education*, 28 TOURO L. REV. 1207 (2012).

²⁸⁷L. L. Cooney, *Walking the Legal Tightrope: Solutions for Achieving a Balanced Life in Law*, 47 SAN DIEGO L. REV. 421 (2010).

²⁸⁸See P. H. Huang, *Can Practicing Mindfulness Improve Lawyer Decision-Making, Ethics, and Leadership?*, 55 HOUSTON L. REV. (forthcoming 2017), abstract available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2907513; Austin, *supra* note 281, at 44-49.

²⁸⁹See AALS, *supra* note 145.

²⁹⁰See AALS, *supra* note 144.

BIOGRAPHIES OF TASK FORCE MEMBERS AND TASK FORCE REPORT AUTHORS AND EDITORS

The Report of the National Task Force on Lawyer Well-Being was primarily authored and edited by the Task Force members, whose biographies are below. The Task Force members were assisted in the creation of the Report by a team that included liaisons, contributing authors, peer reviewers, and individuals who contributed in a variety of other important capacities. Their biographies also are provided below.

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Ms. Buchanan, upon graduation from the University of Texas School of Law, practiced in the public and private sector with a focus on representing both adult and child victims of family violence. She worked on public policy initiatives and systems change at both the state and federal level as the Public Policy Director for the Texas Council on Family Violence and the National Domestic Violence Hotline. After this position, Ms. Buchanan was appointed Clinical Professor and Co-Director of the Children's Rights Clinic at the University of Texas School of Law.

Ms. Buchanan is a frequent speaker at CLE programs for national organizations, as well as for state and local bar entities. She is a graduate student at the Seminary of the Southwest where she is pursuing a Masters in Spiritual Direction, and is the proud parent of a senior at New York University. Ms. Buchanan tends to her own well-being by

engaging in a regular meditation practice, rowing, staying connected to 12-Step recovery, and being willing to ask for help when she needs it.

JAMES C. COYLE (CO-CHAIR, EDITOR, AUTHOR)

Jim Coyle is Attorney Regulation Counsel for the Colorado Supreme Court. Mr. Coyle oversees attorney admissions, attorney registration, mandatory continuing legal and judicial education, attorney discipline and diversion, regulation of the unauthorized practice of law, and inventory counsel matters. Mr. Coyle has been a trial attorney with the Office of Disciplinary Counsel or successor Office of Attorney Regulation Counsel since 1990. Prior to that, he was in private practice. He served on the National Organization of Bar Counsel (NOBC) board of directors from 2014 – 2016. Mr. Coyle was on the Advisory Committee to the ABA Commission on Lawyer Assistance Programs and is now a member of the Commission for the 2017 – 2018 term.

Mr. Coyle is active in promoting proactive regulatory programs that focus on helping lawyers throughout the stages of their careers successfully navigate the practice of law and thus better serve their clients. This includes working on and co-hosting the first ABA Center for Professional Responsibility (CPR)/NOBC/Canadian Regulators Workshops on proactive, risk-based regulatory programs, in Denver in May 2015, in Philadelphia in June 2016, and St. Louis in June 2017; participating in the NOBC Program Committee and International Committee, including as Chair of the Entity Regulation Subcommittee, now known as the Proactive Management-Based Programs Committee; and prior service on the NOBC Aging Lawyers and Permanent Retirement subcommittees. Mr. Coyle tends to his own well-being through gardening, exercise, and dreaming about retirement.

ANNE BRAFFORD (EDITOR-IN-CHIEF, AUTHOR)

Anne Brafford served as the Editor-in-Chief for the Task Force Report on Lawyer Well-Being. Anne is the Chairperson of the American Bar Association Law Practice Division's Attorney Well-Being Committee. She is a founding member of Aspire, an educational and consulting firm for the legal profession (www.aspire.legal). In 2014, Anne left her job as an equity partner at Morgan, Lewis & Bockius LLP after 18 years of practice to focus on thriving in the legal profession. Anne has earned a Master's degree in Applied Positive Psychology (MAPP) from the University of Pennsylvania and now is a PhD student in positive organizational psychology at Claremont Graduate University (CGU). Anne's research focuses on lawyer thriving and includes topics like positive leadership, resilience, work engagement, meaningful work, motivation, and retention of women lawyers. She also is an Assistant Instructor in the MAPP program for Dr. Martin Seligman and, for two years, was a Teaching Assistant at CGU for Dr. Mihaly Csikszentmihalyi, the co-founders of positive psychology. Look for her upcoming book to be published this fall by the American Bar Association's Law Practice Division called *Positive Professionals: Creating High-Performing, Profitable Firms Through The Science of Engagement*. It provides practical, science-backed advice on boosting work engagement for lawyers. Anne can be reached at abracford@aspire.legal, www.aspire.legal.

JOSH CAMSON (EDITOR, AUTHOR)

Josh Camson is a criminal defense attorney with Camson Law, LLC in Collegeville, Pennsylvania. He is a member of the Pennsylvania Bar Association Ethics Committee and the ABA Standing Committee on Professionalism. He is a former long-time staff writer for Lawyerist.com, a law practice management blog and the former editor of BitterLawyer.com, a comedy site for lawyers and law students.

CHARLES GRUBER (AUTHOR)

Charles A. Gruber is a solo practitioner in Sandy, Utah. He is a graduate of the University of Texas Law School. He is licensed to practice law in Utah and California. His areas of practice are personal injury, medical malpractice, and legal malpractice.

A former attorney with the Utah State Bar Office of Professional Conduct, Mr. Gruber represents and advises attorneys on ethics issues. A former member of the NOBC,

he currently is a member of APRL. He serves on the Board of Utah Lawyers Helping Lawyers. Utah Lawyers Helping Lawyers is committed to rendering confidential assistance to any member of the Utah State Bar whose professional performance is or may be impaired because of mental illness, emotional distress, substance abuse or any other disabling condition or circumstance.

Mr. Gruber tends to his own well being by trying to remember and follow the suggestions of the 11th step of the 12 Steps.

As we go through the day we pause, when agitated or doubtful, and ask for the right thought or action. We constantly remind ourselves we are no longer running the show, humbly saying to ourselves many times each day "They will be done". We are then in much less danger of excitement, fear, anger, worry, self-pity, or foolish decisions. We become much more efficient. We do not tire so easily, for we are not burning up energy foolishly as we did when we were trying to arrange life to suit ourselves. Big Book pg. 87-88.

TERRY HARRELL (AUTHOR)

Terry Harrell completed her undergraduate degree in psychology at DePauw University in 1986 and completed her law degree at Maurer School of Law in 1989. Following law school she practiced law with Ice Miller and then clerked for Judge William I. Garrard on the Indiana Court of Appeals.

In 1993 she completed her Master of Social Work Degree (MSW) at Indiana University. Terry is a Licensed Clinical Social Worker (LCSW), a Licensed Clinical Addictions Counselor (LCAC) in Indiana, and has a Master Addictions Counselor certification from NAADAC. In 1992 Terry began working for Midtown Community Mental Health Center. While there she worked in a variety of areas including inpatient treatment, crisis services, adult outpatient treatment, wrap around services for severely emotionally disturbed adolescents, and management. In 2000 Terry began working as the Clinical Director for JLAP and in 2002 became the Executive Director.

From 2007 through 2010 Terry served on the Advisory Committee to the American Bar Association's Commission on Lawyer Assistance Programs (CoLAP).

She served from 2010 through 2013 as a commissioner on CoLAP. She is past Chair of the Senior Lawyer Assistance Subcommittee for CoLAP and an active member of the CoLAP National Conference Planning Committee. In August 2014 Terry became the first ever LAP Director to be appointed Chair of the ABA Commission on Lawyer Assistance Programs. Locally, Terry is a member of the Indiana State Bar Association and is active with the Professional Legal Education Admission and Development Section, the Planning Committee for the Solo Small Firm Conference, and the Wellness Committee.

DAVID B. JAFFE (AUTHOR)

David Jaffe is Associate Dean for Student Affairs at American University Washington College of Law. In his work on wellness issues among law students over the last decade, he has served on the D.C. Bar Lawyer Assistance Program including as its chair, and continues to serve on the ABA Commission on Lawyer Assistance Programs (CoLAP) as co-chair of the Law School Assistance Committee. Jaffe co-authored “Suffering in Silence: The Survey of Law Student Well-Being and the Reluctance of Law Students to Seek Help for Substance Use and Mental Health Concerns”, reporting the results of a survey he co-piloted in 2014. He also produced the “Getting Health, Staying Healthy” video that is used as a resource in many Professional Responsibility classes around the country, and is responsible for modernizing the “Substance Abuse & Mental Health Toolkit for Law Students and Those Who Care About Them”.

Jaffe has presented frequently on law student wellness, including to the National Conference of Bar Examiners, the ABA Academic Deans, the ABA Young Lawyers Division, CoLAP, AALS, the D.C. Bar, and NALSAP. He received the 2015 CoLAP Meritorious Service Award in recognition of his commitment to improving the lives of law students, and the 2009 Peter N. Kutulakis Award from the AALS Student Services Section for outstanding contributions to the professional development of law students. Jaffe states that he seeks self-care each day by being in the moment with each of his two daughters.

TRACY L. KEPLER (AUTHOR)

Tracy L. Kepler is the Director of the American Bar

Association’s Center for Professional Responsibility (CPR), providing national leadership in developing and interpreting standards and scholarly resources in legal and judicial ethics, professional regulation, professionalism and client protection. In that role, she manages and coordinates the efforts of 18 staff members and 13 entities including five ABA Standing Committees (Ethics, Professionalism, Professional Regulation, Client Protection, and Specialization), the ABA/BNA Lawyers’ Manual on Professional Conduct, the Center’s Coordinating Council and other Center working committees.

From 2014-2016, Ms. Kepler served as an Associate Solicitor in the Office of General Counsel for the U.S. Patent & Trademark Office (USPTO), where she concentrated her practice in the investigation, prosecution and appeal of patent/trademark practitioner disciplinary matters before the Agency, U.S. District Courts and Federal Circuit, provided policy advice on ethics and discipline related matters to senior management, and drafted and revised Agency regulations. From 2000-2014, she served as Senior Litigation Counsel for the Illinois Attorney Registration and Disciplinary Commission (ARDC), where she investigated and prosecuted cases of attorney misconduct.

From 2009-2016, Ms. Kepler served in various capacities, including as President, on the Board of the National Organization of Bar Counsel (NOBC), a non-profit organization of legal professionals whose members enforce ethics rules that regulate the professional conduct of lawyers who practice law in the United States and abroad. Ms. Kepler also taught legal ethics as an Adjunct Professor at American University’s Washington College of Law. Committed to the promotion and encouragement of professional responsibility throughout her career, Ms. Kepler has served as the Chair of the CPR’s CLE Committee and its National Conference Planning Committee, and is a frequent presenter of ethics related topics to various national, state and local organizations. She has also served as the NOBC Liaison to the ABA CPR Standing Committees, and to the ABA Commission on Lawyer Assistance Programs (CoLAP), where she was a Commission member, a member of its Advisory Committee, the Chair of its Education and Senior Lawyer Committees, and also a member of its National Conference Planning Committee. Ms. Kepler also participates as a

faculty member for the National Institute of Trial Advocacy (NITA) trial and deposition skills programs, and served as the Administrator of the NOBC-NITA Advanced Advocates Training Program from 2011-2015. She is a graduate of Northwestern University in Evanston, Illinois, and received her law degree from New England School of Law in Boston, Massachusetts.

PATRICK KRILL (AUTHOR)

A leading authority on the addiction and mental health problems of lawyers, Patrick is the founder of Krill Strategies, a behavioral health consulting firm exclusively for the legal profession. Patrick is an attorney, licensed and board certified alcohol and drug counselor, author, and advocate. His groundbreaking work in the field of attorney behavioral health includes initiating and serving as lead author of the first and only national study on the prevalence of attorney substance use and mental health problems, a joint undertaking of the American Bar Association Commission on Lawyer Assistance Programs and the Hazelden Betty Ford Foundation that was published in *The Journal of Addiction Medicine*.

Patrick is the former director of the Hazelden Betty Ford Foundation's Legal Professionals Program, where he counseled many hundreds of legal professionals from around the country who sought to better understand and overcome the unique challenges faced on a lawyer's road to recovery. He has authored more than fifty articles related to addiction and mental health, and has been quoted in dozens of national and regional news outlets, including the *New York Times*, *Wall Street Journal*, *Washington Post*, *Chicago Tribune*, and countless legal industry trade publications and blogs. As a frequent speaker about addiction and its intersection with the law, Patrick has taught multiple graduate-level courses in addiction counseling, and has spoken, lectured, or conducted seminars for over one hundred organizations throughout the United States, including professional and bar associations, law firms, law schools, and corporations.

Patrick maintains his own wellbeing by prioritizing his personal relationships and exercising daily. Whether it be hiking, yoga, or weight lifting, his secret to managing stress is a dedication to physical activity. Patrick can be reached at patrick@prkrill.com, www.prkrill.com.

CHIEF JUSTICE DONALD W. LEMONS, SUPREME COURT OF VIRGINIA (AUTHOR)

Chief Justice Donald W. Lemons received his B.A. from the University of Virginia in 1970. Before entering law school, he served as a Probation Officer in Juvenile and Domestic Relations Court. In 1976, he earned his J.D. from the University of Virginia School of Law. From 1976 until 1978, he served as Assistant Dean and Assistant Professor of Law at the University of Virginia School of Law. Thereafter, he entered the private practice of the law in Richmond, Virginia. Chief Justice Lemons has served at every level of the court system in Virginia. He served as a substitute judge in General District Court and in Juvenile and Domestic Relations Court. In 1995, he was elected by the General Assembly to be a Judge in the Circuit Court of the City of Richmond. While serving in that capacity, Chief Justice Lemons started one of the first Drug Court dockets in Virginia. He was then elected by the General Assembly to serve as a Judge on the Court of Appeals of Virginia. In 2000, he was elected by the General Assembly as a Justice of the Supreme Court of Virginia. In 2014, the Justices of the Supreme Court of Virginia elected Justice Lemons to serve as the next Chief Justice, following the retirement of Chief Justice Cynthia D. Kinser on December 31, 2014. Chief Justice Lemons is also the Distinguished Professor of Judicial Studies at the Washington and Lee University School of Law, serves on the Board of Directors for the Conference of Chief Justices, is the former President of the American Inns of Court (2010 – 2014), and an Honorary Benchler of Middle Temple in London. He is married to Carol Lemons, and they have three children and six grandchildren. He and Carol reside in beautiful Nelson County, Virginia, in the foothills of the Blue Ridge Mountains.

SARAH MYERS (AUTHOR)

Sarah Myers is the Clinical Director of the Colorado Lawyer Assistance Program. She received her B.A. from the University of Richmond in Virginia, her M.A. from Naropa University in Boulder, Colorado, and her J.D. at the University of Denver in Colorado. She is a Colorado licensed attorney, licensed marriage and family therapist, and licensed addiction counselor. Ms. Myers is also a licensed post-graduate level secondary teacher, certified trauma and abuse psychotherapist, and certified LGTBQ

therapist. She has over 18 years of experience as a professor and teacher, psychotherapist, clinical supervisor, and program director.

Ms. Myers specializes in stress management, psychoneuroimmunology, and psychoeducation, topics that she presents to thousands of judges, lawyers, and law students each year. In addition, she has authored hundreds of articles on wellness concepts such as compassion fatigue, professional burnout, mental health support, and life-enhancing techniques for the legal community. Ms. Myers strives to “practice what she preaches” for self-care, which includes: simple meditation throughout the day to relax her nervous system, using humor and laughter to cope with difficult situations or personalities, cultivating positive relationships with friends and family, and engaging in hobbies such as gardening, caring for numerous pets (including a koi pond), yoga, learning new things, and reading science fiction and fantasy novels.

CHRIS L. NEWBOLD (AUTHOR)

Chris Newbold is Executive Vice President of ALPS Corporation and ALPS Property & Casualty Company. In his role as Executive Vice President, Mr. Newbold oversees bar association relations, strategic and operational planning, risk management activities amongst policyholders, human resources, and non-risk related subsidiary units. Internally at ALPS, Mr. Newbold has developed leading conceptual models for strategic planning which have driven proven results, ensured board and staff accountability, focused organizational energies, embraced change, integrated budgeting and human resource functions into the process and enabled a common vision for principal stakeholders. Externally, Mr. Newbold is a nationally-recognized strategic planning facilitator in the bar association and bar foundations worlds, conducts risk management seminars on best practices in law practice management and is well-versed in captive insurance associations and other insurance-related operations.

Mr. Newbold received his law degree from the University of Montana School of Law in 2001, and holds a bachelor's degree from the University of Wisconsin-Madison. Following his graduation from law school, he served one year as a law clerk for the Honorable Terry N. Triewiler of the Montana Supreme Court. He began his career at ALPS

as President and Principal Consultant of ALPS Foundation Services, a non-profit fundraising and philanthropic management consulting firm. Mr. Newbold is currently a member of the State Bar of Montana, the American Bar Association, and is involved in a variety of charitable activities. Mr. Newbold resides in Missoula, Montana, with his wife, Jennifer, and their three children, Cameron (11), Mallory (9) and Lauren (5).

JAYNE REARDON (EDITOR, AUTHOR)

Jayne Reardon is the Executive Director of the Illinois Supreme Court Commission on Professionalism. A tireless advocate for professionalism, Jayne oversees programs and initiatives to increase the civility and professionalism of attorneys and judges, create inclusiveness in the profession, and promote increased service to the public. Jayne developed the Commission's successful statewide Lawyer-to-Lawyer Mentoring Program which focuses on activities designed to explore ethics, professionalism, civility, diversity, and wellness in practice settings. She spearheaded development of an interactive digital and social media platform that connects constituencies through blogs, social networking sites and discussion groups. A frequent writer and speaker on topics involving the changing practice of law, Jayne asserts that embracing inclusiveness and innovation will ensure that the profession remains relevant and impactful in the future. Jayne's prior experience includes many successful years of practice as a trial lawyer, committee work on diversity and recruiting issues, and handling attorney discipline cases as counsel to the Illinois Attorney Registration and Disciplinary Commission Review Board.

Jayne graduated from the University of Notre Dame and the University of Michigan Law School. She is active in numerous bar and civic organizations. She serves as Chair of the American Bar Association's Standing Committee on Professionalism and is a Steering Committee member of the National Lawyer Mentoring Consortium. Jayne also is active in the ABA Consortium of Professionalism Initiatives, Phi Alpha Delta Legal Fraternity, Illinois State Bar Association, Women's Bar Association of Illinois, and the Chicago Bar Association. Jayne lives in Park Ridge, Illinois, with her husband and those of her four children who are not otherwise living in college towns and beyond.

HON. DAVID SHAHEED (AUTHOR)

David Shaheed became the judge in Civil Court 1, Marion County, Indiana, in August, 2007. Prior to this assignment, Judge Shaheed presided over Criminal Court 14, the Drug Treatment Diversion Court and Reentry Court. The Indiana Correctional Association chose Shaheed as 2007 Judge of the Year for his work with ex-offenders and defendants trying to recover from substance abuse.

Judge Shaheed has worked as a judicial officer in the Marion County Superior Court since 1994 starting as a master commissioner and being appointed judge by Governor Frank O'Bannon in September 1999. As a lawyer, Judge Shaheed was Chief Administrative Law Judge for the Indiana Unemployment Appeals Division; Legal Counsel to the Indiana Department of Workforce Development and served as Counsel to the Democratic Caucus of the Indiana House of Representatives in 1995. He was also co-counsel for the Estate of Michael Taylor, and won a 3.5 million dollar verdict for the mother of a sixteen year-old youth who was found shot in the head in the back seat of a police car.

Judge Shaheed is an associate professor for the School of Public and Environmental Affairs (SPEA) at Indiana University in Indianapolis. He is also a member of the ABA Commission on Lawyers Assistance Programs (CoLAP). Judge Shaheed was on the board of directors for Seeds of Hope, (a shelter for women in recovery), and former officer for the Indiana Juvenile Justice Task Force and the Interfaith Alliance of Indianapolis.

LYNDA C. SHELLEY (EDITOR, AUTHOR)

Lynda C. Shely, of The Shely Firm, PC, Scottsdale, Arizona, provides ethics advice to over 1400 law firms in Arizona and the District of Columbia on a variety of topics including conflicts of interest, fees and billing, trust account procedures, lawyer transitions, multi-jurisdictional practice, ancillary businesses, and ethics requirements for law firm advertising/marketing. She also assists lawyers in responding to initial Bar charges, performs law office risk management reviews, and trains law firm staff in ethics requirements. Lynda serves as an expert witness and frequently presents continuing legal education programs around the country. Prior to opening her own firm, she was the Director of Lawyer Ethics for the State Bar of Arizona. Prior to moving to Arizona, Lynda was an intellectual property associate with Morgan, Lewis & Bockius in Washington, DC.

Lynda received her BA from Franklin & Marshall College in Lancaster, PA and her JD from Catholic University in Washington, DC. Lynda was the 2015-2016 President of the Association of Professional Responsibility Lawyers. She serves on several State Bar of Arizona Committees, and as a liaison to the ABA Standing Committee on Ethics and Professional Responsibility. She is an Arizona Delegate in the ABA House of Delegates. Lynda has received several awards for her contributions to the legal profession, including the 2007 State Bar of Arizona Member of the Year award, the Scottsdale Bar Association's 2010 Award of Excellence, and the 2015 AWLA, Maricopa Chapter, Ruth V. McGregor award. She is a prior chair of the ABA Standing Committee on Client Protection and a past member of the ABA's Professionalism Committee and Center for Professional Responsibility Conference Planning Committee. Lynda was the 2008-2009 President of the Scottsdale Bar Association. She has been an adjunct professor at all three Arizona law schools, teaching professional responsibility.

WILLIAM D. SLEASE (AUTHOR)

William D. Slease is Chief Disciplinary Counsel for the New Mexico Supreme Court Disciplinary Board. In addition to his duties as Chief Disciplinary Counsel, he serves as an adjunct professor at the University of New Mexico School of Law where he has taught employment law, ethics and trial practice skills. He currently chairs the Supreme Court of the State of New Mexico's Lawyer's Succession and Transition Committee which has developed a comprehensive set of materials for lawyers to use in identifying and responding to incapacities that affect lawyers' abilities to practice law. He is a member and the 2016-17 President of the National Organization of Bar Counsel and previously served as the Chair of the NOBC-APRL-CoLAP Second Joint Committee on Aging Lawyers charged with studying and making recommendations for addressing the so-called "senior tsunami" of age-impaired lawyers. Bill takes care of his own wellness by spending time with his family, and by fishing for trout in the beautiful lakes and streams of New Mexico.

TASK FORCE LIAISONS

LINDA ALBERT

Linda Albert is a Licensed Clinical Social Worker and a Certified Alcohol and Drug Counselor. She received her Master's Degree from UW-Madison in Science and Social Work. Linda has worked over the past 34 years as an administrator, consultant, trainer, program developer and psychotherapist in a variety of settings including providing services to impaired professionals.

Linda served on the ABA Commission on Lawyer Assistance Programs heading up the Research section. She co-facilitated a research project on compassion fatigue and legal professionals resulting in two peer reviewed publications and multiple articles. She is co-author of the ABA, Hazelden Betty Ford collaborative national research study on the current rates of substance use, depression and anxiety within the legal community. Linda has done multiple presentations for conferences at the local, state and national level. She loves her work and is driven by the opportunity to make a positive contribution to the lives of the individuals and the fields of practice she serves. Currently Linda is employed by The Psychology Center in Madison, Wisconsin, where she works as a professional trainer, consultant, and psychotherapist.

DONALD CAMPBELL

Donald D. Campbell is a shareholder at Collins Einhorn Farrell in suburban Detroit, Michigan. Don's practice focuses on attorney grievance defense, judicial grievance matters, and legal malpractice defense. He has extensive experience in counseling and advising lawyers and judges regarding professional ethics. He is an adjunct professor of law at the University of Detroit School of Law, where he has taught professional responsibility and a seminar in business law and ethics. Prior to joining the Collins Einhorn firm, Don served as associate counsel with the Michigan Attorney Grievance Commission, the Michigan Supreme Court's arm for the investigation and prosecution of lawyer misconduct. He also previously served as an assistant prosecuting attorney in Oakland County, Michigan. He currently serves as the President of the Association of Professional Responsibility Lawyers (see APRL.net). Don tends to his well-being by cheering for the Detroit Lions (and he has been about as successful).

ERICA MOESER

Erica Moeser has been the president of the National Conference of Bar Examiners since 1994. She is a former chairperson of the Council of the Section of Legal Education and Admissions to the Bar of the American Bar Association, and has served as a law school site evaluator, as a member of the Section's Accreditation and Standards Review Committees, and as the co-chairperson of the Section's Bar Admissions Committee. She served as the director of the Board of Bar Examiners of the Supreme Court of Wisconsin from 1978 until joining the Conference. Ms. Moeser holds the following degrees: B.A., Tulane University, 1967; M.S., the University of Wisconsin, 1970; and J.D., the University of Wisconsin, 1974. She was admitted to practice law in Wisconsin in January 1975. Ms. Moeser holds honorary degrees from three law schools. Ms. Moeser has taught Professional Responsibility as an adjunct at the University of Wisconsin Law School. She was elected to membership in the American Law Institute in 1992.

In 2013 Ms. Moeser received the Kutak Award, honoring "an individual who has made significant contributions to the collaboration of the academy, the bench, and the bar," from the ABA Section of Legal Education and Admissions to the Bar.

ACKNOWLEDGEMENTS

PAUL BURGOYNE, TERRY HARRELL, AND LYNDA SHELLEY

The Task Force gratefully acknowledges the contributions of Paul Burgoyne, immediate past president of the National Organization of Bar Counsel and Deputy Chief Disciplinary Counsel, The Disciplinary Board of the Supreme Court of Pennsylvania, as well as Terry Harrell, President of the ABA Commission on Lawyer Assistance Programs (ABA CoLAP), and Lynda Shely, past president of the Association of Professional Responsibility Lawyers (APRL), for their formal endorsement of the Task Force's formation in the spring of 2016 on behalf of their respective organizations.

JONATHAN WHITE (AUTHOR, EDITOR)

Jonathan White is the Task Force Staff Attorney and also served as a contributing author and editor to the Report. Mr. White is a staff attorney at the Colorado Supreme Court

Office of Attorney Regulation Counsel. He is the day-to-day project manager for the Colorado Supreme Court Advisory Committee's Proactive Management-Based Program (PMBP) Subcommittee. The subcommittee is developing a program to help Colorado lawyers better serve their clients through proactive practice self-assessments. The self-assessments also promote compliance with the Colorado Rules of Professional Conduct. Mr. White rejoined the Office of Attorney Regulation Counsel in November 2016 after previously working for the office as a law clerk in 2009 and 2010.

Mr. White practiced civil defense litigation for several years before rejoining the Office of Attorney Regulation Counsel. Mr. White also served as a judicial law clerk to the Honorable Christopher Cross and the Honorable Vincent White of the Douglas County District Court in Castle Rock, Colorado. He is a 2010 graduate of the University of Colorado Law School. While in law school, he was an articles editor for the Colorado Journal of International Environmental Law & Policy. The Journal published his note, "Drilling in Ecologically and Environmentally Troubled Waters: Law and Policy Concerns Surrounding Development of Oil Resources in the Florida Straits," in 2010. In 2009, fellow law students selected him to receive the annual Family Law Clinic Award in recognition of his work in the law school's clinical program.

Mr. White received his B.A. from Middlebury College in 2003. He recently volunteered as a reading tutor to elementary school students in the Denver Public Schools during the 2015-2016 academic year.

ED BRAFFORD, GRAPHIC DESIGNER

Edward Brafford donated his skills and talents to design the layout for the Task Force Report. Mr. Brafford designs for The Firefly Creative LLC (www.thefireflycreative.com) and can be reached at Ed@tffcreative.com.

CONTRIBUTING AUTHORS

DEBRA AUSTIN, PH.D.

Dr. Austin is a law professor and lawyer wellbeing advocate. She writes and speaks about how neuroscience and positive psychology research can help law students, lawyers, and judges improve their wellbeing and

performance. Her seminal work, *Killing Them Softly*, shines a bright light on lawyer depression, substance abuse, and suicide, and its application of neuroscience to the chronic stresses of law school and law practice depicts how law students and lawyers suffer cognitive damage that impairs them from doing precisely what their studies and practices require. *Drink Like a Lawyer* uses neuroscience research to demonstrate how self-medication with substances like alcohol, marijuana, and study drugs impairs law student and lawyer thinking. *Food for Thought* examines neuroscience research that explores the relationship between diet and increased risk of cognitive damage, such as dementia and Alzheimer's disease, and describes optimal nutrition habits that build and maintain a healthy lawyer brain. *Positive Legal Education* proposes a new field of inquiry and a new method of training lawyer leaders that will enhance lawyer effectiveness and wellbeing. Dr. Austin's presentations connect lawyer wellbeing to performance and ethical obligations, and they are accredited for general and ethics CLE in multiple states.

Dr. Austin teaches at the University of Denver Sturm College of Law. She received her Bachelor of Music Education from University of Colorado; her J.D. from University of San Francisco; and her Ph.D. in Education from University of Denver. She received the William T. Driscoll Master Educator Award in 2001. To maintain her wellbeing, Dr. Austin meditates, practices yoga, and cycles on the beautiful trails around Colorado.

HON. ROBERT L. CHILDERS

Judge Childers was the presiding judge of Division 9 of the Circuit Court of Tennessee for the 30th Judicial District from 1984 to 2017. He is a past president of the Tennessee Judicial Conference and the Tennessee Trial Judges Association. He has also served as a Special Judge of the Tennessee Supreme Court Workers' Compensation Panel and the Tennessee Court of Appeals. He served on the ABA Commission on Lawyer Assistance Programs (CoLAP) from 1999 to 2011, including serving as Chair of the Commission from 2007-2011. He is a founding member, past president and Master of the Bench of the Leo Bearman Sr. Inn of Court. The Memphis Bar Association recognized Judge Childers in 1986, 1999, and 2006 as Outstanding Judge of the Year, and he was recognized by the MBA Family Law Section in 2006. He was recognized as Outstanding

Judge of the Year by the Shelby County (TN) Deputy Sheriffs Association in 1990. He received the Judge Wheatcraft Award from the Tennessee Coalition Against Domestic and Sexual Violence for outstanding service in combating domestic violence in 2001. He has received the Distinguished Alumnus Award from the University of Memphis (2002), the Justice Frank F. Drowota III Outstanding Judicial Service Award from the Tennessee Bar Association (2012), and the Excellence in Legal Community Leadership Award from the Hazelden Foundation (2012). In 2017 he received the William M. Leech Jr. Public Service Award from the Fellows of the Tennessee Bar Association Young Lawyers Division.

Judge Childers is currently serving as president of the University of Memphis Alumni Association. He has been a faculty member at the National Judicial College at the University of Nevada-Reno, the Tennessee Judicial Conference Judicial Academy, and a lecturer at the Cecil C. Humphreys School of Law at the University of Memphis. He has also been a frequent lecturer and speaker at CLE seminars and before numerous schools, civic, church and business groups in Tennessee and throughout the nation.

COURTNEY WYLIE

Courtney recently joined the professional development team at Drinker Biddle & Reath LLP. In this position, she designs and implements programs for the firm's attorneys on leadership, professionalism, and lawyer well-being topics. Prior to joining DBR, Courtney Wylie worked at the University of Chicago Law School as the Associate Director of Student Affairs & Programs. In this position, she was primarily responsible for the Keystone Leadership and Professional Program and the Kapnick Leadership Development Initiative. Before that Courtney worked in both the private and public sector as an attorney.

Courtney is the current appointed ABA Young Lawyer's Division Liaison to the Commission on Lawyer Assistance Programs (COLAP) and an appointed Advisory Committee Member of (COLAP). Though an initial skeptic regarding meditation and exercise, she now makes an effort to make it part of her daily practice to remain healthy, positive, focused, and centered. She similarly regularly lectures on the importance of self-care for attorneys and law students.

PEER REVIEWERS

Carol M. Adinamis, Adinamis & Saunders, Past President Indiana State Bar Association, Indianapolis, IN

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OUR CHALLENGES

- 
-  21-36% problem drinkers
 -  28% depression
 -  19% anxiety
 -  23% elevated stress
 -  25% work addiction
 -  High suicide rate
 -  Sleep deprivation
 -  Work-life conflict
 -  Avoid seeking help
 -  Job dissatisfaction and attrition

OUR POTENTIAL

- Physically healthy 
- Mentally thriving 
- Contributing to society 
- Focusing on client care 
- Feeling connected and a sense of belonging 
- Willing to seek help 
- Engaged at work 
- Continually seeking intellectual growth 
- Emotionally intelligent 
- Experiencing a sense of meaning and purpose 

THE PATH TO LAWYER WELL-BEING: Practical Recommendations For Positive Change

EXHIBIT B

2016 STUDY:

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

By

Patrick Krill, JD, LLM, Ryan Johnson, MA and Linda Albert, MSSW

OPEN

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

Patrick R. Krill, JD, LLM, Ryan Johnson, MA, and Linda Albert, MSSW

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

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

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

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

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

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

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

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

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

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

METHODS

Procedures

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

Participants

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

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

TABLE 1. Participant Characteristics

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

*Substance use includes both illicit and prescribed usage.

Materials

Alcohol Use Disorders Identification Test

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

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

TABLE 2. Professional Characteristics

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

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

Depression Anxiety Stress Scales-21 item version

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

Drug Abuse Screening Test-10 item version

The short-form Drug Abuse Screening Test-10 (DAST) is a 10-item, self-report instrument designed to screen and quantify consequences of drug use in both a clinical and

research setting. The DAST scores range from 0 to 10 and are categorized into low, intermediate, substantial, and severe-concern categories. The DAST-10 correlates highly with both 20-item and full 28-item versions, and has demonstrated reliability and validity (Yudko et al., 2007).

RESULTS

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

Alcohol Use

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

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

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

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

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

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

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

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

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

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

Drug Use

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

Mental Health

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

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

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

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

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

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

Treatment Utilization and Barriers to Treatment

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

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

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

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

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

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

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

DISCUSSION

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

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

attorneys aged 31 to 40 (26.1%), with declining rates reported thereafter.

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

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

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

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

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

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

CONCLUSIONS

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

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EXHIBIT C

JLAP Summer 2017
Newsletter

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MISSION

The Judges and Lawyers Assistance Program, Inc. (JLAP) serves the public, the Bar, and the profession by assisting on a confidential basis, lawyers or judges whose professional impairment may result from alcohol, drug abuse or mental illness.

PRESIDENT'S MESSAGE

The best news of all this Summer is that the profession's utilization of JLAP's totally confidential services is now at record levels. Behind the scenes, JLAP discretely assists hundreds of bar members (and their family members). In all these cases, people reached out voluntarily and there is absolutely no involvement whatsoever with discipline, bar admissions, or formal JLAP monitoring. And that is excellent news because when someone confidentially reaches out to JLAP for help before there is a problem with discipline, we all win!



MARK C. SURPRENANT

JLAP continues to widen its clinical services to include all mental health issues such as depression, anxiety, and burnout, not just alcohol and drug issues. In addition, JLAP continues to refine its formal monitoring program to provide reliable outcomes for those who need to objectively prove their fitness to practice. Furthermore, JLAP has increased its on-campus services for law students.

JLAP is extremely grateful for the support it receives from virtually all corners of our profession, and JLAP is especially thankful in particular for the tireless efforts of JLAP's volunteer Board and Committee Members. Together we are all dedicated to saving lives and careers while also helping to protect the public.

Please help us spread the word: if you or someone you know needs help, reach out early and confidentially to JLAP!

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LAWYER SUPPORT GROUPS

The profession receives indispensable support from the 12-Step lawyer groups around the state. These groups provide an instrumental resource to lawyers and judges in recovery from alcoholism and addiction.

BATON ROUGE

Tuesdays at Noon

The City Club

355 North Blvd., Baton Rouge

Contact: Jim Clary, Jr. (225) 933-4578

Thursdays at Noon

Bocage Racquet Club

7600 Jefferson Hwy., Baton Rouge

Contact: George Pierson (225) 293-4560

Fridays at Noon

O'Brien House

446 N 12th Street, Baton Rouge

Contact: Keetsie Gunnels (225) 362-7040

LAFAYETTE

Wednesdays at Noon

Guilbeau & Robideaux

106 West Congress Street, Lafayette

Contacts: Jim Lambert (337) 261-3737

Tommy Guilbeau (337) 232-7240

NEW ORLEANS

Wednesdays at noon

P&G Restaurant

345 Baronne Street, New Orleans

(Private room in back of restaurant.)

Contact: Don Massey (504) 430-6276

SHREVEPORT

Tuesdays at noon

Highland Baptist Church

520 Olive Street, Shreveport

Contact: Steven Thomas (318) 465-7001

MESSAGE FROM THE EXECUTIVE DIRECTOR



J.E. "BUDDY" STOCKWELL III

I am now in my seventh year as JLAP's executive director. It is impossible to overstate my gratitude for being able to serve the profession in this capacity. It is a privilege to support so many of my brothers and sisters in the legal profession (and to also assist their family members as well).

I am also in my thirty-fourth year of continuous sobriety. Back in 1982, when my disease of alcoholism was at its zenith, it very nearly killed me. But luckily for me, when I reached out, the right helping hands sent me to state-of-the-art treatment at the time. I surrendered and cooperated. But for sheer luck, I would not have survived alcoholism.

Since that time, and for well over half of my life now, service work and helping others has been a significant component of my personal recovery. At JLAP we are all professionally dedicated to helping others who reach out to JLAP. We specialize in facilitating high-quality clinical options that are expected to render high success rates long-term for members of the legal profession and their families. JLAP's performance statistics indicate that goal is being met.

JLAP's most-pressing challenge today is increasing the profession's awareness, understanding, trust, and utilization of JLAP's totally confidential services that are delivered completely outside the scope of disciplinary referrals, bar admissions matters and court orders, etc.

You can help!

Please spread the word: if you or someone you know is suffering, encourage them to confidentially reach out proactively and early to JLAP. In each and every case, JLAP will reach back and do all it can to help!

JLAP's CONFIDENTIAL CASES EXCEED JLAP FORMAL MONITORING CASES 5 TO 1

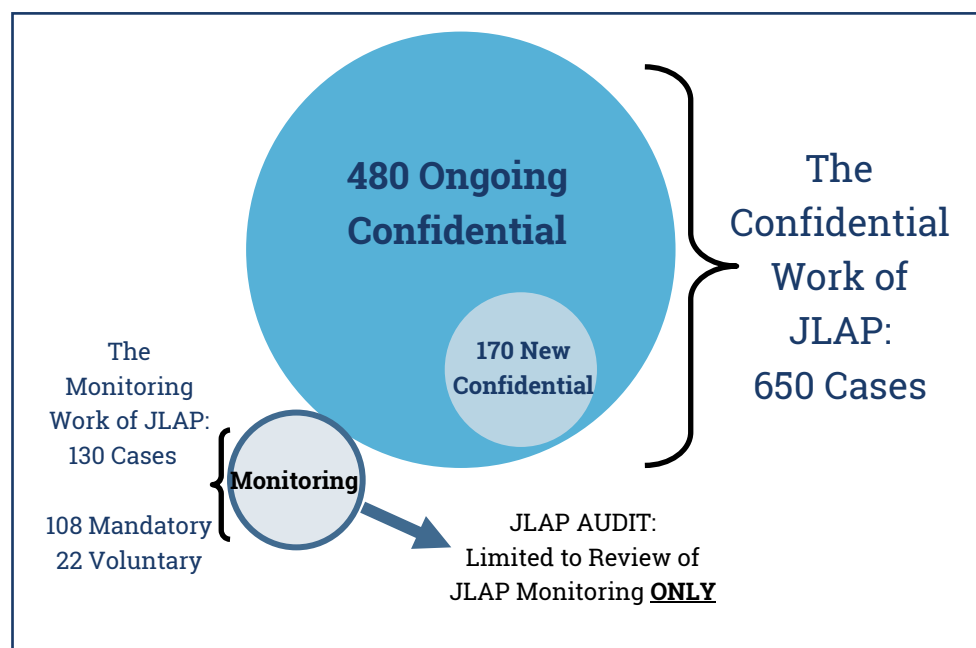
Totally out of the profession's sight, and reliably shielded with absolute confidentiality, JLAP's professional staff provides comprehensive mental health assistance to hundreds in our profession each year. These cases have nothing whatsoever to do with discipline, bar admissions or monitoring cases. No one outside of JLAP will ever know anything about any of these cases unless the person in trouble decides to reveal it. JLAP never reports cases to discipline or anyone else.

During the same time period that JLAP's confidential mental health services have been rapidly expanding behind the scenes, JLAP also conducted an Independent Performance Audit to examine the smaller segment of JLAP's services in bar admissions and disciplinary cases referred to JLAP. In such cases, the person must objectively and reliably prove their fitness to practice by clear and convincing evidence. The Performance Audit of JLAP was successful and it deemed JLAP's monitoring services to be "top-tier."

The following chart displays the true proportions of JLAP's caseloads in Fiscal Year 2015-16. It is of note that the JLAP Audit was focused solely upon monitoring services. JLAP's services are much broader, however, than just monitoring. The monitoring population is only a subset of the total population of clients served by JLAP.

JLAP is very grateful to have reached a new milestone wherein JLAP's confidential case load is now five (5) times that of its entire monitoring case load. When someone reaches out early to JLAP before the problem generates disciplinary issues, without exception, every person and entity wins: the person, their family, their peers, the profession, and the public.

For complete statistics and information on JLAP's broad services, you can peruse JLAP's 2015-16 Annual Report at JLAP's website online at www.louisianajlap.com and under the link "About JLAP." Also on the JLAP website you can review the JLAP Performance Audit that was strictly limited to the certification of JLAP's formal monitoring program.



INCREASE IN DEMAND FOR JLAP's MENTAL HEALTH SERVICES

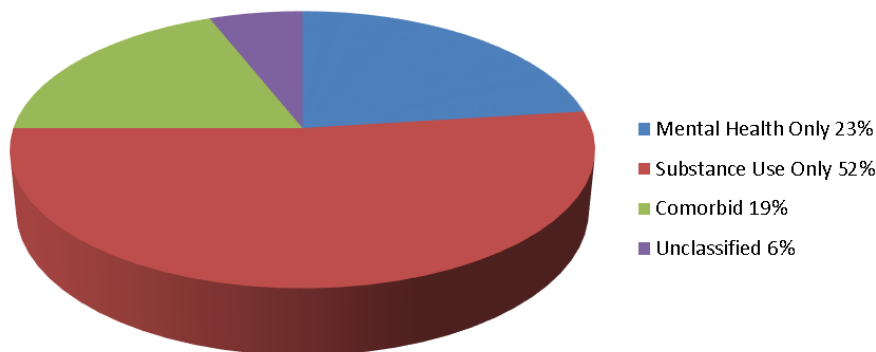
In the 2015-16 Fiscal Year, twenty-three percent (23%) of JLAP's new cases did not involve alcohol or drugs. Almost one fourth of JLAP's cases were cases involving issues such as depression, anxiety, bipolar, compassion fatigue, burnout and other issues that required assistance from JLAP's professional clinical team.

In the last six years, JLAP has significantly expanded its clinical expertise and program to transform it from one that historically focused on alcohol and drug issues into a full service professionals' program offering comprehensive mental health and wellness services.

JLAP's expansion of its services is very timely, because nowadays lawyers and judges suffer higher rates of depression than they do substance use disorders. In fact, recent studies show that the legal profession is challenged by a wide array of mental health issues, not just alcohol and drug problems.

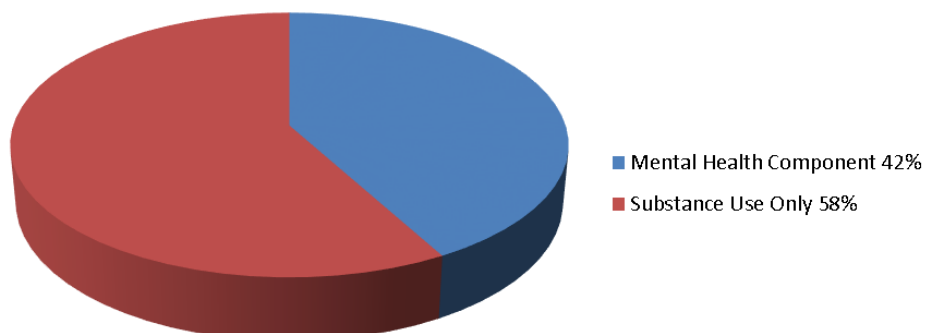
Through all lines of available communication, JLAP has promoted its comprehensive mental health services and JLAP is very grateful that it is able to help people with all types of mental health issues in addition to those that are related to substance use.

Mental Health and SUD Referrals



It is noteworthy that forty-two (42%) percent of new cases had at least one mental health component outside of substance use disorders.

Mental Health vs SUD



THE EXPANSION OF JLAP-APPROVED EVALUATOR AND TREATMENT OPTIONS

When a lawyer or bar applicant is referred to JLAP by discipline or bar admissions for an independent JLAP evaluation, JLAP will provide the person with several JLAP-approved options for evaluation, assessment, and appropriate “professionals’ track” treatment if indicated thereafter in any given case.

In order to benefit its monitoring clients, JLAP is actively engaged in expanding its roster of JLAP-approved clinical resources so as to provide clients with a wider range of JLAP-approved options. JLAP continues to make progress in this mission and now has nine (9) approved professionals’ track treatment centers to choose from. JLAP has also increased the number of its approved local evaluators in the state in an effort to make low-level evaluations more accessible and provide more options to those who are formally referred to JLAP for an initial evaluation.

Going forward, JLAP hopes to maintain a minimum inventory of at least ten (10) different approved treatment programs at all times so as to ensure that JLAP’s clients have several treatment options to choose from. JLAP will also continue to increase the number of local evaluators available for low-level evaluations.

NATIONAL STUDY ON LAWYER MENTAL HEALTH AND JLAP

In February of 2016 a new study was published entitled *“The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys”* (Krill, Johnson, Albert; American Society of Addiction Medicine, Feb 2016).

The study is troublesome in revealing that many types of mental health issues continue to beset the legal profession at alarming rates. And the areas of greatest concern have shifted. For example, depression is now more prevalent amongst lawyers than alcohol and drug use disorders. Also, anxiety, burnout, compassion fatigue and other mental health problems are on the rise in our ranks.

No one in the legal profession is immune to developing mental health issues over time. Now, more than ever, in the often fast-paced and pressured life of today’s practicing lawyer, it is important that every member of the profession read the new study on lawyer mental health with an eye toward their own wellness and what they can do to manage stress in healthy ways. You can read the study here: <http://louisianajlap.com/wp-content/uploads/2016/03/HazledenStudy2016.pdf>

If you want to know more about how to better manage stress, call the professionals at JLAP!

NATIONAL WORKSHOP FOR STATE LAP’s AND JLAP’s

On May 5th–7th 2017, LAP Directors from across the country and Canada came together in Atlanta, GA, for the first ever Independent Annual Retreat for LAP Directors and Assistant Directors. The event was organized by the Louisiana, Colorado, Delaware, New Jersey, Mississippi and Montana programs. LAP Directors came to Atlanta from as far away as Vancouver BC and even the Hawaiian Islands.



JLAP's CONFIDENTIAL HELP: REAL TRUST FROM REAL PEOPLE

In hundreds of open confidential cases right now, JLAP is assisting all sorts of folks from all corners of the profession with health issues that have nothing whatsoever to do with discipline, bar admissions, court orders, or formal JLAP monitoring to prove one's fitness to practice. Instead, these people are receiving JLAP's mental health assistance wholly behind the scenes and absolutely out of everyone else's view except for the people actually receiving help. Totally confidential assistance now represents the vast majority of JLAP's work.

Nonetheless, despite a very encouraging increase in demand, JLAP's confidential support still goes largely unnoticed by the profession as a whole. Not everyone knows (or believes) that JLAP's wholly confidential help is trustworthy and readily available to them and their family.

JLAP's challenge is to increase the profession's awareness of, and trust in, JLAP's totally confidential services. Legal professionals are evidence-driven people who by their very training tend to trust only after being able to verify. JLAP cannot share the specific facts of any case, nor would JLAP want its successful confidential clients to publicly reveal their identity and personal experiences to promote JLAP's services.

So the best we can do is convey the *spirit* of hope and trust at JLAP by sharing a few anonymous excerpts of feedback and provide you with a feel for the relationship JLAP has with its clients.

"I have complete confidence that the service JLAP provides is 100% confidential. Simply put, JLAP is unquestionably a trustworthy program."

"Your phone call is the best thing that has happened to me in a long time. You have shown me more compassion than members of my family."

"JLAP has been a most positive influence and I cannot express in words the contribution JLAP has made to my life. I now have a successful law practice, I have a fine family, and I have good health and many friends."

"Today, I am indebted to JLAP for all of those good things that recovery brought to my life; and there are many."

"JLAP saved my life and career. JLAP holds a very special place in my heart."

"I can't begin to thank you for everything you've done to help our family. My family will be forever grateful."

"Thank you for talking to my friend on the spur of the moment. I could see by my friend's face that it was helping to hear you talk. You are the best resource in the world and I am so thankful for JLAP!"

"JLAP has been outstanding and I want to thank JLAP for its patience and compassion."

"JLAP showed exemplary professionalism, kindness, excellence and dedication throughout all of my interaction with them."

"I am very grateful for JLAP. I am grateful for your candor and honesty. You don't know how relieved I was after our meeting."

"I have struggled with depression for a large portion of my life. I did not know who to turn to until I heard JLAP speak at a presentation. JLAP's help is greatly appreciated."

"My friend was terrified to be honest with you about the problems. I just wanted to give you and your staff a pat on the back, and let you know that things turned out better than my friend expected. This proves again to me that JLAP is there to help."

We fully understand that making a decision to reach out to JLAP confidentially is daunting. Asking for help involves willingness, courage, and to some degree, a leap of faith. Please know that from JLAP's perspective, we are so very joyful when someone reaches out confidentially to JLAP, whether it is for themselves or someone else they are concerned about.

That beautiful inflection point of reaching out can generate new hope, new opportunities, and can save lives and careers. With JLAP's professional clinical support, the person can choose to step out of isolation and take the best path forward to move out of the problems and into lasting, real solutions. Conversely, if the person decides that JLAP's recommendations are not for them, that's fine too. There is no risk to reaching out confidentially to JLAP.



"Thank you to JLAP for pulling me back from the brink. Life is simply beautiful and I appreciate all of your time, effort and support; I always will."

JLAP's PROFESSIONAL MONITORING: SAVING LIVES AND CAREERS

JLAP's formal monitoring cases present significant challenges that are not encountered in simple cases where the person has reached out voluntarily and confidentially behind the scenes to JLAP.

In formal monitoring cases, the person is in trouble (or they anticipate trouble) with their law license, employment, or bar admissions due to some form of alleged unethical conduct (DWI arrest, etc.). They are referred by the Office of the Disciplinary Counsel or the Supreme Court's Committee on Bar Admissions to JLAP. Some are discretely referred by their law firm.

This highly specialized area of JLAP's services are rooted in ***LSBA V. DUMAINE, ARTHUR F. 550 So.2d 1197 (La. 1989)***. The court in *Dumaine* ordered the LSBA's Committee on Alcohol and Drug Abuse (CADA) to aid the court in impairment cases:

"The Committee on Alcohol and Drug Abuse are ordered to cooperate in furnishing this Court through properly introduced evidence data to assist this Court in evaluating Dumaine..."

The court ordered independent testimony from CADA regarding: chemical dependency; propensity toward recovery; moral fitness to practice; and, the relationship between any impairment the lawyer may have and the disciplinary violations.

It is now JLAP's duty (since the formation of LAP in 1992) to provide independent, reliable and objective data when called upon to aid the court in its regulation of the practice of law and protection of the public in cases where a person's mental health fitness to practice has been called into question.

The work is very challenging, because the one thing that these outside referrals to JLAP generally have in common is that the person does not want JLAP's help, instead they are being sent to JLAP.

In the voluntary, confidential world of JLAP's services, the person has already accepted that they have a problem. They are reaching out because they want JLAP's help. In those types of cases, JLAP's relationship with the person is one of teamwork and trust from the outset. Not so in many disciplinary referrals.

The excellent news is, however, that even in contentious disciplinary cases, if the person complies with JLAP's monitoring program, in most cases a prior attitude of contempt turns to one of appreciation. The sheer joy that comes from working for, and then finally establishing, solid recovery in JLAP eclipses their initial resentments. These participant testimonials are illustrative of the shift :

"I saw each of the obligations contained therein [JLAP's monitoring contract] as a cost of doing business . . . I mechanically, and in an almost workmanlike fashion, satisfied the terms and conditions of my JLAP contract. Recovery seemed far too unrealistic in my case to be a rational goal. I simply did not believe it was, for me, achievable; it never had been before. I just needed to get this thing [JLAP monitoring] behind me.

Then one day, when I was not looking for it, I came upon the realization that I no longer had cravings and that the "insanity" part of the disease had seemingly gone into remission. I found myself, for the first time in my life, living without fear of myself or anything else. My relationship with my JLAP contract changed from one of obligation to one of privilege."

"I personally do not believe it matters how you get to JLAP and/or to begin a Recovery journey, just know that if you are there, it is not by chance or mistake - you have some problem and need help. I know I did not drink like a normal person, and quite frankly, by the time I ended up on the telephone with Buddy Stockwell, I did not think like a normal person. Buddy assisted me through a difficult season in my life - his was the reassuring voice to nudge me in the right direction.

I was skeptical of JLAP, and Buddy himself, but in the end, Buddy was incredible and of vital assistance to me in early Recovery. He was personable and made me feel comfortable in uncharted waters. JLAP lead me to the services I needed to get back on track in life, be successful in my Recovery, and saved my employment status from suspension or disbarment.

Since then, I have learned a lot about myself, and how to deal with the people and situations I encounter to be a responsible and positive, contributing member of society. I am grateful for JLAP and Buddy Stockwell -- for helping me to steer my ship in the right direction, and while the journey has not always been easy, I am quite enjoying my life in Recovery."

"I remember how I felt, scared of the unknown, and admittedly a bit angry. I now realize that JLAP actually improved my life. Admittedly, I have not always felt that way but I have to admit to myself that, without JLAP, I am fairly certain I would not be where I am today and would most likely not be sober."

JLAP's role in formal referral cases is to provide independent, reliable, and objective clinical services on levels that are expected of a true "professionals' program" serving licensed professionals who hold the public's trust. In order to ensure that JLAP's monitoring program is delivering appropriate services, in 2015 JLAP commissioned a team of national experts to conduct an in-depth performance audit of JLAP's monitoring services in order to certify that JLAP's clinical standards and protocols are appropriate and effective. The full Audit Report, and JLAP's Response thereto, are both available online at JLAP's website www.louisianajlap.com.

Participants who successfully complete JLAP's formal monitoring program enjoy, on average, a greater than 90% relapse-free long-term recovery rate. Completing JLAP's monitoring program can, in many cases, ultimately help the person prove by reliable, clear and convincing evidence that the person's prior impairment has been successfully resolved and that their mental health has been restored so as to satisfy fitness to practice inquiries by the profession, the court, and ultimately the public.

But above all else, JLAP's formal monitoring program also helps to actually save lives and families by supporting the person along a solid path of accountability and recovery that will more likely than not last a lifetime. All it takes is cooperation from the person referred to JLAP.

If you want more information about JLAP's formal monitoring program and how it can help you, please call or write JLAP at (985) 778-0571, 1405 West Causeway Approach Mandeville, LA 70471 or email to jlap@louisianajlap.com.

JLAP's FREE CLE PRESENTATIONS

At no charge, JLAP provides several high-quality Continuing Legal Education (CLE) presentations that can satisfy either Professionalism or Ethics MCLE requirements of attendees. All you have to do is contact JLAP and reserve a date and time for a JLAP presentation.

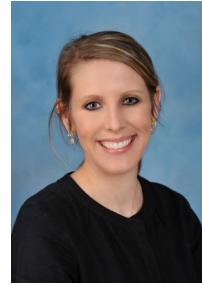
JLAP has conducted live presentations for: American Bar Association Sections and Seminars; National Conferences for various Legal Organizations; Louisiana State Bar Association Sections; LSBA's Summer School; Local Bar Associations; District and Federal Courts; Inns of Courts; Law Firms; and Law Schools.

Live presentations by JLAP are the most effective means of carrying JLAP's life-saving messages of wellness and hope to the members of our profession. In JLAP's experience, it is often soon after experiencing a live JLAP CLE presentation that an individual who is suffering will reach out confidentially and privately to JLAP for help. Likewise, a peer who is worried about a colleague is more likely to reach out to JLAP after experiencing a JLAP presentation. To that end, when you include a JLAP presentation in your CLE programing it provides direct support to the mental health of your attendees.

A full list of JLAP presentations and topics is available on JLAP's website at <http://louisianajlap.com/resources/cle-presentations/>.

When designing your next CLE program, please consider including a JLAP presentation!

JLAP STAFF AND BOARD UPDATE



NEW CLINICAL DIRECTOR

Jennifer Gros is JLAP's new Clinical Director. She has been on JLAP's Professional Clinical Team as a full-time Clinical Case Manager since 2014. Jennifer is a native of

Louisiana, born and raised in Baton Rouge. She received her Bachelor of Arts from Louisiana State University in 2004. Thereafter she attended the University of North Texas where she was accepted into the National Scholars Honor Society and graduated Cum Laude with a Master of Science in Rehabilitation Counseling in 2007. Jennifer is a Master Addiction Counselor and a Licensed Professional Counselor in Louisiana.

Prior to her tenure at JLAP, Jennifer's broad professional experience includes having practiced in both outpatient and inpatient mental health settings, providing group therapy and psychosocial assessments to patients with chronic mental illnesses. She has also served as the Clinical Director for a Residential Treatment Facility for substance use disorders.

In 2012 Jennifer was honored by the Council on Alcohol and Drug Abuse for the Greater New Orleans area and received its "Excellence in Treatment" Award.

Since 2014, Jennifer has been providing outstanding clinical assistance and support to JLAP's clients in all categories including totally confidential cases, cases referred to JLAP by the Louisiana Supreme Court's Committee on Bar Admissions (COBA), and cases involving disciplinary matters referred to JLAP by the Office of the Disciplinary Counsel (ODC).

Please join us in congratulating Jennifer on her new role at JLAP!

NEW TREASURER MEMBER



Barry Grodsky is a partner at the Taggart Morton law firm in New Orleans practicing primarily in the areas of creditor rights, property management law, banking law, bankruptcy and commercial litigation. Barry received his business degree from the University of Texas in 1979 and his law degree from Tulane in 1982. After internships with Congressman Billy Tauzin and U.S. District Judge Morey Sear and serving as a law clerk to State Judge Steven Plotkin he went into private practice. After serving on several committees and as Secretary of the Louisiana State Bar Association, Barry was elected President of the LSBA and will take office in June, 2018. He has received various awards from the Louisiana State Bar Association. As a teacher at Tulane University, Barry has received teaching awards and was a Faculty Fellow. For a complete list of Mr. Grodsky's extensive history of service to the profession, please visit this link: <http://www.taggartmortonlaw.com/attorneys/uncategorized/barry-h-grodsky.html>.

NEW JUDGE MEMBER



Honorable Rachael D. Johnson is the Division B District Court Judge for the Orleans Parish Civil District Court. She received a B.A. degree in psychology from Spelman College in Atlanta, GA., a Masters in Social Work from Smith College, and a law degree from Tulane in 2005. Prior to being elected to the bench, her practice experience includes serving as Senior Staff Attorney with the Law Offices of Julie E. Vaicius; as an assistant City Attorney with the City of Riviera Beach, FL; and with Gary, Williams, Finney law firm in Stuart, Florida representing hundreds of plaintiffs in Vioxx litigation, personal injury and wrongful death cases. In both leadership and service roles, Judge Johnson has been involved over the years in numerous associations including the Juvenile Litigation Law Clinic, Black Law Students Association, Louis A. Martinet Legal Society, Louisiana State Bar

Association Board of Governors, the Board of Directors of the Louisiana Association of Defense Counsel, the New Orleans Bar Association, the A. P. Tureaud Chapter of the Inns of Court and the National Bar Association and the Executive board of the New Orleans Chapter of the Links, Inc. For a complete list of Judge Johnson's extensive history of service to the profession, please visit this link: <http://www.orleanscdc.com/divb1.html>.

NEW LAWYER MEMBER



Larry Shea, a founding member of the firm Bradley Murchison Kelly & Shea, LLC, has been practicing law for over 35 years. His professional experience includes extensive litigation representing various businesses, numerous oil and gas producers and pipelines in matters ranging from environmental complaints to oil field operations to contract disputes to ownership issues. Mr. Shea has been a very active member of the Louisiana State Bar Association and served as the President of the LSBA for the year 2014 – 2015. In 2002, he received the LSBA President's Award for Exceptional Service. He has also served in various leadership and member roles in the LSBA House of Delegates and numerous LSBA Committees including Ethics Advisory Service, Rules of Professional Conduct, Public Access & Consumer Protection, Ethics 2000, LSBA Handbook on Professional Responsibility, Practice Assistance Improvement, Ethics School, Mentoring and Internship, MCLE for New Admittees, Public Access & Consumer Protection, Rules of Professional Conduct, Multi-Jurisdictional Practice, and Ethics Advisory Service. Mr. Shea was an Adjunct Professor of Business Law in the School of Business at Centenary College from 1998 - 2010. He was a member of the Louisiana Attorney Disciplinary Board from 1995-2002, and served as Chairman in 2002. For a complete list of Mr. Shea's extensive history of service to the profession, please visit this link: <http://www.bradleyfirm.com/staff/sheajr>.



Helping
Lawyers
Judges
and Law
Students

Live Well
Every Day

Real Trust – Real People

JLAP's life-saving services are trustworthy and CONFIDENTIAL as a matter of law. Here are real examples of actual feedback from JLAP clients:

"I have complete confidence that the service JLAP provides is 100% confidential. Simply put, JLAP is unquestionably a trustworthy program."

"Today, I am indebted to JLAP for all of those good things that recovery brought to my life; and there are many."

"JLAP showed exemplary professionalism, kindness, excellence and dedication throughout all of my interaction with the program."

"JLAP saved my life and career. JLAP holds a very special place in my heart."



1405 W. Causeway Approach
Mandeville, LA 70471

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Phone: (985) 778-0571
Fax: (985) 778-0574
E-mail: jl原因@louisianajlap.com
www.louisianajlap.com

EXHIBIT D

Federation of State Physician Health Programs Annual Education Conference and Business Meeting

Program Agenda

**April 19 – 22, 2017
Ft. Worth, Texas**

FEDERATION OF STATE PHYSICIAN HEALTH PROGRAMS

Annual Education Conference and Business Meeting



WEDNESDAY, APRIL 19 - SATURDAY, APRIL 22, 2017

Worthington Renaissance Fort Worth Hotel

~ Will coincide with Federation of State Medical Boards Conference ~

PHPs Restoring Physician Satisfaction and Wellness in an Era of Burnout, Mental Illness, Addiction, & Suicide



Highlights:

- ⇒ Networking Opportunities with leaders in the field of professional health and well-being
- ⇒ Large exhibitor space with all breaks, breakfast and food service with attendees
- ⇒ General and breakout sessions each day to highlight the essentials of physician health programs
- ⇒ Poster Session Reception
- ⇒ Daily Peer Support Groups

Tentative Schedule Subject to Change:

- Tuesday 6:00 pm Board Meeting**
Wednesday: 11:30 am Registration and Exhibit Hall Opens
General & Breakout Sessions
Committee Meetings
Silent Auction Dinner
Thursday: Morning Walk
New Member Meeting
General & Breakout Sessions
FSMB Guest Speaker
Poster Session Reception
Board & Committee Chair Dinner
Friday: General & Breakout Sessions
FSPHP Regional Member Meetings
Exhibitor Session
Annual Business Member Meeting
Stockyard Dinner & Rodeo
Saturday: General and Breakout Sessions
FSMB-FSPHP Joint Session
Adjournment
12:30 Adjourn

Attendee Registration Packet

Watch for updates at www.fsphp.org. For information call: (978) 347-0600 or email jrobarge@fsphp.org.

Click [here](#) to register online today!

Plan to attend this year's event:

The FSPHP would like to invite you to join others in the field who have made a decision to attend the 2017 Federation of State Physician Health Program's (FSPHP) Annual Education Conference. Our annual conference is attended by over 200 state physician health program administrators, care providers, and allied health professionals dedicated to the purposes of the FSPHP and its member state programs. This is a unique opportunity to network with professionals dedicated to issues of physician well-being including the treatment of substance use disorders and mental health illness facing physicians and other licensed health care professionals in the United States, Canada and other parts of the world.

The FSPHP is a nonprofit corporation whose purpose is to provide a forum for education and exchange of information among state physician health programs, to develop common objectives and goals, to develop guidelines, to enhance awareness of issues related to physician health and impairment, to provide advocacy for physicians and their health issues at local, state, and national levels, and to assist state programs in their quest to protect the public. Our mission is to support physician health programs in improving the health of medical professionals, thereby contributing to quality patient care.

The FSPHP recognizes the need for different approaches by individual state organizations in delivering services and is committed to working together for the safety of the public, the medical profession, and the program participants on a national level.

Education Conference Objectives:

We are pleased to introduce to you our timely educational objectives designed to address emerging issues facing the health profession.

- Identify resources and model examples that PHPs can utilize for the prevention of burnout and for increasing the satisfaction in medicine including peer support methods, mindfulness, resiliency and professional coaching.
- Create awareness of the epidemiology related to mental illness and suicide including prevention approaches in the physician population that PHPs can utilize to assess risk factors in participants of PHPs and for education.
- Examine PHP best practices for early intervention, referral to a PHP, monitoring, toxicology and treatment of health care professionals.
- Review, compare and contract successful funding strategies for PHPs and related non-profit organizations.
- Provide a range of PHP approaches for effective evaluation and for education of the aging physician population.

Who Should Attend:

The program is designed for physicians of all specialties, physician assistants, attorneys, program developers, physical therapists, case managers, nurses, licensed social workers, toxicologists, scientific researchers, and clinical coordinators involved in physician health programs.

Accreditation Statement:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Florida Medical Association and the Federation of State Physician Health Programs. The Florida Medical Association is accredited by the ACCME to provide continuing medical education for physicians. The Florida Medical Association designates this live activity for a maximum of 14.50 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Opening Night Silent Auction Wednesday, April 19, 6:00 pm—8:30 pm:

New this year, opening night dinner and silent auction to raise funds for the FSPHP mission and strategic goals.

Poster Session Reception Thursday, April 20 at 5:00 pm:

Join us with Poster Session Presenters on Thursday April 20th at 5:00 pm. Posters will be available for viewing all day Thursday, April 20, and Friday, April 21.

Social Event on Friday, April 21 at 6:15pm: New this year, join us for a trip to the Stockyard for dinner together with FSPHP friends and then onto the rodeo (\$97pp.)

[Click here to register online for this event!](#)

FEDERATION OF STATE PHYSICIAN HEALTH PROGRAMS

Education Program Faculty:

Chip Abernathy, LPC, MAC
Daniel Angres, MD
Jeffrey Auerbach, PhD, MCC
David E.J. Bazzo, M.D.
Leah Bennett, PhD
George Brenner, MS
Elizabeth Brooks, PhD
Martha E. Brown, MD
Suzie Brown, MD
Chris Bundy, MD, MPH
Denis Chênevert
Diana Dill, EdD
Sarah Early, PsyD
Paul H. Earley, MD, FASAM,
Michael Gendel, MD
Matthew Goldenberg, DO
P. Bradley Hall, MD
Scott Hambleton, MD, FASAM
Amy Harrington, MD
Arthur S. Hengerer, MD, FACS
William J. Heran, PhD
Joe Jordan, PhD
Lisa Merlo, PhD, MPE
Kurt Mosley
Christine Moutier, MD
Mark F. Seltzer, JD
Joe Siegler, MD
Gregory Skipper, MD
Scott C. Stacy, MD
James S. Walker, PhD
Betsy White-Williams, MPH, PhD
Tracey R. Zemansky, PhD

Ridgeview Recovering Professionals, Smyrna, GA
Positive Sobriety Institute, Chicago, IL
College of Executive Coaching, Arroyo Grande, CA
UC San Diego PACE Program, San Diego, CA
Pine Grove Professional Enhancement Program, Hattiesburg, MS
Continuing the Care, Indianapolis, IN
Colorado Physician Health Program, Denver, CO
Professionals Resource Network & University of FL, Gainesville, FL
Vanderbilt University Medical Center, Nashville, TN
Washington Physicians Health Program, Seattle, WA
Pole Sante at HEC Montreal, Montreal Canada
Working Together for Health, Belmont, MA
Colorado Physician Health Program, Denver, CO
Georgia Professionals Health Program, Atlanta, GA; FSPHP President, Elect
Colorado Physician Health Program, Denver, CO
Promises Professional Treatment Program
West Virginia MPHP, President, FSPHP
Mississippi Physician Health Program, Ridgeland, MS
University of Massachusetts Medical School, Worcester, MA
Federation of State Medical Boards, Chair
Providence Living Treatment Center, Media, PA
North Carolina Physician Health Program, Raleigh, NC
Professionals Resource Network, Inc. and University of FL, Gainesville, FL
Merritt Hawkins, Dallas, TX
American Society for Suicide Prevention, New York, NY
Mark F. Seltzer and Associates
Spheres Leadership Coaching, Chicago, IL
Promises Professional Treatment Center, Santa Monica, CA
Acumen Assessments, Lawrence, KS
Clarity Professional Evaluation Center, Nashville, TN
Professional Renewal Center, Lawrence, KS
Pacific Assistance Group, Santa Monica, CA

Program Planning Committee:

Martha E. Brown, MD, Co-Chair
Doris Gundersen, MD, Co-Chair
Terrance M. Bedient, FACHE
Chris Bundy, MD, MPH
Mary Ellen Caiati, MD
P. Bradley Hall, MD.
Scott Hambleton, MD, FASAM
Linda Kuhn
Robin F. McCown
Sara Shelton
John Southworth
Amy Tardy, PhD
Linda R. Bresnahan, MS
Julie Robarge

Professional Resource Network (FL)
Colorado Physician Health Program
Medical Society of the State of NY CPH
Washington Physicians Health Program
Colorado Physician Health Program
WV Medical Professionals Health Program
Mississippi Professionals Health Program
Texas Medical Association PHWC
Georgia Professional Health Program, Inc.
Georgia Professional Health Program, Inc.
Idaho PRN
Maine Medical Professionals Health Program
FSPHP Executive Director
FSPHP Membership Association Specialist

Meeting & Conference Agenda

~Agenda Subject to Change~

Sessions Marked w/ an * = AMA PRA Category 1 Credits™.

Tuesday April 18, 2017

6:00pm — 8:00pm FSPHP Board of Directors

Wednesday April 19, 2017

10:00 am — 11:30 am Exhibitor Set Up

11:30 am Annual Meeting Registration & Exhibits Open

12:00 pm — 1:30pm Luncheon FOR ALL ~ Meet and Greet Exhibitors
OPEN SEATING & COMMITTEE MEETING TABLES AVAILABLE

12:30 pm — 1:30 pm FSPHP Committee Meetings co-occurring with Luncheon

1:30 pm WELCOME AND INTRODUCTIONS
P. Bradley Hall, MD, FSPHP President

1:35 pm — 2:05 pm *FSPHP AND PHYSICIAN HEALTH UPDATE
P. Bradley Hall, MD, FSPHP President

2:05 pm — 3:05 pm *General Session I
Feeling the Burn—Physician Burnout in America
Kurt Mosley, Vice President of Strategic Alliances for Merritt Hawkins, a physician search and consulting firm

3:05 pm — 3:20 pm BREAK

3:20 pm — 4:35 pm *General Session II
PHP 2.0: WHP Pilot Program to Address Burnout and Enhance Resilience in Health—Chris Bundy, MD; Laura Moss, MD; and Charles Meredith, MD

Creating a Cooperative Solution for Physician Burnout—Joe Jordan, PhD; Clark Gaither, MD; and Ernst Casimir, MS

4:35 pm - 5:35 pm *General Session III
Reducing Physician Suicide in the Workplace: Practical Steps Toward Organization
Elizabeth Brooks, PhD, and Doris Gundersen, MD

Legal and Ethical Issues in Risk Assessment: A How to Guide for Suicide and Homicide Risk, James Walker, PhD, and Paul Ragan, MD

6:00 pm - 8:30 pm Silent Auction Dinner
Remarks by P. Bradley Hall, MD, FSPHP President and Martha E. Brown, MD, Program Planning Committee Chair
Welcome Exhibitors
Opening Night Door Prize

All session and events are open to all registered attendees unless otherwise noted.

Reminder to all committee chairs to turn in your committee reports prior to Thursday evening's FSPHP Board meeting

~Posters Available for Viewing All Day~

- 6:30 am – 7:30 am** Morning Walk ~ meet at 6:25 a.m. in the hotel lobby
- 7:15 am – 8:15 am** Open Mutual Support Meeting (*All Are Welcome*)
- 7:45 am – 8:30 am** Breakfast and Exhibit Viewing
- 8:30 am – 10:00 am** ***General Session IV**
Going to Summit... Reaching Your Peak of Fundraising! Lessons From Colorado PHP
Sarah Early, PsyD, Angela Graham, MPA and Amanda Parry, MPA
- The Funding of Physician Health Programs in Quebec: How to Demonstrate our Efficiency** *Denis Chênevert; Marie-Claude Tremblay, MBA; and Anne Magnan*
- 10:00 am – 10:15 am** Break and Exhibit Viewing
- 10:15 am – 10:40 am** **New Member Meeting**
P. Bradley Hall, MD, and Paul Earley, MD, and FSPHP Officers
Special Thanks to the FSPHP Emerald & Diamond Exhibitors
- 10:45 am - 12:00 pm** ***General Session V**
My Life as A Guitarologist
Suzie Brown, MD
- 12:00 pm – 12:55 pm** Luncheon & Exhibit Viewing
**** Reminder to all committee chairs to turn in your committee reports prior to tonight's FSPHP Board meeting**
- 1:00 pm – 2:00 pm** **Breakouts**

Workshop A	Workshop B	Workshop C
*Professional Burnout: A Systems Theory Approach to the Multiple Levels of Causality and Intervention <i>Scott C. Stacy, MD; Peter Graham, MD; Jim Wieberg, MD, LPC; and Thomas Janousek, PsyD</i>	*Healthcare Professionals and Sexual Boundary Violations: Problems and Solutions <i>Tracy Zemansky, PhD</i>	*Navigating the World of Physician Coaching <i>Diana Dill, EdD; Ken Kraft, PhD; Les Schwab, MD; and Donna Singer, MS</i>

- 2:00 pm – 2:15 pm** Break
- 2:15 pm – 3:15 pm** ***General Session VI**
Monitoring of PHP Participants: Best Practices to Help Avoid Difficulties
Martha E. Brown, MD; Penelope Zeigler, MD; and Thomas Crabb, Esq.
- 3:15 pm – 3:45 pm** **Special Presentation – Federation of State Medical Boards**
Arthur S. Hengerer, MD, FACS
Federation of State Medical Boards, Chair
- 3:45 pm – 4:00 pm** Exhibit Viewing/Break

Thursday, April 20, 2017 Continued....

4:00 pm – 5:00 pm

Breakout Sessions

Session A	Session B	Workshop C
<p>*The Aging Physician: Practical Solutions for a Sensitive Issue <i>David E.J. Bazzo, MD, FAAFP, CAQSM</i></p> <p>*What's Age Got to Do with It? Insights on the Aging Physician Controversy from WPHP's Cognitive Screening Program <i>Chris Bundy, MD, and Laura Moss, MD</i></p>	<p>*Six Theories of Self Medication: A Critique <i>Michael Gendel, MD</i></p>	<p>*Physician Suicide: From Burnout and Substance Abuse to Prevention <i>Matthew Goldenberg, DO, and Gregory Skipper, MD</i></p>

5:00 pm– 6:00 pm

Reception with Poster Session Presentations

Hors d'oeuvre

- ♦ **Approaching Substance Use Disorders and Psychiatric Disorders With Aging Physicians**
Chip Abernathy, LPC, MAC
- ♦ **Physician Health Impacting Patient Safety – The experience and results of a National Fitness for Duty Evaluation Program**
David E.J. Bazzo, M.D., FAAFP, CAQSM
- ♦ **The Use of Mindfulness-based Stress Reduction (MBSR) Strategies as a Prevention Tool for Burnout and Acute Stress in Practicing Physicians**
William J. Heran, PhD
- ♦ **Performance Coaching: Rx to Revitalize Physicians**
Diana Dill, EdD, Ken Kraft PhD, and Les Schwab, MD
- ♦ **Spirituality and Substance Use Among Florida Medical Students**
Lisa Merlo, PhD, and Stefano A. Leitner
- ♦ **Well-Being Coaching: Utilizing the GOOD Coaching Method with Well-Being Coaching Forms, Tools, and Assessments**
Jeffrey Auerbach, PhD, MCC
- ♦ **Disability Insurance As a Tool to Restore Physician Wellness from Burnout and Mental Illness**
Mark F. Selzer, JD
- ♦ **A PHP's Impact on Clients Professional, Personal, and Interpersonal Behaviors**
Elizabeth Brooks, PhD

**** Posters on display all day Friday, April 21 ****

6:00 pm - 8:00 pm

FSPHP Board Meeting and Committee Chairs Dinner *(Open to Board of Directors and Committee Chairs)*

Friday, April 21, 2017

~Posters Available for Viewing All Day~

7:00 am – 8:00 am	Open Mutual Support Meeting <i>(All Are Welcome)</i>
7:30 am—8:30 am	ACE Committee Review of FSPHP Guidelines facilitated by Maureen Dinnan, Esq & Doina Lupea MD, MHSc <i>(Open to ALL FSPHP State, Associate, Honorary, and International Members)</i>
8:00 am— 9:00 am	Breakfast and Exhibit Viewing
9:00 am – 10:00 am	*General Session VII - Length of Stay for the Addicted Physician : Do We Need to Re-think the 90-day Treatment Model? <i>Daniel Angres, MD</i>
10:00 am—10:15 am	Exhibit Viewing/Break
10:15 am - 11:15 am	*General Session VIII Physician Mental Health: Preventing Suicide and Building Resilience <i>Christine Moutier, MD, CEO American Foundation of Suicide Prevention</i>

11:15 am – 12:15 pm

Breakout Sessions

Session A	Workshop B	Session C
*The Recent Emergence of Two New Levels of Coaching Intervention in Physician Health. <i>Joe Siegler, MD; and Thomas C. Dolan, PhD, FACHE, FASAE</i>	*The Aging Physician: PHP Involvement in Education, Evaluation and Treatment <i>Leah Bennett, PhD; Scott Hambleton, MD, FASAM; and Sally Moody, LCSW</i>	*Utilizing Motivational Interviewing to Manage “Discord” in Client Interaction <i>George Brenner, MS</i>

12:15 pm – 1:15 pm

Luncheon
Recognition of Emerald, Diamond Exhibitors & Exhibitor Drawing

1:15 pm – 2:30 pm

FSPHP Regional Member Meetings
(Open to FSPHP State, Associate, Honorary, International, Individual, & Organizational Members)

Western Region Southeast Region Central Region Northeast Region

2:30 pm – 3:00 pm

Exhibitor Session Facilitated by P. Bradley Hall, MD
All exhibitors are invited to meet with members of the FSPHP Program Planning Committee for discussion and feedback.

3:00 pm—3:15 pm

FSPHP Annual Business Meeting Registration & Photo

3:15 pm – 5:00 pm

FSPHP Annual Business Meeting
(Open to FSPHP State, Associate, Honorary, and International Members)

5:00 pm – 5:15 pm

FSPHP Board of Directors Meeting
(Open to FSPHP Board of Directors)

6:15 pm

Transportation to Stockyard—Advance Registration Required
([Click here to register online for this event!](#) Or call 214.350.6282)

Dinner at Los Vaqueros Restaurant, followed by the Rodeo at Cowtown Coliseum

Saturday, April 22, 2017

6:30 am – 7:30 am **Open Mutual Support Meeting**
(All Are Welcome)

7:30 am - 8:00 am **Breakfast**

8:00 am – 9:00 am **Breakout Sessions**

Workshop A	Workshop B	Workshop C
*Burnout Prevention Among Physician Educators <i>Lisa Merlo, PhD</i>	*Aging Physicians: When is it time to hang up the spurs? <i>Betsy White Williams, MPH, PhD; Lyle R. Kelsey, MBA, CAE, CMBE; Billy Stout, MD; and Robert Westcott, MD</i>	*Occupational Health Monitoring Agreements: Optimizing the Effectiveness of Professional Coaching for Physicians <i>Amy Harrington, MD; Jacquelyn Starer, MD; Debra Grossbaum, Esq; and Steve Adelman, MD</i>

9:00 am **Commute to FSMB**

9:30 am— 10:45am **General Session IX - JOINT FSPHP and FSMB**
Moderator: *Arthur S. Hengerer, MD, FACS*
Federation of State Medical Boards, Chair
Omni Fort Worth Hotel, 1300 Houston Street. Fort Worth, Texas 76102
Burnout Prevention Strategies from PHPs and Beyond
P. Bradley Hall, MD, Paul Earley, MD and Chris Bundy, MD

10:45 am **Travel back to hotel**

11:15 am – 12:15 pm ***General Session X**
PHPs and Professional Sexual Misconduct: Pitfalls and Pearls
Scott Hambleton, MD, FASAM; Doris Gundersen, MD; Michael Ramirez, MD; and Martha E. Brown, MD

12:15 pm—12:30 pm **Closing Remarks**
P. Bradley Hall, MD

We are excited to offer Event Mobi
an interactive mobile conference website
at the upcoming conference.