Mental Health and Addiction Issues in Older Adults

BY JOAN BIBELHAUSEN

As baby boomers age, many lawyer assistance programs (LAPs) are receiving more calls for help from and on behalf of older adults. This article will provide observations and resources that may be helpful in offering assistance.

Alzheimer’s Disease and Dementia

Some of the calls to LAPs are related to lawyers and judges who need to retire because of Alzheimer’s disease or related illnesses. Discipline counsel and malpractice carriers have their own stories of lawyers who may have had illustrious careers but who were no longer competent.

Just as with depression and addiction, LAPs hope to reach these people before their condition becomes a professional responsibility or malpractice issue. These interventions are tough. Although we can talk about legacy and retirement with dignity, we don’t have experience, strength, and hope to share that things can be much better. And sometimes the lawyer or judge does not remember what he agreed to and tries to go back to work. Resources such as the Alzheimer’s Association at www.alz.org and the US Department of Health and Human Services’ Administration on Aging at www.aoa.gov can be helpful. Both of these sites, as well as many that they link to, offer resources for caregivers as well. The LAP client may in fact be the caregiver who is under extreme

Judging Aging

BY BARBARA SMITH

Wilfred G. van Gorp, professor of clinical psychology at Columbia University College of Physicians & Surgeons, spoke at the recent ABA CoLAP conference on the topic of aging, upon invitation of the CoLAP Judicial Assistance Initiative. What follows are some specifics provided by Dr. Gorp.

The judiciary in the United States has been referred to as the “the nation’s premiere geriatric occupation” (Posner, 1995). A reporter from the St. Petersburg Times joked that John McCain could run for president at age 72, but judges in Florida are forced to give up office at age 70.

Certainly, the decline in speed of motor and mental processing constitute the greatest change in function associated with aging; motor speed follows a predictable curve across the lifespan, peaking in adolescence and young adulthood, beginning a clear decline as one enters his or her 30s, and markedly declining beyond one’s 40s. Other factors that affect the speed of processing are an individual’s health status, which may reduce effect of age on speed by 15 to 20 percent; experience or familiarity with the task reduces the effect of age; and the type of tasks involved—verbal tasks show less effect of age on speed than nonverbal (spatial) tasks.

Normal aging specifically affects episodic memory but not autobiographical or semantic memory. Normal aging affects recall but recognition is far less affected;
Comments from the Editor

Recently I was called to meet with an older lawyer in a rural area in Iowa. He had enjoyed an excellent reputation within his community as well as the legal community in much of Iowa. He had served his community for many years both as an attorney and a community volunteer. Sadly, the reason for the referral to my LAP came as a result of discipline action taken against him for neglect. The specifics are not important other than he was in serious trouble and there were no allegations involving dishonesty in any way.

When we met with him we heard a story that is becoming all too familiar, particularly in rural states and areas. He has practiced law for many years, mostly as a sole practitioner. He relied solely on his own income from his law practice, had made some poor investments over time, and had not planned adequately for his retirement. He felt that he had no choice but to continue practicing law. His competence was on the decline, he had medical issues that interfered with his work, and felt isolated. His excellent reputation was about to be damaged by the discipline proceedings that were ongoing.

He was in denial, not being able or willing to admit that he was no longer capable of representing the best interests of his clients. Here in Iowa, this scenario is about to be repeated over and over again as the legal community gets older and younger lawyers are not as willing to practice in isolated rural areas.

This issue of Highlights addresses this problem from several aspects. It is our hope that CoLAP will continue to work to help the aging lawyer population. I am confident that the articles in this issue will help to educate us all and to continue our dialogue and educational efforts.

—HUGH GRADY, IOWA LAWYERS ASSISTANCE PROGRAM

Chair’s Column

CoLAP: Saving Lives and Careers and Protecting the Public

BY HONORABLE ROBERT L. “BUTCH” CHILDER

Since 1988, the American Bar Association has been working to save the lives and careers of its members and other lawyers and judges and protecting the public through its Commission on Lawyer Assistance Programs (CoLAP). CoLAP’s mission is to assure that every lawyer, judge, and law student has access to the resources necessary to effectively address alcoholism, substance abuse, and mental health issues so that lawyers are able to recover, families are preserved, and clients and other members of the public are protected. First and foremost, CoLAP carries out this mission through its support of state and local lawyer assistance programs (LAPs).

- The Commission has held an annual National Conference for the past twenty-three years. Plans are underway for the 2011 Conference for Lawyers Helping Lawyers, in Tampa, Florida. The 2010 Conference had attendees representing LAPs, treatment facilities, bar leadership, the judiciary, law schools, and others who benefit from a better understanding of impairments and treatments.
- The Commission maintains a series of listservs, including one
Time to Go: Helping Lawyers Retire with Dignity

BY CLIFTON BARNES

An experienced, well-regarded attorney has given his heart and soul to the profession and his clients—and served them well. He's not yet ready to retire. But, due to aging, his hearing is going, his memory is spotty, and he's no longer serving his clients well.

Is that a fictional tale? A rare occurrence? No, not at all, says John T. Berry, who is Legal Division director at The Florida Bar and chairs a committee studying the issue of aging lawyers.

“Bar counsel in every state I’ve talked to have at least one, and usually many more, such stories about a very experienced attorney with a great reputation who has been put in a situation where they have harmed the public,” Berry says.

“You certainly have to look at it on a case-by-case basis,” he adds. “There are some lawyers very active at 75 and practicing better than those in their 40s. But then again, there are some in their 50s who are burned out.”

The point, Berry says, is that the bar should be there to help lawyers in need. “If we just wait until something breaks, we get a serious discipline problem,” he explains. “If we don’t do anything, it’s a disservice to the public and the individual attorney.”

In chairing the NOBC and Association of Professional Responsibility Lawyers’ Joint Committee on Aging Lawyers, Berry says he wanted to make sure the committee was sensitive to the needs and the feelings of the aging attorney. He says it’s a normal reaction for senior lawyers to take it personally when they are told their competencies are being reduced.

“We owe dignity to the lawyers of this generation that’s getting older,” he says.

We’re now seeing the beginning of the largest group of lawyers ever to retire, says Fredric Ury, past president of the Connecticut Bar Association, who spoke on the topic at the ABA Bar Leadership Institute in March 2008. The first wave of the baby boomer generation is coming up on retirement age; Ury calls this one of the top trends in the profession, based on the sheer numbers of attorneys who are going to retire.

For example, one statistic mentioned as part of Ury’s BLI presentation is that the largest membership age group for the Vermont Bar Association is 50 to 59, and that there are more Vermont bar members in their 80s than in their 20s.

“We owe dignity to the lawyers of this generation that’s getting older.”

Senior attorneys are not going to just go away,” Ury believes. “They are going to hang on and practice much longer.”

He says there needs to be a joint effort of lawyers’ assistance programs, discipline and ethics committees, and bar associations. “Senior lawyers will need assistance in learning how to retire, how to protect their clients,” Ury says. “Judges will have to learn how to handle senior lawyers who are suffering from mental infirmities.”

What about Mandatory Retirement?

One former judge in North Carolina had to leave the bench not because of mental infirmity but because of mandatory retirement, which is still in place at many big firms and court systems. At 88, Harry Martin has practiced law for 16 years since he was forced off the bench due to age, and all indications from colleagues are that he is doing fine.

After serving as chief justice of the Eastern Band of the Cherokee Nation, however, he has slowed down his work considerably.

“I am opposed to mandatory retirement based on someone’s age,” Martin says. “There are plenty of ways to get someone off the court or from law practice.”

For example, he says, when an excellent lawyer in the western part of the state “began to fail,” a judge noticed it and sat down and talked with him, and he retired shortly thereafter. “And then there was a judge down east who developed very bad hearing,” he recalls, “so a friend and [state] Supreme Court justice talked with him, and he soon retired.”

Since it doesn’t always work that way, Martin believes state bars should have committees to delegate a group of lawyers, mostly from the local bar where the lawyer in question practices, that will visit senior lawyers who are in decline. Such a group would bring hard evidence of an ailing lawyer’s condition and discuss the matter with him or her, he adds.

“If after so doing, the delegation thinks he should cease practice, they should say so to him and request that he retire from the practice,” Martin says. “In so doing, the delegation would assure the lawyer that he would retire in good standing, and they would help him in closing out his office.”

The report from the committee on aging lawyers (available at www.nobc.org/nobc-april.pdf) also opposes mandatory retirement and supports this sort of dialogue on solutions.

“So often we don’t dialogue frankly, honestly, and carefully,” Berry says. Instead, he says, the lawyer in question is avoided, as is the topic of aging altogether. Often the lawyer’s firm is in denial too, he adds. “We should not act in a patronizing way, but we should dialogue sincerely,” he suggests.

A recent report by the New York State Bar Association noted that mandatory retirement is required in 57 percent of that...
Bars Reach Out
One bar that has done an excellent job of meeting this issue head-on, Ury and Berry agree, is the New York state bar. NYSBA started a Law Practice Continuity Committee in 2002, and, in 2005, it developed and produced a “Planning Ahead Guide,” which helps lawyers establish a plan to leave the practice of law. The plan is available at www.nysba.org/Content/NavigationMenu/Publications/ForSolosPlanningAheadGuide/Planning_Ahead_Guide.htm. In 2006, NYSBA formed the Special Committee on Senior Lawyers, which recently conducted a survey of senior lawyers that received 6,000 responses.

Anthony R. Palermo serves on both those committees and recently was asked to coordinate activities of the ABA Senior Lawyers Division with the ABA Division for Bar Services and other groups “to continue our mutual outreach efforts to encourage and assist state and local bar associations” with senior lawyer issues.

“Discipline agencies also need to be more attuned to complaints based on age,” Berry says. “Even if a lot of them are dismissed cases, the agencies themselves should start paying attention.”

The joint committee recommends a permanent voluntary retirement status, rather than a disciplinary action that would reflect poorly on the lawyer’s overall career, if someone has a nonserious discipline complaint. “Consideration should at least be given that you can resign and go out with some grace,” he says.

Unfortunately, though, human beings tend to react to emergencies instead of preparing for them, Berry adds.

“We are raising a huge red flag here,” he says. “We already have problems, and it’s going to be so much worse in five or 10 years if we don’t do anything about it.”

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increasing competent and healthy older lawyer population," he says. "We need to look at how we can better prepare the aging lawyers to serve in different ways."

With that in mind, immediate past ABA President Karen Mathis formed the Commission on Second Season of Service during her presidential term to help aging lawyers who want to continue practicing law, perhaps with a new career path or by providing pro bono service.

The Florida Bar is looking at a mentoring program to connect young lawyers to senior mentors, Berry notes. He adds that law office management programs are starting to pay special attention by helping lawyers move into something slower paced or half time.

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Around the LAPs

Arkansas
The Robert L. Brown JLAP Community Support Award was named for its first recipient, Supreme Court Justice and JLAP court liaison, Justice Robert L. Brown. Justice Brown has been our advocate on the Arkansas Supreme Court since the program’s inception eleven years ago. His long commitment has been to building and sustaining a program to improve lives and protect communities through supporting the health and well-being of judges, lawyers, their families, and most recently, law students.

Speaking of law students, the Student Bar Association at the University of Arkansas William H. Bowen Law School in Little Rock held a 5K fundraiser for JLAP in February and raised $500 for the program. Later this spring, the students at the University of Arkansas at Fayetteville Law School will hold a golf tournament to raise funds. The law students are enthusiastically committed to and taking full advantage of the new three-year JLAP pilot student program.—SARAH CEARLEY

California
The California LAP has issued its 2010 Annual Report. Highlights from the report include:

- From the inception of the program nine years ago to date (12/31/10), the LAP has conducted 1,652 intakes with attorneys entering into the structured recovery component of the LAP (now referred to as Monitored LAP).
- The addition of Support LAP and Orientation and Assessment components to the program during 2010 resulted in an even more flexible program with nearly 15 percent of participants taking advantage of these options.
- Since the inception of the program, 43 percent of attorneys completing a LAP intake have participated in the program for more than one year, and 29 percent have remained in the program for at least three years.
- A preliminary study of participants who remained in the program for six months or longer showed that they experienced a statistically significant reduction in depression and anxiety symptoms while in the LAP.
- Since 2003, 162 applicants to the State Bar have participated in the LAP while their moral character determination was under review by the Committee of Bar Examiners—53 such applicants started participating in the program during 2010.
- More than 2,200 attorneys have received short-term and career counseling assistance from the LAP since the beginning of the program.
- The LAP has delivered 285 MCLE presentations throughout the state since 2003.

Anyone wishing to receive an electronic copy of the Report please e-mail that request to richard.carlton@calbar.ca.gov.—RICHARD P. CARLTON

Florida
The 25th FLA Annual Workshop will be held in April; and our 5th Annual Volunteer Conference (“Is Recovery Contagious?”) will be held in April; and our 5th Annual Law School Dean of Students Retreat.

Pennsylvania
In 2010 we recorded 279 new Helpline cases including 48 interventions; 178 personal requests for services; and 53 requests for literature, recovery meeting locations, or other information on services. (Also, many of our volunteers provide services that are not documented. These lawyers sponsor thirteen lawyer-only recovery meetings.) All Helpline callers are offered, and most accept, recovery literature targeting their problem.

Our 2010 educational message reached 12,970 lawyers, judges, and law students through 247 live presentations plus Internet presentations (www.pbi.org and www.lawline.com). Also, approximately 35,000 brochures were distributed using separate brochures targeting lawyers, judges, and law students. LCL contributed an article (“Lunch with Ami: Helpline Lawyers Overcome Stress”) to the GP Solo magazine.

As for 2011, Laurie J. Besden, Esq. joined LCL as our deputy executive director; our 8th Annual Volunteer Conference (“Is Recovery Contagious?”) will be held in April; and our 5th Annual Law School Dean of Students Retreat.

WANT TO LEARN MORE ABOUT THE COMMISSION ON LAWYER ASSISTANCE PROGRAMS?

VISIT www.americanbar.org/groups/lawyer_assistance.html
There are three ideas from three vastly different fields that come together to inform the work I will be doing at LHL. The first is the idea of “the invitation conversation” as described by Peter Block in *Community, the Structure of Belonging*. The second is the Alcoholics Anonymous principle of “attraction rather than promotion.” The third is the improvisational comedy principle of “make everyone else look good.” The intersection of these ideas is that it’s not about me. It’s not about you. It is about all of us living and thriving in community. What I look forward to doing here with Robert is continuing to build a community within the legal profession in South Carolina where attorneys and law students understand the importance of wholeness and health for themselves and for one another. When a person is healthy in mind, body and spirit, he becomes a living invitation to others to take on a similar lifestyle.

I encourage you to pick up the Peter Block book (it can benefit all communities, not just those disenfranchised), take a look at the steps and principles of AA (they apply to everyone’s life about something), and have a conversation with me about what will be held in May or early June.—KEN HAGREEN

**South Carolina**

Lawyers Helping Lawyers welcome Beth Padgett.

I am absolutely delighted to be working with Robert Turnbull and the Lawyers Helping Lawyers Program. It has been a few years since I worked in direct services in drug and alcohol treatment, and knowledge and practice within the field has changed so much. Motivational interviewing and person-centered planning are edging out the old practices of confrontation and one-size-fits-all interventions. Much has changed within the greater mental health field as well, and we know that people can and do experience rewarding lives in recovery from depression, anxiety disorders, bipolar disorders, and other mental, emotional and spiritual challenges. My more recent work as a mediator and communications consultant has led me to value self-determination (autonomy) in a new way, and appreciating autonomy is key to inviting people into recovery from addictions, mental illnesses, and all the other challenges that we can experience.

Virginia

Lawyers Helping Lawyers (LHL) initiated biannual meetings with the individuals responsible for student affairs at the eight law schools in Virginia. Thus far the meetings have been hosted by Washington & Lee, the University of Richmond, and the University of Virginia. The goal for these meetings is to act as a vehicle to improve communication between the schools and to help LHL gain more insight into ways to help Virginia’s law students. We are also hoping to do a survey of law students related to mental health and substance abuse perhaps as early as the fall semester of 2011. We are also attempting to get a student representative from each of the eight schools to be members of our Board Law School Committee so that LHL has a better feel of how to best increase the awareness of Lawyers Helping Lawyers and its mission.—JIM LEFFLER

**A National Helpline for Judges Helping Judges at 800-219-6474**

Judges who need assistance because of alcoholism, substance abuse, addiction, or mental health issues may reach other judges, who are in recovery or who have gone through treatment, by calling a helpline sponsored by the American Bar Association. Judges who have volunteered to be a personal resource to other judges throughout the United States and Canada are uniquely positioned to share their experiences, strengths, and hope. Both judges in need of help and those interested in serving as a peer-to-peer volunteer should call 800-219-6474 during business hours central time. All information is confidential and protected by statute. The National Judges’ Assistance Helpline is a service of the ABA Commission on Lawyer Assistance Programs Judicial Assistance Initiative and administered by the Texas Lawyers’ Assistance Program.
stress because of the illness of her colleague or family member.

**Addiction and Dependency**

Several years ago, CoLAP conference attendees were treated to a presentation by Carol Colleran, coauthor with Debra Jay of *Aging and Addiction* (Hazelden, 2002). We learned that older adults’ bodies process alcohol and other drugs (prescription and over the counter) differently than when they were younger. As baby boomers age, the percentage of use of street drugs in the older population is rising as well. Many combinations of drugs and alcohol can be toxic and potentially life threatening and misuse of alcohol, with or without other drugs, accelerates aging in all major organs.

Triggers for older adults include the isolation of retirement, grief at the loss or a spouse or partner, pain, and other physical changes. According to TIP 26: *Substance Abuse Among Older Adults* at www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=healtheffects&part=48302 the usual DSM criteria may not be adequate in assessing older adults or late-onset addicts. Some additional factors include tolerance because of increased sensitivity, lack of physiological dependence in many late-onset alcoholics, fewer activities to review in assessing impact, and a lack of understanding or refusal to acknowledge that health problems are related to use, even after medical advice. Barriers to getting help include not only the resistance of the individual but the resistance of concerned persons. This resistance often relates to a lack of understanding of the level of devastation as well as a reluctance to confront the older adult.

Many prescription drugs may also be addictive and some are not recommended for individuals over 65 but may be prescribed anyway. Additional resources on older adults are accessible at www.agingandaddiction.net. The site includes guidelines for intervention and additional resources. Numerous other reports are available at www.oas.samhsa.gov/aging.cfm.

Gambling is normative behavior for many adults and a problem for some. Just as with other addictions, problem gambling needs to be assessed differently in the older population. People who are vulnerable due to loneliness, major life changes, and transitions or isolation are at higher risk to become problem gamblers, yet this age group may be less informed about addiction generally and more reluctant to recognize a problem and ask for help due to shame or stigma. In states with casinos, bus trips make travel inexpensive, convenient, and very attractive to someone who is lonely or bored. Casinos are accessible and surrounded by security so the older adult can feel safe and protected while there.

**Symptoms of depression may be missed in older adults, particularly when there is a loss because it is assumed that grief is the cause of the behavior.**

Some warning signs of problem gambling in older adults include vagueness, resistance or even hostility when talking about money, inattention to personal care, talking of wins but hiding losses, increased isolation from family and friends due to preoccupation, stigma about losses, borrowing money, or unexplained absences of possessions. People on fixed incomes may be much more financially devastated and will not have options for making up their losses later in life. Concern about being a burden to others is a major factor in older adult suicide, and the rates of suicide and suicidal ideation are much higher for problem gamblers than for the general population. More information about problem gambling is available at the website for the National Council on Problem Gambling at www.ncpgambling.org. Many states also have resources. One example of a state resource is a Minnesota site that includes a fact sheet about older adults at www.northsiaproblemgambling.org/pdf_files/signs_of_a_problem gambler_older_adults.pdf.

**Depression, Anxiety, and Suicide**

Depression is another significant issue for older adults. In addition to loss of interest in normally pleasurable life activities and other typical depression signals, there are additional symptoms for older adults. These include loss of self worth and fear of being a burden to others, excessive anxiety or worrying about one’s own or another’s future, diminished interest in personal care, social withdrawal and isolation, slow movements, and self medication. Additional risk factors include grief and loss, loneliness, isolation and loss of identity or purpose, health problems, and triggering medications. There are also some medical issues that can trigger depression such as chronic or threatening conditions; illnesses that impact the brain; nutritional imbalances or malnutrition; and specific diseases or conditions such as stroke, Parkinson’s disease, cancer, and heart disease.

Symptoms of depression may be missed in older adults, particularly when there is a loss because it is assumed that grief is the cause of the behavior. Grief is caused by a recognizable loss. The symptoms are temporary and can include misdirected anger, weeping, and preoccupation. The person responds to comfort and finds some pleasure. Depression may not relate to a loss. The feelings are pervasive and sleep and eating disturbances are long lasting. Support is not accepted and isolation is likely to occur.

Depression and Alzheimer’s disease or other dementia may also be misdiagnosed. To compare, depression can be characterized by rapid decline; awareness
of time, date, and place; awareness of memory problems; difficulty concentrating; and slow but normal movements. In contrast, dementia is marked by a slow mental decline, confusion and disorientation in familiar locations, failure to notice or care about memory issues, loss of short-term memory, and impaired motor and communication skills.

Barriers to seeking help for depression in older adults are in many ways similar to those for addiction and dependency. There is certainly a stigma, especially among the “greatest generation” about needing help for something they may not understand. Developing trust can be a challenge and pride may stand in the way of asking for that help from someone who will almost certainly be younger. There can be a reluctance to be a burden (including financially) and a feeling that “I should be able to do it on my own.” Depression may be misdiagnosed or underdiagnosed for reasons listed previously and the very nature of depression is a limiting factor. A good resource for depression in older adults is at http://helpguide.org/mental/depression_elderly.htm. More general information is at www.nimh.nih.gov/topics/topic-page-older-adults.shtml.

Like depression, anxiety disorders may present differently in older adults. Some symptoms for the individual are a feeling of dread, panic of being on the edge, constant worry and fears of dying, and preoccupation with relationships and issues. Physical symptoms include agitation, shaking, trembling or hand wringing, heart pounding or racing, chest pain, muscle pain or tension, disturbed sleep, chills or hot flashes, and panic attacks.

Suicide is a very real concern in the older adult population. According to a recent study, people age 65 and older comprise 12 percent of the US population but accounted for 16 percent of suicide deaths. See www.nimh.nih.gov/health/publications/older-adults-depression-and-suicide-facts-sheet/index.shtml. Risk factors include depression, loss, illness, perceived illness, isolation, and role changes. While older adults generally need more medical attention, it is interesting to note that 20 percent seek medical help the day they die, 40 percent the week they die, and 70 percent the month they die. A resource list on depression and suicide in older adults may be found at www.apa.org/pi/aging/resources/guides/depression.aspx.

Aging issues are likely to be a larger percentage of the work of LAPs in future years. By recognizing and accessing some of the excellent resources that are available, we can be better prepared to respond.

Older adults tend to think in more concrete terms than young adults.

In more concrete terms than young adults, and the mental flexibility diminishes with age, with the steepest declines occurring after age 70.

Older individuals with experience have a greater body of knowledge on which to draw upon in decision making; and they tend to favor accuracy over speed and spend more time checking their work for accuracy than younger persons.

To maximize the probability of successful aging, Dr. Gorp suggested working to maintain optimal health, including aerobic exercise, which benefits the cognitive functioning; eating a “Mediterranean Diet,” which has been shown to significantly reduce the risk of mild cognitive impairment and Alzheimer’s disease.
that is open to all those working in and interested in LAPs, one that is dedicated to the interests of LAP directors, and a series of lists for the Commission’s committees.

- The Commission conducts a series of regional conferences each year. Five regional conferences were held in FY2009–10, in Orlando, Pennsylvania, Minneapolis, San Francisco, and New York.
- The Commission provides administrative support for a Director’s Day program enabling LAP directors to meet for a full day prior to the National Conference. This is a valuable resource that enables directors to build relationships that lead to information-sharing and the generation of ideas that are transferable from one jurisdiction to another.
- The Commission provides peer consultations and technical assistance to LAPs through on-site interviews of and consultations with LAP staff, bar leaders, the judiciary, disciplinary counsel, and law school representatives. The visits result in detailed reports based on the ABA Model LAP and Guiding Principles, with recommendations to enhance operations and the quality of service. This technical assistance is also focused on the development of staffed and well-funded LAPs in those states that continue to rely on the resources of volunteers and have little or no funding to assist impaired lawyers, judges, and law students.
- The Commission’s educational initiative has been active in seeking co-sponsorship and involvement in ABA CLE programming at the Annual and Midyear Meetings and with online offerings.
- The Commission publishes a quarterly newsletter, entitled Highlights, and is currently working on producing a series of online pamphlets that will provide information to those in various settings about a range of issues such as the role of a law firm in a partner’s intervention or the alternatives to consider when a judge is under the influence.
- CoLAP works to make the LAPs’ resources better known in order to better serve various populations. It maintains committees on diversity, the judiciary, law schools, large firms, and senior lawyers. These committees contribute programming to the National Conference, advance other educational and CLE programs, coordinate participation at other conferences and programs, submit articles to Highlights and other publications such as GP Solo magazine, and provide resources focused on these communities.
- CoLAP advances policies through the ABA designed to assist state and local LAPs. In 2009, the Commission submitted a recommendation to the House of Delegates revising the ABA Model Rule on Conditional Admission. The rule adopted by the House provides a procedure to admit lawyers to practice under conditions if they have recently successfully undergone rehabilitation or treatment. The Commission is working on model legislation on confidentiality and immunity for those helping lawyers through state or local LAPs.
- The Commission undertakes biannual comprehensive surveys of state and local LAPs that enable programs to learn from the work of others.

All of this work contributes to the efforts of one of the ABA’s core values of maintaining the health of its members and saving lives and careers of its members and other lawyers, judges, and law students and protecting the public. H

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LAWYERS, ANGER AND ANXIETY
Dealing with the Stresses of the Legal Profession

Rebecca Nerison, Ph.D

Being a lawyer is stressful—finding a job, getting new clients, billing your hours, exacting bosses, and demanding clients can all help create a relentless drain on your internal resources. Coupled with the perfectionism and competitiveness so common in lawyers, the resulting stress, anger, and anxiety can produce devastating physical and mental distress.

Lawyers, Anger and Anxiety first examines how anger and anxiety are related and the symptoms and costs associated with them. You’ll then find specific help for the various stressful situations you’ll encounter in your career:

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- Combating procrastination

You’ll also find advice on seeking happiness through all the stages of your career, and discover valuable tips for staying satisfactorily employed during the most stressful of times. There’s also help for those living with a stressed-out lawyer, both at home or at the office.

Lawyers, Anger and Anxiety will help you stay calm, develop healthy coping habits, eschew negative thinking, increase your social support, maintain your physical health, accept what is, and laugh more often.

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