Fellows ABA Webinar  September 15, 2016

Presenters:  Patrick R. Krill & Linda Albert
Moderator:  Terry Harrell

80 minutes

Introductions:  Terry Harrell

I.  **Poll question: 5 min**

II.  **Key Findings- 15 minutes Linda**

III.  **Contributing factors- Patrick 15 minutes**
  a.  Adversarial factors
  b.  Secondary Traumatic Stress
  c.  Personality characteristics
  d.  Practice culture

IV.  **Impact upon the legal profession  Linda and Patrick- 10 min**
  a.  Importance to the legal profession.  Linda and Patrick 10 min
    i.  What are the humanitarian reasons
    ii.  Business consequences
    iii.  Ethics –interface between impairment and ethical violations

V.  **Polling question: 5 min**
  1.  The individual lawyer
  2.  Law Schools
  3.  The firm/employer
  4.  Regulation/Discipline
  5.  Board of Bar Examiners/Admissions
  6.  Bar Associations
  7.  All of the above

VI.  **Changing the Culture of the legal profession Systems approach to increasing attorney wellness, competence and ethical behaviors**  -Linda lead  Patrick finish  15

Linda, both you & Patrick have spoken recently at the ABA annual meeting on what it takes for change to occur within the legal culture-can you share your thoughts on that with us.
  a.  Elements of change
  b.  Roles motivators versus directors
  c.  Specific recommendations
  d.  Importance of the systems approach

VII.  **Questions and Answers  5-10 minutes**
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

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

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

*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.
focused on the quantity and frequency of use, yielding a range of scores from 0 to 12. The results were analyzed using a cutoff 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 $\chi^2$ 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 ($\chi^2 [1, N = 11,229] = 154.57, P < 0.001$); younger participants had a significantly higher proportion compared with the older age groups ($\chi^2 [6, N = 11,213] = 232.15, P < 0.001$); 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 ($\chi^2 [4, N = 11,252] = 230.01, P < 0.001$). Relative to work environment and position, attorneys working in private firms or for the bar association had higher proportions than those in other environments ($\chi^2 [8, N = 11,244] = 43.75, P < 0.001$), and higher proportions were also found for those at the junior or senior associate level compared with other positions ($\chi^2 [6, N = 4671] = 61.70, P < 0.001$).

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%) ($\chi^2 [1, N = 11,440] = 41.93, P < 0.001$).

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

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

<table>
<thead>
<tr>
<th>TABLE 2. Professional Characteristics</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total sample</td>
<td>12825 (100)</td>
</tr>
<tr>
<td>Years in field (yrs)</td>
<td></td>
</tr>
<tr>
<td>0–10</td>
<td>4455 (34.8)</td>
</tr>
<tr>
<td>11–20</td>
<td>2905 (22.7)</td>
</tr>
<tr>
<td>21–30</td>
<td>2623 (20.5)</td>
</tr>
<tr>
<td>31–40</td>
<td>2204 (17.2)</td>
</tr>
<tr>
<td>41 or more</td>
<td>607 (4.7)</td>
</tr>
<tr>
<td>Work environment</td>
<td></td>
</tr>
<tr>
<td>Private firm</td>
<td>5226 (40.9)</td>
</tr>
<tr>
<td>Sole practitioner, private practice</td>
<td>2678 (21.0)</td>
</tr>
<tr>
<td>In-house government, public, or nonprofit</td>
<td>2500 (19.6)</td>
</tr>
<tr>
<td>In-house: corporation or for-profit institution</td>
<td>937 (7.3)</td>
</tr>
<tr>
<td>Judicial chambers</td>
<td>750 (7.3)</td>
</tr>
<tr>
<td>Other law practice setting</td>
<td>289 (2.3)</td>
</tr>
<tr>
<td>College or law school</td>
<td>191 (1.5)</td>
</tr>
<tr>
<td>Other setting (not law practice)</td>
<td>144 (1.1)</td>
</tr>
<tr>
<td>Bar Administration or Lawyers Assistance Program</td>
<td>55 (0.4)</td>
</tr>
<tr>
<td>Firm position</td>
<td></td>
</tr>
<tr>
<td>Clerk or paralegal</td>
<td>128 (2.5)</td>
</tr>
<tr>
<td>Junior associate</td>
<td>1063 (20.5)</td>
</tr>
<tr>
<td>Senior associate</td>
<td>1052 (20.3)</td>
</tr>
<tr>
<td>Junior partner</td>
<td>608 (11.7)</td>
</tr>
<tr>
<td>Managing partner</td>
<td>738 (14.2)</td>
</tr>
<tr>
<td>Senior partner</td>
<td>1294 (25.0)</td>
</tr>
<tr>
<td>Hours per wk</td>
<td></td>
</tr>
<tr>
<td>Under 10 h</td>
<td>238 (1.9)</td>
</tr>
<tr>
<td>11–20 h</td>
<td>401 (3.2)</td>
</tr>
<tr>
<td>21–30 h</td>
<td>595 (4.7)</td>
</tr>
<tr>
<td>31–40 h</td>
<td>2946 (23.2)</td>
</tr>
<tr>
<td>41–50 h</td>
<td>5624 (44.2)</td>
</tr>
<tr>
<td>51–60 h</td>
<td>2310 (18.2)</td>
</tr>
<tr>
<td>61–70 h</td>
<td>474 (3.7)</td>
</tr>
<tr>
<td>71 h or more</td>
<td>136 (1.1)</td>
</tr>
<tr>
<td>Any litigation</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>9611 (75.0)</td>
</tr>
<tr>
<td>No</td>
<td>3197 (25.0)</td>
</tr>
</tbody>
</table>
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.

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

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

*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.

### 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,
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.

### Table 5

<table>
<thead>
<tr>
<th>DASS-21 category frequencies</th>
<th>n %</th>
<th>n %</th>
<th>n %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>8816</td>
<td>71.7</td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td>357</td>
<td>9.5</td>
<td>1059</td>
</tr>
<tr>
<td>Moderate</td>
<td>1278</td>
<td>10.4</td>
<td>615</td>
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<tr>
<td>Severe</td>
<td>496</td>
<td>4.0</td>
<td>8.0</td>
</tr>
<tr>
<td>Extremely severe</td>
<td>538</td>
<td>4.4</td>
<td>385</td>
</tr>
</tbody>
</table>

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

### 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).
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 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 (e.g., illicit drug use), the participants may have withheld information or responded in a way that made them seem more favorable. Participating bar associations voiced a concern over individual members being identified based on responses to questions; therefore no IP addresses or geolocation data were gathered. However, this also raises the possibility that a participant took the survey more than once, although there was no evidence in the data of duplicate responses. Finally, and most importantly, it must be emphasized that estimations of problematic use are not meant to imply that all participants in this study deemed to demonstrate symptoms of alcohol use or other mental health disorders would individually meet diagnostic criteria for such disorders in the context of a structured clinical assessment.

CONCLUSIONS

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

ACKNOWLEDGMENTS

The authors also thank Bethany Ranes, PhD, and Valerie Slaymaker, PhD, of the Hazelden Betty Ford Foundation for their contributions to the analyses (BR) and overall manuscript (VS).

REFERENCES


Landmark Study:
U.S. Lawyers Face Higher Rates of Problem Drinking and Mental Health Issues

The first empirical study in 25 years confirms lawyers have significant substance abuse or mental health problems, more so than other professionals or the general population. And many lawyers are not seeking the help they need, for the wrong reasons. Researchers hope this data will promote change within the profession.

“Lawyers fear that help won’t be confidential and someone will find out, and if someone finds out, their practice and livelihood will be ruined. Those are critical errors in their thinking.”

Linda Albert, program manager, Wisconsin Lawyers Assistance Program (WisLAP), State Bar of Wisconsin. Photo: Andy Manis
SUMMARY

According to a large, comprehensive survey of nearly 13,000 lawyers in 19 states, including Wisconsin, lawyers experience a significant degree of problematic substance use and mental health issues.

The Hazelden Betty Ford Foundation partnered with the American Bar Association to conduct the landmark survey in 2015 to assess lawyers’ alcohol use, drug use, and symptoms of depression, anxiety, stress, and other mental health concerns. The survey found the problems are far reaching and consistent.

The survey results are crucial in understanding the nature and scope of the problems lawyers experience. The good news is the results form a basis for developing a response for dealing with the issues in a systemic approach.

The sixth day of January 2007 is a significant date for attorney Anne Renc. That’s the day she stopped drinking alcohol. Renc was halfway through her second year at the University of Wisconsin Law School when it hit her. “I realized that if I didn’t get a handle on this, I wasn’t going to be a lawyer.”

Alcoholism was in the family genes. “Drinking became a crutch for me to deal with the stress of law school,” said Renc, now an assistant state public defender in Stevens Point. “I wouldn’t say law school encouraged drinking, but there was a perception that drinking was part of how you dealt with pressure, at least in a colloquial word-of-mouth way.”

For the first half of her law school career, Renc drank heavily, even during final exam periods. She didn’t drink every day. But when she did consume alcohol, she drank to excess. “The first year, I was doing what I was supposed to do, maybe not as well as I could. But I was getting by,” she said. “Things really started to fall apart the fall semester of my second year, though. I was having a hard time getting to class and doing the work.

“Looking back now, I don’t think I would have been able to finish school if I kept drinking. Once I was ready to admit I had a problem, I knew what I had to do.” She entered an alcohol and drug treatment program.

Acknowledging a Problem

Renc graduated three semesters later, in 2008. When she applied for her law license, she disclosed her treatment to the Wisconsin Board of Bar Examiners (BBE), which assesses an applicant’s character and fitness to practice law.

“We have to change the perception that substance abuse or mental health issues only apply to other people, or people on the street.”

Anne Renc, U.W. 2008, assistant state public defender, Stevens Point. Photo: Kevin Harnack

“i got a letter from a psychiatrist and put the BBE in touch with the people helping me in recovery, so they could ensure I was getting better and was fit to practice.” In June 2008, Renc was admitted to practice law and became a member of the State Bar of Wisconsin.

She has maintained her sobriety since January 2007, and gets professional help for depression and anxiety, mental health issues that first surfaced when she was in high school but were never treated. “Those mental health

learnMore

JOIN Linda Albert and other panelists at the Annual Meeting & Conference in June to gain an understanding of the issues young lawyers face and, when not addressed, how they increase risk for ethical violations.

Staying Fit to Practice: How Young Lawyers Meet Their Challenges State Bar Annual Meeting & Conference June 16 – 17, 2016, Green Bay amc.wisbar.org
episodes were present through law school and remain present today, but I never sought professional help before.”

“It’s humbling to admit you have a problem you can’t fix on your own,” Renc said. “It’s even harder for lawyers because we are in the business of fixing things. But we have to change the perception that substance abuse or mental health issues only apply to other people, or people on the street. If we don’t realize that those things apply to us, as lawyers, things won’t change and people won’t get better.”

While Renc is among a small minority of lawyers who openly acknowledge prior or existing substance or mental health conditions, problem drinking and mental health concerns are significant among lawyers, especially younger ones, according to a recent and comprehensive landmark study of U.S. lawyers. The study, called “The Prevalence of Substance Use and Other Mental Health Concerns among American Attorneys,” also indicates that many lawyers are not seeking the help they need, for the wrong reasons.

“Lawyers fear that help won’t be confidential and someone will find out, and if someone finds out, their practice and livelihood will be ruined,” said Linda Albert, program manager of the Wisconsin Lawyers Assistance Program (WisLAP), a State Bar of Wisconsin program, who helped lead the study. “Those are critical errors in their thinking.

“First, programs like WisLAP are confidential. Second, seeking help voluntarily does not, by itself, impact someone’s law license. It just allows them to be healthier, minimizing the risk of breaking ethical rules. We want to dispel the misconceptions, eliminate stigmas attached to mental health and substance abuse issues, and encourage lawyers to get the help they need before bigger problems arise.”

Landmark Study:
First Empirical Study in 25 Years
Anecdotally, there’s a widespread belief that lawyers have significant substance abuse problems or mental health disorders, more so than other professionals or the general population. But the last time anyone conducted an empirical study was 1990, when researchers surveyed approximately 1,200 attorneys in Washington State to determine that lawyers there had significantly higher rates of problem drinking and depression than others outside the profession.

“The available data was so limited, “That was a real frustration,” says Krill. “It was difficult to raise awareness and promote change in the profession with outdated information. We needed reliable data to illustrate the significance of this problem.”

To that end, Krill spearheaded a landmark study on substance abuse, depression, and anxiety concerns among U.S. lawyers. WisLAP’s Albert, also a member of the American Bar Association’s Commission on Lawyer Assistance Programs, spent months helping Krill and others form a collaboration. Recognizing the need for reliable data, the ABA approved a resolution to partner on the project. The Hazelden-ABA collaboration resulted in findings that were officially released in the Journal of Addiction

“The problems are far reaching and consistent. There’s no one group within the profession that seems to be immune to behavioral health problems, and the problems are significant.”

Patrick Krill, director, Hazelden Betty Ford Foundation’s Legal Professionals Program, Center City, Minn.
Alcohol Abuse: 21 Percent Report Problematic Drinking

Approximately 11,300 participants completed a 10-question instrument, known as the Alcohol Use Disorders Identification Test (AUDIT-10), which screens for different levels of problematic alcohol use, including hazardous use, harmful use, and possible alcohol dependence. The test identifies quantity and frequency of use, and asks whether an individual has experienced consequences from drinking. Of the approximately 11,300 respondents, 21 percent scored at a level consistent with problematic drinking. Alcohol abuse was identified in 25 percent of men respondents, compared to 16 percent of women.

Of those identified as working in private firms, approximately 23 percent were considered problem drinkers, the highest rate of any working environment other than lawyers working in bar associations, at 24 percent. (In some states, not including Wisconsin, the state bar handles lawyer disciplinary matters and has staff attorneys who work on those cases or on other legal matters.)

Of the private-law-firm lawyers identified as junior associates, 31 percent identified as problem drinkers, the highest rate compared to senior associates (26%), junior partners (24%), managing partners (21%), and senior partners (18.5%). Thus, the data suggests that a higher rate of lower-level lawyers engage in problem drinking behavior, and problem drinking slightly decreases as they move up the law firm chain.

For lawyers in other working environments, the rate of alcohol use disorders is also relatively high under the AUDIT-10. Of those identified as in-house, governmental, public, or nonprofit lawyers, 19 percent were considered problem drinkers. Approximately 19 percent of those identified as sole practitioners had an alcohol use disorder. Approximately 18 percent of the in-house corporate or for-profit organization lawyers were considered problem drinkers, and approximately 16 percent of judges identified as having an alcohol problem.

When sifting data by age and years of practice, it becomes clearer that younger lawyers are struggling the most with alcohol abuse. Respondents identified as 30 years or younger had a 32 percent rate of problem drinking, almost 1 in 3, higher than any other age group. Those attorneys ages 31-40 reported a 25 percent rate of problem drinking. Starting at age 51, the percentages fall below 20 percent.

Problem drinking also correlates with years of practice, based on the data. Of the lawyers who reported working for 0-10 years, approximately 28 percent of them reported problem drinking behavior, compared to those with experience of 11-20 years (19 percent), 21-30 years (16 percent), and 31-40 years (15 percent).

According to Krill, that data is very significant.

“The old data suggested that the longer somebody stayed in the profession, the more likely they were to become a problematic drinker,” said Krill. “That data aligned with a perception that the legal culture sort of promotes drinking and it’s a stressful profession, so the more exposure a person has in terms of years, the more likely a problem would develop. We found that that’s not true at all. It’s the reverse now.”

Krill said the data shows the risk of developing a drinking problem is highest for attorneys in their first 10 years of practice. “Being in the early stages of a legal career is strongly correlated with a heightened risk of developing an alcohol use disorder,” Krill said.

Approximately 11,500 participants answered the first three questions of the AUDIT-10, allowing a subset test known as AUDIT-C to be performed. The AUDIT-C, recently used to gauge problem drinking among U.S. physicians, measures frequency and quantity of alcohol consumed. It does not ask about consequences. It simply asks how often an alcohol drink is consumed, how many drinks are consumed in a typical day, and how often six or more drinks are consumed on one occasion.

Of the 11,500 AUDIT-C respondents, 36 percent scored consistently with problematic drinking. That’s well more than double the 15 percent of surgeons and physicians...
screening positive on an AUDIT-C in 2012, and triple the percentage of highly educated workers sampled in 2003 under the same test. Although not an apples to apples comparison, a recent study of substance abuse and mental health issues among the general U.S. population found that about 12 percent of young adults (ages 18-24) had an alcohol use disorder, and about 6 percent of adults ages 26 or older had an alcohol use disorder.²

Most notably, 44 percent of lawyers reported that their use of alcohol was problematic during the 15 year-period that followed graduation from law school. Another 28 percent reported problematic use that started before law school, and 14.2 percent said their problem drinking started in law school.

**Drug Abuse: Picture Less Clear**

Researchers used the 10-question Drug Abuse Screening Test (DAST) to gauge low, intermediate, substantial, and severe drug abuse among participant lawyers and judges. Drug abuse includes the nonmedical use of illegal substances or prescription drugs, or the use of prescribed or over-the-counter medications in excess of prescribed or directed amounts. Only 27 percent of all respondents completed the DAST, a much smaller sample than the AUDIT, which had almost full participation.

“We can speculate that a lower sample means drug use is not as prevalent as alcohol use among lawyers, and that’s logical,” Albert said. “But you may also have lawyers who don’t want to voluntarily disclose information about illegal drug use, even though the survey was confidential and anonymous.

“They would likely be more open to answering questions about alcohol, since alcohol is legal. So the picture is less clear. Obviously, any indication of drug abuse among lawyers is concerning,” she said.

Of the 3,419 participants that completed the DAST, 0.1 percent reported severe drug use. Three percent reported substantial drug use, 21 percent reported intermediate use, and 76 percent reported low use. Albert says low use means low quantity and frequency with little or no consequences. The highest rate, 16 percent, reported using sedatives, which include depression, anxiety, or sleeping medications. About 10 percent used marijuana or hash, and 6 percent reported opioid use.

Krill said the significant number of participants reporting low and intermediate drug abuse is troubling when one considers the proliferation and addictive nature of today’s prescription drugs, such as opioid-based painkillers. “If a lawyer is abusing prescription medications, it can quickly turn to ‘substantial’ or ‘severe’ use,” Krill said. “And given the even higher stigma associated with drug use, lawyers may be even more hesitant to seek help.”

**Depression, Stress, and Anxiety: 28 Percent Report Concerns with Depression**

Approximately 11,500 participants completed a 21-question Depression Anxiety Stress Scales (DASS-21). Approximately 61 percent and 46 percent reported experiencing concerns with anxiety and depression, respectively, at some point in their career. Respondents also reported experiencing social anxiety (16 percent), attention deficit hyperactivity disorder (12.5 percent), panic disorder (8 percent), and bipolar disorder (2.4 percent). More than 11 percent reported suicidal thoughts during their career. Three percent reported self-injurious behavior, and 0.7 percent reported at least one suicide attempt during the course of their career.

Approximately 28 percent reported concerns with mild or high levels of depression, males at a higher rate than females, and 19 percent reported mild or high levels of anxiety, females at a higher rate than males. Of all respondents, 23 percent reported mild or high levels of stress, which involves mental or emotional strain attached to a certain event. Anxiety involves a constant or emotional strain attached to a certain event. Stress involves a constant or emotional strain attached to a certain event. Anxiety involves a constant or emotional strain attached to a certain event. Stress involves a constant or emotional strain attached to a certain event.

Like the rates associated with alcohol use, mental health conditions were higher in younger or less experienced attorneys, and generally decreased as age and years of experience increased. The study also revealed significantly higher levels of anxiety, depression, and stress among those with problematic alcohol use, meaning mental health concerns co-occurred with an alcohol use disorder.

“We see that many lawyers are drinking as a way to cope with stress, anxiety, or depression. Others may experience those mental health conditions as a direct result of their drinking,” Albert said. “In both equations, alcohol is a common denominator that, if removed, will improve a lawyer’s health and wellness.”

The annual study of substance abuse and mental health issues among the general U.S. population found that more than 9 percent of those ages 18-24 experienced a major depressive episode in 2014 — symptoms lasting two weeks or longer — compared to 7 percent of those ages 26-49, and about 5 percent of those ages 50 and older.³

**Barriers to Treatment**

Only 7 percent of participants report that they sought treatment for alcohol or drug use, and only 22 percent of those respondents went through programs tailored to legal professionals. But the participants who went through treatment programs tailored specifically for legal professionals had significantly lower (healthier) AUDIT scores than those who sought treatment elsewhere. This suggests that programs with a unique understanding of lawyers and their work can better address the problems.

Respondents were asked to identify the biggest barriers to seeking drug or alcohol treatment. About 67.5 percent said they didn’t want others to find out, and 64 percent identified privacy and confidentiality as a major barrier. Approximately 31 percent noted concerns about losing their law license, and 18 percent said they didn’t know who to ask or didn’t have the money for treatment. Respondents raised the same concerns when asked about the barriers
to seeking help for mental health issues. Approximately 55 percent said they didn’t want others to find out, and 47 percent raised confidentiality and privacy concerns. Another 22 percent said they didn’t know who to ask for help.

Close to 70 percent of respondents said alcohol and drug addiction or mental health topics were not offered in law school. Approximately 84 percent said they were aware of lawyer assistance programs (LAPs), but only approximately 40 percent said they would be likely to use those services if the need arose. Again, privacy and confidentiality concerns were cited as the major barrier to seeking help through LAP programs.

**Substance Abuse and Mental Health Issues: Why So High?**

Albert and Krill say that question cannot be answered definitively. But the data will help substance and mental health professionals formulate possible answers. They suspect lawyers may have higher rates than other professionals or educated populations based on the inherent stress of the job. As advocates and counselors, lawyers are trusted to handle important matters with high stakes for clients.

They can also be susceptible to compassion fatigue, characterized as the “cumulative physical, emotional and psychological effects of being continually exposed to traumatic stories or events when working in a helping capacity.” No doubt lawyers seek outlets to deal with pressures and stress, and two avenues exist: positive outlets, like exercise, and negative ones, like substance abuse.

Albert and Krill say lawyers also can be somewhat isolated, or enabled by the profession’s drinking culture. Physicians, for instance, work in community environments where people will notice problematic behaviors. That’s not always true for lawyers, especially solo practitioners. There may be no one asking them if they’re okay, Albert said. Or staff members may cover for lawyers, fearing any consequences that impact the lawyer will also impact their own employment.
“After two years, I had to quit my job without knowing what job I would go to next.”

In law school at Tulane University, Elizabeth Cavell decided she wanted to be a career public defender. After graduating in 2009, she landed a public defender job in Pueblo, a small Colorado town. “On my first day, I was scheduled to appear in court and already had close to 100 cases transferred to me.”

As days, weeks, and months passed, the pressure grew. “I really believed in what I was doing; I loved my colleagues and the mission we were trying to accomplish,” she said. “But no matter how hard or how many hours I worked, I started having a feeling of dread that I wasn’t doing a good enough job. I was trying to develop skills as a new lawyer and be competent with more than 200 cases.”

Cavell wasn’t just a new lawyer with an overwhelming caseload. She was a young adult with the natural stress of life changes. She was in her 20s, in a new town. She didn’t know anyone, besides her fiancée, and she was carrying a huge student loan debt, which “loomed like a cloud over everything.”

“That’s a steady hum of panic in the background, trying to pursue a career in the public sector and not making enough money to pay those debts anytime soon,” she said. “There were many different factors and stressors that were tugging at me, and the demands of the job left little room for other things in life. I wasn’t taking care of myself. I wasn’t available in my home life and my relationship. I was constantly in a state of panic and dread about all my work responsibilities. It’s very hard to live like that,” she said. “I let it get to a point where I was in crisis.”

Cavell had developed a debilitating mental health condition in the form of anxiety. She talked with her supervisors and colleagues, and they did what they could to ease her caseload. But it wasn’t enough. “After two years, I had to quit my job without knowing what job I would go to next,” she said.

“It’s hard to admit that you need help to manage something like that. I kept thinking I should be able to deal with it on my own,” she said. “But I’ve taken advantage of mental health counseling and therapy to talk through my biggest stressors and how I’m doing with anxiety. I’ve learned tools to deal with stress and anxiety that don’t come naturally. Things are much better now.”

She and her fiancée, now husband, moved to Madison in 2012. She took a job as staff counsel for the Freedom from Religion Foundation. “It’s a better fit for me. It just took a while to figure out how I could stay in the public sector in a job that fit with the life I wanted. I’m still very much aware of my mental health management. Life doesn’t get any less stressful, but there are tools to help lawyers cope with it.”

Cavell is also a WisLAP volunteer. She helps other lawyers in need of assistance, benefitting from the perspective of her own struggles. Looking back to her time in Colorado, she wishes she would have reached out for help sooner. “We can be our worst enemies in the sense that it’s hard to ask for help.”

“When I did reach out, the advice I got was: ‘It’s just a job. Your health comes first.’ Reaching out is the only way to get that perspective when you are stuck in your own moment of time.”

In addition, younger lawyers are entering the profession with higher rates of student loan debt and fewer job opportunities, aside from the normal stress of learning to be a practicing lawyer. Those additional factors may contribute to the higher rates of substance abuse and mental health concerns among younger lawyers with fewer years of practice, Albert says.

“Newer and younger lawyers may be forced to take or work in jobs they don’t like, because they just need the work,” Albert said. “Some have to put off marriage or having families because of financial concerns. There is real stress that compounds from that, stress that can lead to depression, anxiety, and substance abuse issues. It’s logical to conclude that those issues could arise.”

Drinking has become (or always has been) socially acceptable in the legal profession, Krill and Albert note. Many law students drink to blow off steam, as Renc explained. Those habits may carry over into law practice, where alcohol can be viewed as an acceptable pressure valve. It’s also a vehicle to celebrate success, face defeat, or network with clients, potential clients, or other lawyers. The lawyer drinking culture is even popularized through various TV law dramas, perpetuating the perception that drinking is just what lawyers do. How many shows end with two lawyers sipping scotch, discussing the case? How many times do you hear TV lawyers utter the phrase: “I need a drink.” Moderate and responsible alcohol consumption aside, what happens when lawyers actually feel the “need” to drink?

When drinking becomes problematic, or lawyers develop mental health conditions, the pervasive stigma associated with those issues creates a barrier for lawyers to seek help, Krill says. “There’s a lot of stigma attached to substance use disorders and mental illness. Because a lawyer’s reputation is so important, there’s a fear in admitting vulnerability or weakness, or admitting that we are struggling,” he said. “And those fears can be justified, because this can be a harshly
judgmental and highly competitive environment. But when this data comes out and people realize how many lawyers are struggling, it will be difficult to view these issues through such a judgmental lens. That’s my hope anyway.”

Barriers to Early Intervention: Searching for a System-wide Solution

Albert says fighting the stigmas of mental health and substance abuse needs to happen on many levels. “It needs to be a systems approach,” she said. “From law schools to bar associations, from licensing and disciplinary agencies to employers and lawyer assistance programs, all legal stakeholders must work together to address the problem,” she said. “We still have this kind of blame-shame bias. We can break those stigmas by educating people, and helping them understand that it’s smarter to get help.”

Renc understands. She tells her story openly because she wants fellow lawyers to know that seeking help is the right decision. Her decision to get treatment in law school undoubtedly saved her legal career, she says, and her disclosure to the BBE did not prevent her from obtaining a law license. That is, law students with substance abuse or mental health issues should not wait to get help.

Jacquelynn Rothstein, director of the BBE, says that when applicants disclose drug, alcohol, and mental health issues, one of the first questions the BBE considers is how that problem has affected an applicant’s life and how the applicant has addressed it. “We also look at whether those conditions affected an applicant in an employment or academic setting, whether there were arrests, convictions, or other problematic behaviors. An applicant’s conduct and behavior are an integral part of determining whether an applicant is fit to practice,” she said.

“If an applicant is being treated and there’s evidence of treatment after having a history of problematic behavior, then that in and of itself may not prevent the applicant from getting admitted. That is true,” she said. “But if you have an ongoing problem that you’re active in and not progressing toward recovery, it may still be an issue.”

Matthew MacWilliams graduated from Hamline University School of Law in 1999 and worked in different Minnesota-based firms before returning to Madison, his hometown. He was working at a Madison firm for more than a year when he started to feel like something was wrong.

“I had tremendous anxiety. I was obsessed with time and perfectionism, beyond what typical lawyers experience,” he said. “At first, I just kept working and ignored it. My father, who has since passed away, told me to suck it up. That’s what I tried to do. I saw a counselor, but I wasn’t giving him the full picture. And I just kept thinking that my time there was being wasted. These are hours I could be billing for the firm.”

Then in September 2005, something happened. Matthew made a nonjudicial error on a file that was resolved with a phone call. One of the partners went through the file with him, to see what went wrong. “I remember my hands were shaking so badly. I could not handle the fact that I made a mistake and was being ‘talked to,’” he said. “I realized that this wasn’t normal. I understood that something was wrong.”

Ultimately, he was diagnosed with obsessive compulsive disorder. He had to take time off. But when his doctors cleared him to return to work, the firm imposed conditions. He was not to have contact with clients or file paperwork. “Now I understand why. They had to protect the clients. But at the time, I felt they were taking everything away from me, and they didn’t trust me to do anything. It didn’t sit right.”

“What I really needed was more time off. But I was listening to my father and my doctor, who were telling me to go back to work. What I needed to do was listen to myself.”

MacWilliams resigned from the firm in November 2005, and his condition only worsened. He was hospitalized on and off through 2006. But he says he still wasn’t getting the treatment he needed. He was on heavy medications. He slept 20 hours per day and didn’t eat. He was driving off the road.

MacWilliams explained that his mental health declined to a point where he engaged in self-injurious behavior and was terrified of the thought of returning to work as a lawyer.

Seeing no improvements in his mental health, MacWilliams’ wife started advocating aggressively on his behalf. With her help, he found the right team of doctors to address his severe condition, and things have improved. “I have not been this happy in 20 years,” he said.

He started attending training through WisLAP, and now he’s a WisLAP volunteer. But he has no desire to practice law again. He’s going back to school for a master’s degree in clinical counseling.

“What the WisLAP program taught me was that I like helping people, and I want to help lawyers. But I can’t practice law. The things that happened to me don’t have to happen. But I just know there are lawyers out there who may be feeling this way, and they don’t want to come forward.”

Matthew MacWilliams, Hamline 1999, master’s degree candidate, clinical counseling. Photo: Shannon Green
active history of drug, alcohol, or mental health issues, and you have not treated it, that may well be a problem for the applicant. Obviously, we want to encourage those in need of treatment to obtain it.”

Although Rothstein acknowledges that disclosing a drug, alcohol, or mental health-related concern alone may not bar applicants from the practice of law, she is quick to point out that each case is different. “We look at it on a case-by-case basis. There is no blanket approach to addressing these issues. There are numerous factors in determining an applicant’s character and fitness to practice law.”

As of 2011, the BBE is also authorized to grant conditional admission for applicants whose record may otherwise warrant denial but who agree to certain conditions and demonstrate ongoing recovery and the ability to meet the competence and character and fitness requirements. In 2014, seven applicants were conditionally admitted based on substance use-related issues, one was conditionally admitted based on mental health issues, and one had both substance abuse and mental health issues.

“Conditional admission may be another option for applicants who are willing to do what they need to do,” Rothstein said. “We certainly are not trying to discourage people from getting treatment. But we also don’t want to send the message that abusing drugs and alcohol is okay. Because it isn’t.”

Importantly, an individual is conditionally admitted and the terms of the conditional admission are confidential, with some exceptions. In addition, conditions may require monitoring or other involvement with WisLAP, a confidential program for lawyers and judges whether they seek help voluntarily or are mandated to participate. But what people may not know is that WisLAP is also open to law students, and the data shows that law students may need a place to turn.

Another recent study of law students from 15 law schools found very high rates of binge drinking, marijuana, and prescription drug abuse, in addition to high rates of depression and anxiety. Approximately 79 percent of those using prescription drugs without a prescription used Adderall, a stimulant, to help them concentrate and study longer.

When asked what factors would discourage students from seeking help for drug or alcohol problems, more than 60 percent identified a potential threat to bar admission, job, or academic status. The study’s authors concluded that attitudes and cultures must change; students must be encouraged to get help rather than keeping mental health and substance abuse issues secret.5

Office of Lawyer Regulation: Substance Abuse, Mental Health Issues Underlie Grievances

Some lawyers fear losing their law license if someone finds out they are seeking treatment for drugs, alcohol, or mental health-related issues. The Office of Lawyer Regulation (OLR) investigates grievances against lawyers to determine if they have violated their ethical duties under the Wisconsin Rules of Professional Conduct for Attorneys. OLR Director Keith Sellen says many grievances are sent to the OLR, not because a lawyer has decided to seek treatment for their problem, but precisely because a lawyer has not sought help and the condition starts affecting the lawyer’s ability to practice law.

“We see a lot of grievances where the lawyer’s practice is struggling because of substance abuse, depression, or some other medical incapacity,” Sellen said. “A lot of these cases involve an expansive pattern of failure to act with diligence on behalf of a client, or failure to communicate. In other words, a chemical dependency may be preventing them from doing the work required of the representation.”

Sellen noted that the OLR often sees cases after it’s too late. “If lawyers are able to identify the concern and cause earlier, before it becomes a real problem, and they are willing to seek help through WisLAP’s confidential program, then a lot of these cases where conduct gets out of control could be avoided.”

On the flip side, once a lawyer has fallen through the cracks and the OLR gets involved, there can be ways to get back on track. “When lawyers are referred for mandatory treatment and monitoring, those cases are assigned to WisLAP. We’ve had success with lawyers being able to recover and restore themselves and get their practices back up and running. So WisLAP works in two ways. It’s preventative and restorative.”

Sellen acknowledges that lawyers may have reasons for not seeking help, “but those fears should be overcome by the potential ramifications of not seeking help. The bottom line is that you can do this in a way that’s confidential,” he said. “WisLAP does not report that to the OLR. This is an appropriate policy because we want to encourage lawyers to take advantage of the confidential program,” he said.

Moving Forward: Defining a Response

“I can’t say that there was any good news that came from this study,” Krill said. “The good news comes from what we can do with it. Now we know the scope of the problem. Now we can define a response, and develop more informed strategies for dealing with it.”

Krill said law schools could use the data, especially data on the struggles of young lawyers in the early stages of their careers, to incorporate health and wellness into their law school curriculums. Bar associations and continuing legal education (CLE) accreditation agencies such as the BBE could evaluate CLE requirements to determine programming that addresses substance abuse and mental health issues.

For Wisconsin attorney Paula Davis-Laack, who now runs the Davis Laack Resilience Institute, the data informs her work helping lawyers on stress management, burnout prevention, and resilience. A former practicing lawyer, she earned a master’s degree in applied positive psychology and is trained in the study of resilience. She teaches specific
skills to help lawyers deal with adversity and stress.

“I’ve been looking for this type of data,” said Davis-Laack, who practiced law for seven years before experiencing burnout. “It will help as I approach law schools and law firms interested in my training and workshops on resilience. They want to see data and research that says lawyers need these skills.”

“I do some work with law schools and the students are really craving this type of information,” she said. “They want to learn how they can have a sustainable career in this profession, especially when they hear stories about the high rates of substance abuse, depression, and anxiety among lawyers.”

Davis-Laack says that law firms are also interested in her work on resilience as they lose second- or third-year associates. “They don’t have the coping mechanisms to get through uncertainty in the first few years of practice. Suddenly they hit a road bump, and they think a new firm will fix the problem.”

Existing research also shows that lawyers are not the most resilient bunch, Davis-Laack says. “Lawyers tend to be somewhat thin-skinned. They don’t like to be called out and corrected. When challenges and adversity happen, they don’t have the right coping skills. They tend to resort to negative behaviors like excess drinking. That’s typically what I’m finding, and now we are seeing that in this new data.”

Richard Brown, former chief judge of the Wisconsin Court of Appeals and a former member of the ABA Commission on Lawyer Assistance Programs, says this data underscores the importance of educating judges and lawyers about the warning signs and the resources available to help them.

“Part of the problem is that people with depression, anxiety, or substance abuse issues don’t often know they need help. They may be unhappy, they may be drinking too much, but they don’t consider themselves to need help. To me, part of the problem is getting the horse to water.
That means alerting people that they should seek help if they start seeing the symptoms. A lot of it is education.”

Judge Brown noted that when he was on the ABA commission several years ago, Wisconsin was selected as part of a pilot project to conduct judicial roundtables, where judges would get together and discuss the stresses of the day-to-day job. At first, it didn’t work.

“But we kept doing it and finally, we got to a point where judges were finding this to be very helpful. We aren’t talking about case law. We are talking about what to do when something is bothering you. How do you cope with the stress of the job? You hear people talking and realize we are all dealing with the same kind of issues. And we are educating each other on what might be considered a problem.”

Brown said a judicial roundtable was held at the Wisconsin Judicial College last year. “Everybody came away saying we should do this again next year. Maybe the lawyers could do something like that.”

Albert says WisLAP has started doing just that — roundtable discussions with both lawyers and law students.

Krill, who spearheaded the study, likes where these kinds of ideas are headed. “While nobody can be excited about the specific findings, I am really excited about the impact this can have on the profession. Hopefully it can help us help a lot of people.”

Says WisLAP’s Albert: “This study triggers a call to action for all parts of the legal system to join together to make a positive impact. We need a cultural shift that puts health and wellness into the equation of lawyering. Ensuring lawyers are healthy is a central part of professional responsibility. But it’s going to require a collective effort among those who interface with lawyers throughout their careers.”

ENDNOTES


3 Id.


5 See Helping Law Students Get the Help They Need, 84 The Bar Examiner 4 (December 2015); see also Lawyer Assistance Programs: Advocating for a Systems Approach to Health and Wellness for Law Students and Legal Professionals, 84 The Bar Examiner 4 (December 2015).
The legal profession's drinking problem

By Patrick Krill
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(CNN)First, the good news: The practice of law has always been, and remains, one of the most vital and respected professions in the United States or abroad. Nothing you're about to read changes that. Attracting some of our best, brightest and most dedicated minds, the law is a calling that holds society on its shoulders, and regularly finds our troubles at its feet. From our basic civil and physical liberties, to our complex contracts and property rights, nothing about the way we live, or how our world operates, could continue on without the work of attorneys. We are, after all, a nation of laws, and lawyers will forever play an indispensable part.

Now, the bad news: Many of those attorneys we rely on to handle such important matters are struggling with alcoholism, depression, and other mental health concerns. Over the past couple of years, increased public attention has been given to the significant levels of depression and suicidality in the legal profession. And now, new research I spearheaded confirms what many in the legal profession have long known but struggled to publicly confront: A stunning percentage of practicing attorneys are problem drinkers.

Published in the Journal of Addiction Medicine, our national survey of approximately 15,000 currently employed attorneys reveals that between 21% and 36% drink at levels consistent with an alcohol use disorder. For comparison, those numbers are roughly 3-5 times higher than the government estimates for alcohol use disorders in the general population. The study also uncovered similarly alarming rates of depression and anxiety, while further identifying why it is that most lawyers don’t seek help: a pervasive fear of harming their reputation.
As lead author of the study, I can say that I was disheartened by our findings, but not surprised. As a lawyer and someone who daily counsels addicted attorneys, judges and law students from around the country, I’ve seen these statistics take human form countless times.

The law has always been a magnet for hard-working, self-reliant, and competitive people who often prioritize success and accomplishment far above personal health or wellbeing. On top of that, stress, unhappiness and imbalance abound, while unhealthy coping skills such as excessive drinking are the cultural norm — malignant, learned behaviors passed down through the profession with the frequency of a dominant gene.


If you value your reputation, hide any struggles you might have or, better yet, pretend they don’t exist. These are the messages that many attorneys hear — both formally and informally — beginning on the first day of law school and continuing throughout their careers. It is a pure and indigenous dysfunction, humming along through vast corridors of the profession, often unrestrained, and culturally enabled.

Unfortunately, as we now know, the consequences of that dysfunction are damning, and it is up to the profession to take increased action to solve this problem. If not for themselves, attorneys must address this issue for the sake of the clients they serve and the public they are trusted to protect.

It is important to understand that the law is a self-regulating profession, lacking any sort of enforceable, unified oversight. Regulation that does exist occurs at the state or jurisdictional level, and approaches to dealing with substance abuse and mental health concerns vary from one state to the next.

To be clear, the profession has taken steps to address its worrisome levels of alcohol abuse and mental health problems. Some states mandate that lawyers receive
continuing legal education about behavioral health issues, and some law schools and law firms have undertaken campaigns to promote health and wellness.

The bulk of responsibility for reducing alcohol abuse and mental health problems, however, has largely fallen to under-staffed, under-prioritized and worst of all, underutilized organizations known as lawyer assistance programs. Typically funded by bar membership dues, variations of these organizations exist in most states, and they tend to do great work with the tools they are given. But it is clear that those tools are not nearly big enough.

Armed with this new data — the first of its kind ever gathered about lawyers on a national level — the legal profession has an opportunity to right its ship. By co-sponsoring the study, the American Bar Association took a necessary and commendable step of demonstrating leadership on a difficult issue that had gone unexamined for too long.

Despite having a crucial role to play moving forward, however, bar associations are only part of the solution. As a systemic problem, a systemic response is warranted. The whole profession must resolve to tackle this issue directly, with unwavering commitment and significant financial backing.

Specifically, law schools, law firms, and lawyers themselves — the "private sector" of the profession — must take proactive steps and devote meaningful resources to overcoming this challenge.

Although historically reluctant to fully acknowledge the scope of the problem, let alone take adequate steps to correct it, these groups are now faced with irrefutable and inescapable facts. My hope is that they will respond with individual efforts and group initiatives that match the size of the problem. As licensed professionals, they should know that their ethics and oaths demand such a response. As businesspeople, they should know that their clients will, too.
The U.S. legal profession is vital to our society, economy, and government—and the behavioral health of attorneys is therefore of great importance. It has long been suspected that attorneys experience considerable levels of substance use disorders and mental health concerns, yet empirical and statistical information has been lacking—information that is critical in order to provide attorneys with the resources and support they need so that they can effectively serve our society. Previously available data, which indicated significantly higher levels of alcohol abuse and depression among attorneys than in the general population, were over 25 years old and drawn from a much smaller sample in only one state.¹ The need for a study collecting current data on a national level in order to define the scope of the problem was imperative.

This article summarizes the results of such a study, conducted collaboratively in 2014–2015 by the Hazelden Betty Ford Foundation² and the American Bar Association’s Commission on Lawyer Assistance Programs (CoLAP).³ The results confirm a substantial level of behavioral health problems among attorneys that are a cause for great concern—in particular, very high rates of alcohol abuse and of depression, anxiety, and stress. Most notably, the results indicate a reversal of previous data that had indicated a positive correlation between levels of alcohol abuse and number of years in the profession—that is, the latest data show that younger lawyers newer to the profession are now the ones experiencing the highest rates of alcohol abuse. Additionally, the study sought to gain information about the help-seeking behaviors of attorneys and barriers to treatment. It is hoped that the data brought to light by this groundbreaking study will inform all members of the legal profession and inspire action to address what is clearly an unsustainable situation in the legal profession.

HISTORY AND SCOPE OF THE PROJECT

In the late fall of 2013, Patrick R. Krill, the director of the Legal Professionals Program at the Hazelden Betty Ford Foundation, approached CoLAP about the potential for this innovative collaboration. The intent was to join resources and conduct the first-ever national study of attorney behavioral health. It wasn’t long before CoLAP approved a motion to pursue this collaboration, and Linda Albert, a CoLAP commissioner, volunteered to be the representative from CoLAP to work with Krill. The ABA soon followed CoLAP’s lead by officially approving the collaboration between the two entities.

In 2014 the collaborative team designed the study to include instruments to measure problematic substance use, mental health issues, and barriers to seeking help. Data collection began in 19 states.
By February 2015, data collection had concluded and the results were being analyzed. The results were then summarized and reported in an article that was published in the February 2016 edition of the Journal of Addiction Medicine.  

The collaborative nature of the effort is important, as it led to the completion of a study that neither entity could have easily, if at all, accomplished in such a comprehensive way on its own. Both the Hazelden Betty Ford Foundation and CoLAP play important roles in addressing the behavioral health needs of the legal profession and are situated as national thought leaders and resources in that regard. Through the pooling of complementary talents, resources, and relationships, the project had a broader scope and greater success than it would have had if it had been undertaken by either entity alone. This project demonstrates how stakeholder collaboration can be significant in tackling the behavioral health challenges of the legal profession. The hope of the project coordinators is that this model will inspire additional partnerships within the profession in order to effect much-needed change. 

**PARTICIPANTS IN THE STUDY**

Nineteen states representing all regions of the country were solicited and participated in the study, resulting in a total of 14,895 individuals completing the survey. The inclusion criteria for the final analysis required respondents to be currently licensed and employed in a legal position, a criterion met by 12,825 respondents, thereby resulting in a sample of 12,825 participants. 

The gender breakdown of respondents was males 53.4%, females 46.5%, and transgender .1%. Diversity of race was Caucasian/White 91.3%, Latino/Hispanic 2.6%, Black/African American 2.5%, Multiracial 1.5%, Asian 1.2%, Other .7%, and Native American .3%. 

Age was measured in six categories, beginning with 30 years or younger and increasing in 10-year increments to 71 years or older, with the most commonly reported age group being 31 to 40 years old (25.2%). Length of career in the legal profession was measured in five categories, beginning with 10 years or fewer, and increasing in 10-year increments to 41 or more years, with the most commonly reported career length being 10 years or fewer (34.8%). Other professional data collected were work environment, firm position, and hours worked per week. 

**SUBSTANCE USE FINDINGS**

**Alcohol Use**

The Alcohol Use Disorders Identification Test (AUDIT) was used to gather data on alcohol use. This 10-item instrument was developed by the World Health Organization and is widely used by health workers and alcohol researchers throughout the world due to its well-established validity and reliability. It screens for hazardous and harmful alcohol use as well as possible alcohol dependence. 

The AUDIT results showed that of the 88% of respondents who completed all 10 questions on the AUDIT, 21% of respondents scored at a level consistent with problematic drinking (i.e., demonstrating drinking patterns that are hazardous, harmful, and possibly indicative of alcohol dependence). Males had higher levels of problematic drinking (25%)
Younger, less experienced lawyers working in lower positions had higher levels of problematic drinking.

than females (16%). Younger participants had much higher levels of problematic drinking than older participants, as did those working in the field for a shorter duration, with 32% of those 30 or younger having levels of problematic drinking and 28% of those with 10 or fewer years in the field having levels of problematic drinking. Those working in a private firm or in bar administration and lawyer assistance programs had higher levels of problematic drinking, 23% and 24% respectively, than those in other work environments. Within firms, junior associates had higher levels of problematic drinking (31%) compared to senior associates (26%).

As the data show, a reverse relationship was found between age, years in the field, position within the firm, and problematic drinking. Younger, less experienced lawyers working in lower positions had higher levels of problematic drinking. This is an important finding that should be underscored, as previously available data demonstrated a positive association between the increased prevalence of problematic drinking and an increased amount of years spent in the profession. The study found a direct reversal of that association.

Another interesting finding related to the comparison between the amount of problematic drinking among lawyers and among physicians. This comparison was made using the AUDIT-C, a subscale within the AUDIT that is often used as an abbreviated version of the instrument. The AUDIT-C is composed of the first three questions of the AUDIT and focuses exclusively on the quantity and frequency of alcohol consumption. Based on that measure, a staggering 36% of the sample screened positive for problematic drinking, whereas 15% of physicians screened positive in a 2012 study.

Drug Abuse

Drug abuse was measured using the Drug Abuse Screening Test-10 (DAST-10), based on the use of various classes of substances in the past 12 months. The DAST-10 is a 10-item instrument used in both clinical and research settings to screen and quantify consequences of drug use, and its reliability and validity have been demonstrated.

A smaller percentage of respondents, only 27%, completed the DAST-10, compared with the response rate for the other screens used. Lower response rates on this instrument are difficult to interpret. It isn’t known whether fewer participants were willing to complete the DAST due to fear of repercussions from disclosure of the use of illegal substances or whether the large number of participants who did not complete the DAST didn’t do so because they in fact did not use drugs. However, considering that this test measures the nonmedical use of illegal substances or prescription drugs, the fact that 25% of respondents fell into the severe (1%), substantial (3%), and intermediate (21%) range of drug abuse warrants attention. Illegal use of drugs, at any level, places an attorney or judge at risk for legal problems along with regulation problems and potentially serious health problems.

Additional Self-Report Data Regarding Alcohol Use and Drug Abuse

Participants were asked to self-report their concerns about their alcohol or substance use in a section separate from the instruments utilized to measure their use. For example, the following question was asked: “Have you ever thought your use of alcohol or other substances was causing problems in your life?” 23% reported that their alcohol or substance use had been a problem for them sometime during their lives; of
28%, 19%, and 23% of respondents reported experiencing mild or higher levels of depression, anxiety, and stress, respectively.

those who so reported, 28% reported problematic use prior to law school, 14% reported problematic use during law school, 44% reported problematic use started within the first 15 years following law school, and 15% reported problematic use started more than 15 years after law school. The self-report data was a close match to the results from instruments utilized, demonstrating higher levels of problematic use with the younger, less experienced practitioners. Similarly, a recent study on law student well-being showed that 22% reported binge drinking two or more times in the prior two weeks, with male students engaging more in binge drinking than female students. Problematic drinking appears to continue from law school into the practice of law and then escalate within the first 15 years of practice.

MENTAL HEALTH FINDINGS

Data pertaining to mental health were gathered by using the Depression Anxiety Stress Scales-21 (DASS-21). The DASS-21 is an instrument composed of three 7-item subscales that assess symptoms of depression, anxiety, and stress, and whose validity and reliability have been established by several studies. Of the 90% of participants who completed all questions on the DASS-21, 28%, 19%, and 23% of respondents reported experiencing mild or higher levels of depression, anxiety, and stress, respectively. When asked to self-report those same issues separate from the instruments utilized to measure their presence, 61% reported that they had experienced anxiety at some time during their legal career, followed by 46% reporting concerns with depression; 11.5% reported suicidal thoughts during their career, with 2.9% reporting self-injurious behaviors and .7% reporting at least one suicide attempt.

The mental health scores followed a similar pattern and trajectory as the alcohol use scores: younger participants (those in the 31–40 age group) with fewer years of practice (10 years or fewer in the field) had higher scores, indicating higher levels of mental health concerns. There was also a positive association between higher scores on the DASS-21 mental health instrument and higher scores on the AUDIT alcohol use instrument. This showed that those who were struggling with problematic drinking were also struggling with depression, anxiety, and/or stress.

HELP-SEEKING BEHAVIORS

Seeking help was thwarted by the following concerns, listed in descending order of prevalence: not wanting others to find out, confidentiality, concerns about impact on license, not knowing who to ask, and not having insurance or the money to pay for help. Although the rate of problematic drinking was 21%, only 7% of respondents had sought help of any type for alcohol or substance use, including multiple treatment formats, self-help groups, and the services of a lawyer assistance program. By contrast, 37% of respondents had sought help for mental health concerns.

From looking at this data, one could speculate that there may be less stigma or fewer barriers in seeking help for mental health concerns than for substance use problems. For whatever reason, over five times the number of participants had sought help for mental health concerns than for substance use problems. This limited help-seeking behavior was also found in law students, where only 4% of respondents answered affirmatively that they had sought help from a health professional for alcohol
Although the rate of problematic drinking was 21%, only 7% of respondents had sought help of any type for alcohol or substance use. By contrast, 37% of respondents had sought help for mental health concerns.13

**What Have We Learned?**

- Attorneys in the United States have significantly higher rates of problematic drinking and mental health problems than the general population. According to the Substance Abuse and Mental Health Services Administration, 6.6% of adult Americans experienced a major depressive episode in 2014 and 6.4% had an alcohol use disorder, whereas 28% of attorneys reported mild or higher levels of depression and 21% scored at a level consistent with problematic drinking.

- Younger, less experienced lawyers working in small firms have higher levels of distress symptoms than their older, more experienced peers.

- Lawyers don’t seek help for their behavioral health problems because they fear someone will find out and it will discredit them and possibly affect their license.

- Law student research seems to demonstrate similar themes, with law students experiencing higher levels of distress symptoms than the general population and limited help-seeking behaviors.15

This research is a call for action. The numbers we uncovered are incompatible with a sustainable professional culture. Too many individuals are struggling and suffering, and the impact on the public is too great for the profession to ignore.

**What Are the Implications for the Legal Community?**

The results are compelling. The implications for the legal community are multifaceted and far-reaching. This study, along with the study on law student well-being, is a call for action—a call for every part of the legal community to contribute toward addressing this crisis. From law schools, to bar admission agencies, bar associations, legal regulators, lawyer assistance programs, and private firms and beyond, it is time for all stakeholders to get actively involved. It is the duty of each entity to evaluate what it can do within its respective role—to coordinate with others to promote early referral to behavioral health services, encourage help-seeking behavior, support and establish policies and procedures that demote the use of alcohol within work settings and at work events, and promote wellness and balance.

**A Focus on Wellness Is Needed**

Many lawyers find themselves working long hours; getting minimal sleep; not eating well; and distancing themselves from family, friends, and colleagues as they attempt to keep up with the demands of the profession. These patterns are reinforced by organizations that impose heavy workloads on their employees without consideration for the impact upon those employees. Young lawyers are having difficulties finding jobs and paying off student loans and often struggle to maintain adequate social support, while also postponing life events such as marriage and starting a family. It is possible, if not probable, that these circumstances contribute to the
higher level of distress symptoms we see among lawyers during their first 15 years of practice.

Wellness concepts include teaching law students and legal professionals about stress management as well as building hardiness and resiliency skills; the importance of physical exercise, good sleep, and quality nutrition; minimizing alcohol use; and incorporating interpersonal connectedness into their lives. Wellness is connected to life satisfaction and happiness. A 2014 study on lawyers and happiness found that those who engage in work that is interesting, engaging, and personally meaningful are happier than those who seek good grades, prestige, and affluence. The study’s authors also state that “the tendency of law students and young lawyers to place prestige or financial concerns before their desires to ‘make a difference’ or serve the good of others will undermine their ongoing happiness in life”; accordingly, they state that “one powerful approach to raise the level of professional behavior among lawyers is to teach law students and lawyers to maximize their own happiness.”

We have to ask what lawyers are being taught about maintaining wellness during law school and throughout their careers. What messages are they receiving about seeking help if needed; maintaining quality connections with family, friends, and colleagues; or finding work that is personally meaningful and interesting?

**Key Recommendations**

It is possible that teaching law students and lawyers to maximize their own happiness while improving their health and well-being can be accomplished at multiple levels. Bar associations and lawyer assistance programs have developed many programs and resources toward that end. If not already in place, the following are recommended:

1. Law schools should require students to take classes on the importance of maintaining personal well-being, happiness, and life satisfaction to ensure fitness to practice, similar to classes on other areas of professional responsibility.

2. Legal employers should offer comprehensive mentoring programs for new lawyers. It is imperative that these programs do not center on happy hours or other alcohol-related events to generate participation or facilitate networking.

3. Bar examiners should make automatic referrals to local lawyer assistance programs when they receive applications from at-risk individuals or have concerns about applicants.

4. All states should have conditional admission, which allows lawyers who are currently fit to practice (but otherwise have conduct in their past that might impair their ability to practice law if it should recur) to be admitted to practice while being monitored by a lawyer assistance program.

5. All regulatory agencies should evaluate the rules in their jurisdiction to ensure that they have the means to refer to the lawyer assistance program when concerned about a lawyer prior to, during, or after discipline.

6. The continuing legal education requirements of each jurisdiction should mandate a certain number of hours each reporting period on prevention, detection, and treatment of substance abuse and mental illness.

7. State and local bar associations should form partnerships with local health organizations to learn about the best practices for increasing the health and well-being of their members.

8. Lawyer assistance programs must be funded at a level that allows them to increase their services to provide more outreach, screenings, counseling, peer assistance, monitoring, and preventive education.
9. Profession-wide health and wellness summits should be organized to develop and implement comprehensive strategies and plans for improving the health and well-being of the legal profession. These summits should include key stakeholders from all sectors of the profession.

CONCLUSIONS

The U.S. legal profession—a distinguished, bedrock component of our society, economy, and government—is under direct threat from unacceptably high rates of problematic substance use and mental health concerns. As this study demonstrates, the problems are pervasive, and no sector or pocket of the profession is immune to their grip. These problems often have their beginnings in law school and then continue to grow and worsen with admission to the bar and the inculcation of cultural norms within the profession.

For a systemic problem, a systemic response is indicated. All members of the profession have a part to play in redressing the prevailing attitudes and behaviors that simultaneously encourage unhealthy lifestyles while discouraging help-seeking. Greater investment of resources and attention by law firms, law schools, and in-house legal departments—the “private sector” of the profession—will be necessary to effect a long-overdue sea change in regard to behavioral health in the legal profession. With the publication of this new research, the authors and their sponsoring entities hope to reinvigorate the discussion about finding—and aggressively pursuing—new solutions to a lingering and debilitating problem.

NOTES

2. The Hazelden Betty Ford Foundation is the nation’s largest nonprofit substance abuse treatment provider and includes the Betty Ford Center, founded in 1982. Its mission is to assist individuals, families, and communities affected by addiction to alcohol and other drugs by offering prevention, treatment, and recovery solutions for youth and adults.
3. The mandate of the ABA Commission on Lawyer Assistance Programs is “to educate the legal profession concerning alcoholism, chemical dependencies, stress, depression and other emotional health issues, and assist and support all bar associations and lawyer assistance programs in developing and maintaining methods of providing effective solutions for recovery.” It provides on its website a list of lawyer assistance programs by jurisdiction. See http://www.americanbar.org/groups/lawyer_assistance.html (last visited Feb. 5, 2016).
4. The results were analyzed by the Butler Center for Research, a clinical and institutional research center housed within the Hazelden Betty Ford Foundation.
8. See Benjamin, et al., supra note 1.
11. The study on law student well-being cites the definition of binge drinking as five or more drinks in a row for men and four or more drinks in a row for women. J.M. Organ, D.B. Jaffe & K.M. Bender, Helping Law Students Get the Help They Need: An Analysis of Data Regarding Law Students’ Reluctance to Seek Help and Policy Recommendations for a Variety of Stakeholders, 84(4) BAR EXAMINER 8–17 (Dec. 2015).
13. See Organ et al., supra note 11.
15. See Organ et al., supra note 11.
16. See id.


18. See id.


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Don’t get help, because someone will find out and it will have a negative impact.” This message is one that Lawyer Assistance Programs (LAPs), law schools, bar admission agencies and bar examiners, lawyer regulation agencies, courts, and all parts of the legal profession need to join forces to alter. Early identification of mental health challenges or substance abuse problems, early response, and timely treatment universally produce better outcomes. Until recently there has been limited and dated research on the rates of substance abuse and mental health problems within the legal profession. Previous research cites substance abuse prevalence at twice that of the general population and prevalence of depression at two to three times that of the general population. Current research reveals even higher percentages of substance abuse and mental health concerns. Encouraging individuals at all stages of their legal education and professional lives to keep a focus on health and wellness is imperative; equally important is communicating that experiencing a problem is indicative of being human and therefore worthy of addressing in a proactive manner. An LAP is an excellent resource for learning how to maintain health and wellness and how to address and remediate a problem.

The Origins of Lawyer Assistance Programs

The first LAPs were established in the mid-1980s. These early programs focused on helping lawyers who were struggling with substance abuse and dependence, primarily alcoholism. Groups of lawyers, many of whom were in recovery themselves, volunteered to assist their colleagues in establishing recovery and stabilization. The dedication of these volunteers was an invaluable resource for lawyers and their families. Since the 1980s LAPs have grown in sophistication and size, and in their use of technology to offer services. They differ in size, organizational type, clients served, and services offered. Organizationally, LAPs are often housed within bar associations or are court-related agencies, but some are independent not-for-profit organizations. What they all share is a dedication to helping lawyers and the profession.

Initially, LAPs focused on practicing lawyers suffering from addiction. Later, many LAPs expanded to provide confidential assistance to all lawyers, judges, law students, and their families. LAPs now provide assistance not only with substance abuse problems but also with process addictions like gambling and sex addiction, mental health...
challenges, physical illnesses such as cancer and diabetes, and other stressors that negatively impact the quality of life and the practice of law. LAPs are designed to help their clients build on their strengths, to provide support, and to direct legal professionals to services that promote physical, mental, and emotional health.

In 1988 the American Bar Association created the Commission on Impaired Attorneys, later renamed as the Commission on Lawyer Assistance Programs (CoLAP), whose charge is “to educate the legal profession concerning alcoholism, chemical dependencies, stress, depression and other emotional health issues, and assist and support all bar associations and lawyer assistance programs in developing and maintaining methods of providing effective solutions for recovery.” Its goal is to ensure that every judge, lawyer, and law student has access to support and assistance so that they are able to recover, families are preserved, and clients and members of the public are protected.

**HOW DO LAWYER ASSISTANCE PROGRAMS HELP?**

**Screening, Evaluation, Counseling, and Referral**

LAPs get self-referrals, as well as referrals from law school faculty, mental health agencies, and families. In addition to helping those seeking support for themselves, an LAP offers a first stop for any person concerned about the health or well-being of a law student or legal professional. Many programs provide a place where a legal professional or the professional’s family can call or visit for a free, confidential consultation. Many LAPs provide 24-hour phone access to staff or credentialed hotline personnel. Programs are typically staffed by licensed professionals such as lawyers and clinicians who specialize in helping legal professionals determine the best steps to take to meet the challenges they face. Following a screening or evaluation, a staff member will work with the client to assist him or her in connecting with appropriate resources. Some LAPs provide short-term counseling and ongoing support and guidance.

**Peer Support**

LAPs often have trained volunteers who serve as peer assistants, monitors, or mentors. Volunteers are typically lawyers or judges who have experience or special training in mental health or substance abuse challenges. Peer support is often the core of an LAP and reflects the “lawyers helping lawyers” philosophy that started the programs. Many programs have expanded to include a judicial component with judges helping judges. LAP volunteers are in a unique position to offer support to their colleagues and law students because they know the challenges of negotiating law school, lawyering, and judging. Volunteers who are successfully managing their own recovery from substance abuse, mental illness, or physical illness offer particularly powerful support.

**Working with Bar Admission Agencies and Providing Monitoring**

By making presentations at law schools, LAPs encourage law students to come to them with concerns regarding their admission documentation or character and fitness issues, or to find treatment resources or engage in monitoring. It is common for an LAP to work with its state’s bar admissions office on pre-admission evaluations, consultation, and post-admission monitoring. LAP staff members can work with bar admissions staff to provide professional assessment and interpretation of documentation that may flag an applicant for further evaluation, monitoring, or conditional admission (where available).
When applicants present a history of behavior that without consideration of mitigating factors may warrant denial, monitoring can be especially helpful. For example, if an applicant has a record of psychiatric hospitalizations along with associated obstruction of justice or disorderly conduct convictions, and had an undiagnosed and untreated mental illness but is now successfully being treated, monitoring can be beneficial to establish evidence of stability and removal of the impairment. Conditional admission with monitoring provides bar admission agencies with another alternative to the admission decision.

LAPs that have a monitoring component specialize in providing individualized programs that check for adherence to admission conditions according to the standards within the industry. Monitoring protects the public by enforcing accountability for conditionally admitted lawyers. Monitoring programs offer excellent support and guidance to newly admitted lawyers, who benefit from the mentoring aspects of these programs. Success stories highlight young lawyers who benefitted from being held accountable to their treatment programs, support programs, and conditions of admission, resulting in lawyers with an overall increased level of health and well-being. This increased level of health allows these lawyers to be more diligent and competent in their representation of their clients. A 2001 Oregon study demonstrated that malpractice and discipline complaint rates for impaired lawyers, before treatment, are nearly four times as high as those after treatment. Nearly 75% of lawyers who sought help through the State Bar of California’s LAP in 2008 were involved in disciplinary proceedings. A healthy lawyer is a more competent lawyer.

LAPs offer education to bar admissions staff and their boards of bar examiners to help them further understand impairment due to mental illness or substance abuse, treatment outcomes, and appropriate conditions and lengths of monitoring contracts. Not all jurisdictions offer conditional admission; currently just under half of jurisdictions have a conditional admission rule. For those that do, some rules offer confidentiality of this status, while others render it public knowledge. In the quest to get law students to seek the help they may need, confidentiality of conditional admission is considered pertinent. Many factors play into the “don’t get help” conviction that many law students adhere to; lack of confidentiality with conditional admission is cited as one factor. Proponents of making the status of conditional admission public, however, cite protection of the public and transparency of the system as important reasons.

Whether a jurisdiction offers conditional admission or not, the LAP and the bar admissions staff can work together. It is recommended that bar admission agencies provide an LAP brochure to all applicants simply for the purpose of outreach. LAPs are free, confidential programs that specialize in understanding the needs of legal professionals, especially recent graduates who are in a time of transition where support and guidance may be instrumental in smoothing out that next chapter of beginning to practice law. Additionally, LAPs have expanded beyond responding to impairment from substance abuse; many offer free continuing legal education and networking opportunities, which help young lawyers who struggle financially or are seeking a job. The sooner the connection to the LAP is made, the better.

**Lawyer Regulation**

In some states, LAPs do not work closely with the lawyer regulation system, perhaps because of a fear that such an affiliation could produce a chilling effect on program utilization. However, LAPs in several states have an ongoing working relationship
with lawyer regulation. These programs may offer consultation to lawyer regulation staff regarding independent medical examinations, monitoring conditions, diversions, or informal referral. In some cases, staff from regulation and admission agencies serve on the LAP advisory committees and work on drafting rules pertaining to monitoring or conditional admission. When they work together, LAPs, bar admission agencies, and lawyer regulation agencies can effectively combine resources to increase the health and wellness of the lawyer population and protect the public.

**Educational and Prevention Services**

LAPs are at the forefront in educating the legal community on the signs and symptoms of impairment from substance abuse, mental illness, stress, and other problems affecting the health and wellness of legal professionals. LAP training promotes early identification and remediation of problems impairing lawyer performance. LAP professionals provide presentations for local and state bar associations, law schools, and the courts. Training for bar admissions staff and those in the lawyer regulation system is conducted by some LAP programs. These training sessions highlight information about the interface between problematic conduct and mitigating factors such as untreated substance abuse or mental illness, treatment efficacy, structure and components of monitoring, how and when to make a referral, and systems approaches to increasing the health and wellness of applicants and legal professionals. LAP personnel also present at local, state, and national conferences.

Prevention efforts are an important part of the work of LAPs. Staff members and volunteers work with law schools to incorporate practices that promote character and fitness into their curricula, work to decrease the stigma of seeking assistance for substance abuse or mental health problems, and teach stress reduction techniques such as mindfulness. CoLAP works to coordinate and share resources across the United States, Canada, and the United Kingdom, and equips LAPs with current research and educational materials to further their missions. CoLAP often draws from LAP personnel when presenting live webinars on topics pertinent to the health and wellness of legal professionals.

**Confidentiality and Immunity**

Undoubtedly one of the most important issues for legal professionals working with an LAP, whether as a client or as a volunteer, is confidentiality. Volunteer lawyers are able to maintain confidentiality because they are exempt from reporting requirements to the lawyer regulation system. Across the country, states provide for confidentiality of LAP information and records by state statute or court order. Surveys have demonstrated that concerns about confidentiality are a primary barrier to legal professionals and law students seeking help. They are concerned that revealing their struggles to an LAP will have a negative impact on their reputation, election, application for admission, or general professional status. LAPs continue to work to educate the legal community that their services are confidential and can be trusted. Some states have also provided immunity from lawsuits to LAP personnel and volunteers when working within the guidelines of the program.

**Research Project Under Way**

In an effort to update the research on the prevalence of substance abuse and mental illness among attorneys and in order to better inform the work of lawyer discipline and admissions agencies, as well as those providing treatment to the legal population, CoLAP and the Hazelden Betty Ford Foundation...
engaged in a landmark collaborative research project. The project was aimed at identifying the current rates of substance abuse, anxiety, and depression among legal professionals, barriers to treatment and assistance resources, and awareness and utilization of LAPs. The widespread benefits expected from this research include the following:

- the establishment of a new baseline understanding of where the legal profession stands in relation to the substantial challenges presented by substance abuse and mental illness adversely affecting the ability to practice law
- an increased spotlight on these issues, which will present both the impetus and the opportunity to revisit and update profession-wide practices
- the potential for innovative reconsideration of cultural norms related to drinking, drug use, and psychological well-being
- knowledge to initiate, inform, and guide decision making and policy development in the following key areas: funding of LAPs, continuing legal education requirements, bar examination and admission requirements, discipline guidelines and procedures, malpractice, prevention, diversion, monitoring, early intervention, referral to treatment, strategies to reduce stigma, and increased career satisfaction and longevity among members of the bar
- the tools to commence a rehabilitation of the legal profession’s image and public trust through an increase in attorney wellness, competence, and ethical behavior

Publication of the results is slated for the January/February 2016 issue of the *Journal of Addiction Medicine*. Significant findings will include the relationship between age and years in practice and levels of problematic drinking, depression, anxiety, and stress—along with levels of help-seeking behavior. These findings will be compared to other professional groups, and implications for the legal profession will be discussed.

Having a mental health or substance abuse diagnosis does not in and of itself indicate impairment or fitness issues; however, the struggle and pain sometimes resulting from an undiagnosed or untreated behavioral health problem can negatively impact a law student, lawyer, or judge. In a recent study on law student well-being, law students demonstrated higher rates of behavioral health problems than the general population, coupled with significant concerns about seeking help or treatment. This pattern runs the risk of undiagnosed and untreated behavioral health problems, which may progress and contribute to problematic behaviors, at-risk status for admission, or complaints to lawyer regulation agencies. When asked if their law school offered any courses on mental health or alcohol and drug topics, only 14% of lawyers answered affirmatively. Working together through a unified approach endorsing health and well-being at the same level of importance as professional responsibility seems prudent. Law schools, bar admission and lawyer regulation agencies, and LAPs can join together with the goals of decreasing the prevalence of behavioral health problems among law students, lawyers, and judges and changing the culture from “don’t get help” to “getting help is the smart and responsible thing to do.”

**Notes**


7. The Hazelden Betty Ford Foundation is the nation’s largest nonprofit substance abuse treatment provider and includes the Betty Ford Center, founded in 1982. Its mission is to assist individuals, families, and communities affected by addiction to alcohol and other drugs by offering prevention, treatment, and recovery solutions for youth and adults.


9. See supra note 2.

10. Id.

11. J. Organ, D. Jaffe, and K. Bender, 2014 Survey of Law Student Well-Being (submitted for publication). [Editor’s Note: See page 8 of this issue for an article summarizing the results of this survey.]

12. See supra note 2.

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