



LAWYERS CONCERNED FOR LAWYERS

Confidential Support for Legal Professionals

The Neuroscience of Addiction

CLE Materials Packet

There is Help and There is Hope

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Lawyers Concerned for Lawyers – How Can LCL Help?

- LCL provides free, confidential peer and professional assistance to Minnesota lawyers, judges, law students, other legal professionals, and their immediate family members on any issue that causes stress or distress. This includes up to four free counseling sessions, a 24/7 hotline, support groups, and referrals to resources.
- LCL is a statewide program and is absolutely confidential.
- LCL partners with bar associations, Minnesota CLE, legal employers, law schools, and other organizations to offer programs on well-being, impairment, stress management and other topics, often for Elimination of Bias or Ethics credit.
- LCL provides coaching on how to reach out or support a friend or colleague who may be struggling. We can help address general concerns, make supervisory referrals, suggest community resources, discuss interventions, and much more.
- LCL can provide critical incident response if a tragedy or crisis impacts a firm, organization, or family.
- LCL can help with access to treatment and related services. We have a need-based fund to help lawyers and law students pay for substance use and mental health treatment and related services.
- LCL, founded in 1976, helps approximately 400 new clients every year and is funded through lawyer license fees and donations. We truly appreciate your support!
- LCL volunteers are the lifeblood of our service to the profession. Contact us to learn more or join LCL.
- LCL is committed to well-being in our profession and supports our colleagues and their families in their recovery from any issue. Call us, we can help!

Lawyers Concerned for Lawyers Myths & Facts

MYTH: LCL will report me to the Minnesota Board of Law Examiners or the Office of Lawyers Professional Responsibility.

FACT: LCL **does not** and **will not** report to any licensing board, employer, or agency, even if information is requested by those sources or our clients request that we do so.

MYTH: You can do it yourself.

FACT: Isolation is the enemy of recovery. The likelihood of being successful in recovery from any issue greatly increases with appropriate professional and peer support in place.

MYTH: LCL only helps with alcohol issues.

FACT: While LCL does provide services and support regarding drug and alcohol issues, we offer so much more. We also assist with stress and mental health matters such as anxiety, depression, eating disorders, and problem gambling, along with aging and retirement, couples and family, career, financial, and practice concerns, and any other issues that may cause stress or distress.

MYTH: LCL is a Twin Cities program.

FACT: LCL is a statewide program that serves lawyers, judges, law students, other legal professionals, and their families throughout Minnesota.

MYTH: I can use my employer's Employee Assistance Program with the same result.

FACT: Your employer's EAP can be a great resource. LCL counselors understand the stress of the legal profession and LCL offers ongoing connections, peer support and other services and resources.



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Implicit Bias in the Legal Profession: Including Mental Health

By Joan Bibelhausen, Executive Director, Lawyers Concerned for Lawyers

Are disability issues diversity, equity, and inclusion (D E & I) issues? Of course they are. There are laws against disability discrimination. Disability is included in diversity committee missions. We know there can be assumptions, biases and stigma that affect individuals with disabilities and potentially disabling conditions just as they affect members of other represented groups in our profession. Yet there are challenges to consideration of disability issues at the same level. People may choose not to disclose so there is less tracking of success in hiring, promotion and retention than in other D & I areas. Only recently has a disability bar association been created in Minnesota, one of the few in the country. Lawyers Concerned for Lawyers (LCL) has long advocated for the inclusion of mental health and other disabilities in the D E & I discussion and this has been welcomed.

This concerns all of us because every single lawyer has the potential to need accommodation for a temporary or permanent disability, whether a sensory, mobility, psychiatric, or other issue. It impacts all of us because we may have colleagues, clients or family members who suffer from mental health or other issues. The most common disabling conditions in the legal profession involve mental health, including substance use issues.

There is a great deal of stigma around asking for help or even acknowledging that there is a problem, and it can mean the end of a career if someone does not get the help they need. LCL also recognizes that individuals from other diverse groups within the legal profession may experience additional stress because of explicit or implicit bias or disparate treatment. Fortunately, we have a champion.

Paulette Brown, past-president of the ABA, spoke about stigma and mental health in the legal profession at the ABA Commission on Lawyer Assistance Programs annual conference in October 2016. She remarked on the outstanding work that LAPs are doing in this area, and that LAP resources and innovative approaches have helped many to find success in a profession that they love. Ms. Brown discussed the ABA Diversity and Inclusion [360 Commission](#), with its focus on the concept of implicit biases, those unconscious influences on our decisions and actions. She noted that implicit bias can be and is manifested toward those who suffer from mental health issues, depression, anxiety and substance problems in our profession. Here are some highlights of her remarks.

While there has been some progress on expanding opportunities for lawyers of all races and ethnicities, women and members of the LGBTQ community, the same cannot be said for those with mental illness or substance use disorders. Mental health and substance use disorders are by far the most pervasive and ignored disability issues in our profession. It is similar to issues faced by people in the LGBTQ community – you can't tell by looking. It must be acceptable for people to 'come out' with mental health issues just as it is becoming acceptable to do so in the LGBTQ community.

*Implicit bias and stigma force our colleagues into the shadows. It is important to address these conditions before they become issues. We cannot avoid them and hope it they will go away. Our colleagues do not feel safe revealing a mental health or substance issue. Many will not seek the assistance they need unless and until the stigma is removed. This can only begin to happen **if** we recognize and acknowledge our implicit biases in this area. Like other areas of diversity and inclusion, the legal profession is far behind many other professions in how it treats those who struggle with mental health and substance use issues.*

Implicit bias permeates everything we do. Lawyer Assistance Programs see it in the work they do every day where someone is treated differently (or perceives they are treated differently) because they asked for help. When we think about disability issues in our profession, mental health is bar far the most common area of disability. It should be recognized in discussions, trainings and other efforts to enhance diversity and inclusion in our profession. Perhaps then people needing help can seek the attention they need with less trepidation about reaching out. It is the only way to remove stigma.

A discussion about open and equal treatment is necessary. These issues need to be part of conversations on diversity and inclusion in the legal profession. We should not be reticent about talking about it anywhere, any place. All must work together to reduce stigma about mental health and substance issues in our profession. If we could convey this message over and over on a broad-based stage, how many more could we serve?

I would add, how many more could we save?

Lawyers Concerned for Lawyers provides free and confidential peer and professional support to lawyers, judges, law students, other legal professionals, and their family members on any issue that causes stress or distress. LCL offers help to those affected by alcohol, drugs and other addictions; depression, anxiety and other mental illnesses; stress and other life-related problems; and any condition which negatively affects the quality of one's life at work or at home. There is someone to talk to 24 hours a day and counseling is offered throughout Minnesota. You can help us reduce the stigma. If you'd to learn more or would like to get involved, go to www.mnlcl.org, call 651-646-5590 or email help@mnlcl.org.

Implicit Bias Resources

ABA 360 Commission - <https://www.americanbar.org/diversity-portal/diversity-inclusion-360-commission.html>

ABA Section on Litigation - <http://www.americanbar.org/groups/litigation/initiatives/task-force-implicit-bias.html>

Harvard Implicit Association Test - <https://implicit.harvard.edu/implicit/takeatest.html>

Harvard Mental Health Implicit Association Tests - <https://implicit.harvard.edu/implicit/user/pimh/index.jsp>

Kirwan Institute for the Study of Race and Ethnicity - <http://kirwaninstitute.osu.edu/>

Mitchell Hamline School of Law Center for the Study of Black Life & the Law - <https://mitchellhamline.edu/black-life-and-law/>

Mindfulness articles:

<http://www.forbes.com/sites/jeenacho/2016/07/14/10-scientificallly-proven-benefits-of-mindfulness-and-meditation/#127564036e91>

<http://abovethelaw.com/2016/07/scientificallly-proven-reasons-for-why-lawyers-should-practice-mindfulness/>

Above the Law – Impact of implicit bias on diversity in the legal profession - <http://abovethelaw.com/2015/02/implicit-bias-the-silent-killer-of-diversity-in-the-legal-profession/>

Stress in America: The Impact of Discrimination, released 3/10/2016 by the American Psychological Association. <http://www.apa.org/news/press/releases/stress/2015/impact-of-discrimination.pdf>

Lawyers Concerned for Lawyers – www.mnlcl.org, 651-646-5590, help@mnlcl.org. Experiencing bias is stressful. Growing as we explore our own bias is stressful. LCL offers up to 4 free counseling sessions on any issues that cause stress or distress. It's not just for when something is wrong - it can help you to move forward in the right way.

Minnesota Rules of Professional Conduct Rule 8.4 – Misconduct

RULE 8.4: MISCONDUCT

It is professional misconduct for a lawyer to:

(g) harass a person on the basis of sex, race, age, creed, religion, color, national origin, disability, sexual orientation, status with regard to public assistance, ethnicity, or marital status in connection with a lawyer's professional activities;

(h) commit a discriminatory act prohibited by federal, state, or local statute or ordinance that reflects adversely on the lawyer's fitness as a lawyer. Whether a discriminatory act reflects adversely on a lawyer's fitness as a lawyer shall be determined after consideration of all the circumstances, including:

- (1) the seriousness of the act,
- (2) whether the lawyer knew that the act was prohibited by statute or ordinance,
- (3) whether the act was part of a pattern of prohibited conduct, and
- (4) whether the act was committed in connection with the lawyer's professional activities[.]

Comment

[4] Paragraph (g) specifies a particularly egregious type of discriminatory act -harassment on the basis of sex, race, age, creed, religion, color, national origin, disability, sexual orientation, or marital status. What constitutes harassment in this context may be determined with reference to antidiscrimination legislation and case law thereunder. This harassment ordinarily involves the active burdening of another, rather than mere passive failure to act properly.

[5] Harassment on the basis of sex, race, age, creed, religion, color, national origin, disability, sexual orientation, or marital status may violate either paragraph (g) or paragraph (h). The harassment violates paragraph (g) if the lawyer committed it in connection with the lawyer's professional activities. Harassment, even if not committed in connection with the lawyer's professional activities, violates paragraph (h) if the harassment (1) is prohibited by antidiscrimination legislation and (2) reflects adversely on the lawyer's fitness as a lawyer, determined as specified in paragraph (h).

[6] Paragraph (h) reflects the premise that the concept of human equality lies at the very heart of our legal system. A lawyer whose behavior demonstrates hostility toward or indifference to the policy of equal justice under the law may thereby manifest a lack of character required of members of the legal profession. Therefore, a lawyer's discriminatory act prohibited by statute or ordinance may reflect adversely on his or her fitness as a lawyer even if the unlawful discriminatory act was not committed in connection with the lawyer's professional activities.

[7] Whether an unlawful discriminatory act reflects adversely on fitness as a lawyer is determined after consideration of all relevant circumstances, including the four factors listed in paragraph (h). It is not required that the listed factors be considered equally, nor is the list intended to be exclusive. For example, it would also be relevant that the lawyer reasonably believed that his or her conduct was protected under the state or federal constitution or that the lawyer was acting in a capacity for which the law provides an exemption from civil liability. See, e.g., Minn. Stat. Section 317A.257 (unpaid director or officer of nonprofit organization acting in good faith and not willfully or recklessly).



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Legal Profession Racial Trauma Resources

- Lawyers Concerned for Lawyers: LCL provides free, confidential peer and professional assistance to Minnesota lawyers, judges, law students, other legal professionals, and their immediate family members on any issue that causes stress or distress. This includes up to 4 free counseling sessions. We help other legal professionals on a case-by-case basis. www.mnlcl.org. A recent LCL blog post refers to a strong article on workplace difficulties. <https://www.mnlcl.org/today-i-watched-george-floyd-die-again-but-sure-ill-have-that-memo-to-you-by-500/>.
- Professor Rhonda Magee, How Mindfulness Can Defeat Racial Bias at https://greatergood.berkeley.edu/article/item/how_mindfulness_can_defeat_racial_bias. Professor Magee has also written a book, *The Inner Work of Racial Justice*.
- The National Alliance on Mental Illness has created a comprehensive resource page at <https://namimn.org/bipoc/>. Additional materials are at <https://namimn.org/education-and-public-awareness/nami-resources-for-multicultural-communities/>.
- Jeena Cho, author of the *Anxious Lawyer*, has great guided meditations for legal professional on her website at www.jeenacho.com.
- Local attorney Spiwe Jefferson is a resource for mindfulness resources and practices. www.spiwejefferson.com.
- Mental Health America offers BIPOC mental health resources that address self-care, racial trauma and other topics at www.mhanational.org/bipoc-mental-health.
- The Legal Rights Center Toolkit and Restorative Journal is at www.legalrightscenter.org/toolkit-and-guides.html
- The Karuna Community is a local organization that provides compassion-based mindfulness training for people impacted by the Criminal Justice System. www.karunacmn.org.
- Resources for white people about racism may be found at <https://blog.fracturedatlas.org/resources-for-white-people-to-learn-and-talk-about-race-and-racism-5b207fff4fc7>



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Mindfulness, the Breath, and Well-Being

Joan Bibelhausen, Executive Director, Lawyers Concerned for Lawyers

“Take just a few minutes to pay attention to your breath—how you’re breathing can ease the mind.”

Jeena Cho, co-author of *The Anxious Lawyer*.

“I can’t breathe.” George Floyd

As lawyers, we are bombarded with high expectations, emotional cases, and sometimes a struggle to maintain our jobs or practice, especially in these times. If you are preparing a deposition and remember the aggressive behavior of opposing counsel from a previous encounter, how might you respond? You may become anxious, quickly judge that person and the situation, and form impressions of the worst that can happen. By using your breath, by taking a breath, you can arouse your curiosity and look for options. Why did I react that way last time? What lesson is here for me? Use your conscious mind to counter your unconscious or implicit impressions. You can become the driver, not the passenger along for the ride.

Professor John A. Powell writes that “[t]he unconscious, more than the conscious mind, controls our daily decisions and actions, including how we relate to other people, especially those who look different from us.” This applies to a colleague who questions whether someone who looks different is up to the job as well as the colleague who wonders if someone who looks different will support them in doing their best work. Our unconscious reaction, based on years of living our lives, is connected with our drive to survive. When registering a threat, we retreat to fight, flight, or freeze. Our analytical brain is pushed to the background. Mindfulness can bring it back.

Mindfulness is not new to us. As a child, perhaps you were advised to engage in the mindfulness activity of counting to 10 when angry or distressed. Mindfulness is an in-the-moment awareness of what is around us and how we are responding to it. It can help us with that deposition, it can help us to improve our overall well-being as we face traumatic cases and the pressure of law practice, and it can help us as we think about the role of lawyers in our society. By being aware of our inner selves, we can feel that we are leading our lives rather than being hijacked by external factors beyond our control. We cannot control opposing counsel’s behavior, but we can govern our reaction to it.

Professor Rhonda McGee writes about mindfulness and reducing bias. She says that in addition to raising awareness in the moment “mindfulness and compassion practices assist in regulating emotional responses and specifically reducing anxiety, increasing empathy and perspective-taking, and increasing overall gratitude and well-being,”

This is important for our profession and for our own well-being. In LCL’s statement following the death of George Floyd, we cited Robert Benham, former Chief Justice of the Georgia Supreme Court. He noted that the first professions in society were the clergy, who healed the spirit, the doctors, who healed the body, and the lawyers, who healed the community. Lawyers and judges will be involved in every single aspect of the aftermath of George Floyd’s death as we ensure all voices are heard. The community needs us as healers now, but we must also care for ourselves. To help our clients, colleagues, and communities, we must be actively mindful of our emotions. We must put our oxygen masks on first, be attentive to our well-being and proactively engage in practices to enhance it.

LCL provides free, confidential, peer and professional support and services to lawyers, judges, law students, family members, and staff in legal organizations throughout Minnesota who are facing mental health, substance use or other life challenges. This includes up to four free counseling sessions, someone to talk to 24/7, support groups, referrals to resources, and much more. 651-646-5590 or www.mnlcl.org.

Chronic Stress, Trauma, Mental Health and Addiction in the Legal Profession



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I. Introduction and Overview: Stress and the Legal Profession

What is STRESS? It's a series of physiological responses and adaptations to a real or imagined threat or demand. Stress occurs when the pressures experienced by the individual are perceived by them as exceeding their capacity to deal with them, in a situation where coping is perceived as important. It can be good or bad, healthy or unhealthy.

Eustress is beneficial to us. It charges us up and allows us to meet challenges head on and gives us the necessary energy to do so. Distress is the chronic feeling of being overwhelmed, oppressed and behind in tasks. There is a sense that life is controlling us and we see little hope for relief, all of which can have unhealthy results. Regardless of how beneficial our stress may be, our bodies react. Our heart beats faster, our pupils dilate, our digestive and immune systems shut down and the hormones adrenaline and cortisol are released. In the short term, this helps us, but over time, the chronic presence of these changes will hurt us with results like higher blood pressure, more frequent illnesses, and coping mechanisms that are reactions not solutions.

A. Sources of Stress for Lawyers

The legal profession presents many opportunities to take on someone else's problems, and it presents unique sources of stress. There are realities in the everyday practice of a lawyer, regardless of their area of practice and regardless of whether they litigate, are engaged in transactional work or perhaps even work in a non-traditional career.

1. Rules Based Morality. The way we help people; the way we make a difference for our clients, is to make their set of circumstances fit a set of rules. We apply the law to the facts. From that can come a tendency to see everything in terms of how we believe it should fit into the world as we see it. And we will use our finely tuned persuasive and argumentative skills to insist upon it.
2. Perfectionism. We are told from the beginning in law school that mistakes will cost us. From the humiliation of the Socratic method when we are not prepared (or even if we are) to cases where professional discipline occurs because of missing deadlines and important details, we learn that we must not fail. When we learn perfectionism it is not limited to our work life. Any possible failure becomes an opportunity for intense self-scrutiny and every move we make can become defined by winning or losing.
3. Pessimism. We may be the only profession that succeeds because we can anticipate the worst that might happen. Yet, how else do we solve problems? The pessimist not only sees what can go wrong but is more likely to view bad things as permanent and unchangeable. Optimists see opportunity.
4. Vicarious Trauma. This may be our greatest risk. We are not the immediate first responders to the worst things that happen in our world, but we may spend more time with the details and people who experience the direct trauma than anyone else. Yet our need to be perfect (don't let them see you sweat) and pessimistic can make us even more vulnerable to the effects of this trauma. We don't show our weakness, we don't process and we hold it inside until we burnout. Yet studies have shown that simply talking about what one experienced, even and especially secondarily, can reduce the effects of the trauma.
5. Isolation and Uncertainty. Our isolation is physical, mental, and professional. Making meaningful connections cuts into billable time and may be actively or tacitly discouraged. The adversarial system deters us from personally sharing because it may be seen as a sign of weakness.

B. How do you know that you are over-stressed?

1. Physical Signs
 - Throbbing in Chest

- Indigestion
- Breathlessness
- Tiredness and Fatigue
- Aches and Pains
- Frequent Infections
- Headaches
- High blood pressure

2. Emotional Signs

- Mood Swings
- Lack of Enthusiasm
- Guilt
- Lack of Concentration
- Anxiety
- Lack of Confidence
- Loss of Self Esteem

3. Behavioral Signs

- Accident Proneness
- Increased smoking/drinking/drugging
- Appetite Changes
- Irritability
- Change in Sleeping Patterns
- Change in Working Patterns
- Chronic Lateness/Procrastination
- Poor Hygiene
- Clumsiness

C. Our Response to Stress

Many try to cope with stress by turning to tobacco, alcohol, caffeine, herbal remedies, legal or illegal drugs as well as diversions like gambling, internet shopping, games and porn or compulsive eating. These substances and processes may mask some of the symptoms of stress and provide temporary relief but they don't help in the development of effective stress-management techniques. They may harm your physical health, weakening resistance to stress even further and cause additional stressful complications in life.

II. Impact of Substance and Compulsive Behavior Issues in the Legal Profession

A. Estimates of substance use issues among lawyers – Generally

1. A joint project of the ABA Commission on Lawyer Assistance Programs and the Hazelden Betty Ford Foundation looked at Substance use and mental health issues in attorneys. This is the first time that a study of this type was conducted nationally. Among the findings: 20.6% of respondents met criteria for alcohol use disorder. Krill, Patrick, Johnson, Ryan, Albert, Linda, *The Prevalence of Substance use and Other mental Health Concerns Among American Attorneys*, Journal of Addiction Medicine: January/February 2016

Previously, the ABA estimated that 15 to 20 percent of U.S. lawyers suffer from alcoholism or chemical dependency. “Surveys reveal that as high as 18 percent of all lawyers—nearly one in five—will personally develop problems related to substance misuse. That figure does not include the

number of partners, associates, family members, and colleagues who will be forced to deal with the effects of addiction as a result of an impaired attorney they know or work with.” John W. Clark, Jr., *We’re From the Bar and We’re here to Help You*, G.P. Solo Magazine (A.B.A. Pub.; v.21, no. 7: October/November 2004).

2. “[M]ore than 20 percent of the male Washington lawyers are scoring above the cutoff for probable alcohol related problems for the current year.... This percentage is over twice the approximately 9% alcohol abuse and/or dependency prevalence rates estimated for adults in the United States.” “Approximately 70% of the lawyers in the sample are likely to develop alcohol problems in their lifetime.” Connie J.A. Beck, et al., *Lawyer Distress: Alcohol-Related Problems and Other Psychological Concerns Among a Sample of Practicing Lawyers*, 10 *Jour. of Law & Health* 1, 50-51 (1995-96).
3. A study in Arizona revealed that 26% of the practicing attorneys were concerned about their alcohol use. G. Andrew H. Benjamin, et al.; *The Prevalence of Depression, Alcohol Abuse, and Cocaine Abuse Among United States Lawyers*; 13 *Intern’l. Jour. of Law and Psychiatry* 233, 240 (1990).
4. Gender Differences – Women are less likely to have substance use problems in general and as attorneys. Most often, women don’t seek help until the disease is more advanced than for men, partly because of stigma attached to public intoxication for women.

B. Impact of substance use on regulation and malpractice claims

1. Alcohol misuse has been estimated to be a factor in at least 27 percent of the attorney discipline cases in the United States. G. Andrew, H. Benjamin, et al.; *supra* at 243.
2. “A study conducted in 1986, by the Oregon State Bar Professional Liability Fund (OSBPLF) showed the relationship of alcohol and drug problems with malpractice claims. OSBPLF reviewed the records of 100 consecutive lawyers who entered its lawyer's assistance program. Sixty percent of the lawyers had malpractice suits filed against them while suffering from substance abuse.” G. Andrew H. Benjamin, et al.; *supra* at 244.
3. Minnesota’s experience
 - a. The number of probationary cases where chemical dependency was a component of the agreement has ranged from 8 to 17%. *Annual Reports of the Lawyers Professional Responsibility Board and the Office of Lawyers Professional Responsibility* In 2016 13.8% of all probations included substance use as a factor. *Year in Review: Update from the Director, OLPR Annual Seminar, 9/29/17*.
 - b. The actual impact of chemical misuse is much higher. Mike Hoover, former Director of the Office of Lawyers Professional Responsibility (OLPR), stated that his staff expected to find chemical dependency in at least half the discipline cases they investigated. Amy Lindgren, *Counting the Costs: Substance Abuse in the Legal Profession*, Bench and Bar of Minnesota, Vo. 47, no 3, p. 22 (March 1990). Anecdotally, OLPR staff estimates the present rate at about one-third.
 - c. The difference between these figures is partly caused by attorneys denying how their chemical use affects their practice. Many misconduct allegations involve behaviors closely related to the symptoms of chemical misuse and dependency. Marcia E. Femrite, “Addicted Attorneys in Disciplinary Proceedings”, *Michigan Bar Journal*, February 1991, p. 152. For example, over 75% of all OLPR open probationary files involved competence, diligence or non-communication.

III. Understanding Substance Misuse

A. Addiction

1. Why do people take drugs?
2. What it is.
3. How it develops.
4. Risk factors. These include genetics, age at first use, chronic stress, physical or mental health, culture, history of abuse and unresolved emotions.

B. Definitions:

The disease of addiction

1. The American Medical Association (AMA) defines “alcoholism” as a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. Robert M. Morse and Daniel K. Flavin, “The Definition of Alcoholism.” *Journal of the American Medical Association*, August 26, 1992, Vol. 268, No. 8, pp. 1012 – 1014.
 - a. Primary
 - b. Genetic
 - c. Psychosocial
 - d. Environmental
 - e. Often Progressive and Fatal
 - f. Impaired Control
 - g. Preoccupation
 - h. Denial
2. The American Society of Addiction Medicine (ASAM) defines “Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.”. *Adopted by ASAM Board of Directors, September 15, 2019.*
3. The American Psychiatric Association’s Diagnostic and Statistical Manual (DSM V) 2013, has combined the prior categories of “substance dependence” and “substance abuse” into the category of “Substance Use Disorder. Substance use disorders are patterns of symptoms resulting from use of a substance which the individual continues to take, despite experiencing problems as a result.

Substance use disorders span a wide variety of problems arising from substance use, and cover 11 different criteria. Assessors will base severity on the number of criteria found to exist within a 12 month period. 2–3 criteria indicate a mild disorder, 4–5 criteria indicate a moderate disorder and 6 or more indicate a severe disorder

1. The substance is taken in larger amounts or for longer than intended.
2. A desire or unsuccessful efforts to cut down, control or stop using the substance.
3. Spending significant time acquiring, using, or recovering from use of the substance.
4. Cravings or a strong desire to use the substance.
5. Failure to fulfill major obligations at work, home or school, because of recurrent substance use.
6. Continuing to use, despite the occurrence of persistent or recurrent problems in social or interpersonal relationships.
7. Reducing involvement in or giving up important social, occupational or recreational activities because of substance use.
8. Recurrent use even when it is physically hazardous.
9. Continued use despite knowing of a persistent or recurring physical or psychological problem that may have been caused or exacerbated by the substance.
10. Requiring more of the substance to achieve intoxication or the desired effect or diminished effect with the same amount of use (tolerance).
11. Development of withdrawal symptoms that are characteristic of the substance or use of the substance to avoid withdrawal symptoms.

The DSM-V also lists substance-induced disorders which include intoxication, withdrawal, substance induced mental disorders, including substance induced psychosis, substance induced bipolar and related disorders, substance induced depressive disorders, substance induced anxiety disorders, substance induced obsessive-compulsive and related disorders, substance induced sleep disorders, substance induced sexual dysfunctions, substance induced delirium and substance induced neurocognitive disorders.

C. Stages of Dependency

1. Early Stage: includes relief use, loss of control over use, increasing frequency of use and amount, and blackouts or memory loss.
2. Middle Stage: includes employment, school or family problems; personality changes; behaviors not consistent with the person's value system; and work and financial difficulties.
3. Late Stage: includes increased tolerance of the substance, physical deterioration, free-floating fears and anxiety, institutionalization because of a decline in mental health, and death.

D. How Chemicals Affect the Brain

- Necessary neurotransmitters are blocked or released in abnormal ways
- The brain tries to return to normal but what if chemical use is perceived as normal?
- Then chemicals become necessary to return to normal and addiction has set in.
- Any mood-altering drug will now have this effect.

E. A basic checklist for signs of impairment in a legal professional.

Personal behavior

- Gradual deterioration of personal appearance [hygiene/health].
- Loses control at social gatherings, even where professional decorum is expected.
- Distorts the truth; is dishonest.

- Manages finances poorly; fails to make tax filings and payments on a timely basis.

Attendance

- Routinely arrives late and/or leaves early.
- Regularly returns late or fails to return from lunch.
- Fails to keep scheduled appointments.
- Has frequent sick days or unexplained absences.

Job performance

- Procrastinates; has a pattern of missed deadlines.
- Neglects prompt processing of mail or timely return of calls.
- Shows decline in productivity/number of hours worked each month.
- Overreacts to criticism; shifts blame to others.
- Is unable to get along with or withdraws from fellow lawyers and other staff.
- Performance declines throughout the day.
- Clients complain about performance/communication.
- Co-mingles or borrows clients' trust funds.
- Appears under the influence and/or smells of alcohol in the office or during court appearances.
Waldhauser, Carol; "Identifying Addictions"; G.P. Solo Magazine (A.B.A. Pub.; v.18, no. 5: July/Aug 2001).

BUT, the lawyer must continue to work to support the addiction so she or he may function very well in a work setting. By the time work performance begins to suffer, significant destruction may have occurred in other aspects of his or her life.

The employer can do a number of things to encourage those who may be more quickly aware of problems to bring them to the attention of management, another employee or to call LCL for help:

- Educate support staff
- Provide non-threatening reporting options
- Give family members a contact
- Distribute LCL or other information with benefits materials

F. Reaching Out to Others. There are various places where a concerned person can reach out.

- Expression of concern from one lawyer to another
 - Drop off a brochure, e-mail or call LCL
 - LCL will provide coaching
- Visits and calls by LCL volunteers
- Intervention
- Crisis Response (immediate assistance needed)

G. Recovery

1. Types and Settings of Treatment
 - a. Types
 - i. Social and Behavioral
 - Cognitive – Behavioral
 - 12 Step Model (Minnesota Model)
 - Contingency Management
 - Motivational Interviewing
 - ii. Pharmacological
 - b. Settings
 - i. Inpatient (detox/stabilization, short term C.D. units)

- ii. Residential (Therapeutic Communities)
- iii. Outpatient
- iv. Treatment via medication

2. Does treatment work?

Generally, statistics reflect that substance use treatment is at least as successful as treatment for other chronic diseases.

Studies of outcomes for selected chronic diseases have shown:

- 40% to 60% of clients from treatment programs are continuously abstinent and an additional 15% to 30% have cut down on their use.

Of the other chronic diseases, the proportion of patients fully adhering to their medication schedule is:

- Type 2 diabetes (adults) – less than 60%
- Hypertension – Less than 40%
- Asthma – less than 40%

In addition to treatment adherence, relapse rates are very similar among all four of these chronic disorders:

- Chemical dependency relapse: 40% to 60%.

Of the other chronic diseases, the proportion of adult patients who require medical care to reestablish symptom remission in one year:

- Type 2 diabetes – 30% to 50%.
- Hypertension – 50% to 70%.
- Asthma – 50% to 70%.

McLellan, A.T.; Lewis D.C.; O'Brien, C.P. and Kieber, H.D. Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation, Journal of the American Medical Association, v.284, No. 13, p. 1689 (2000).

IV. Compulsive Behaviors

Gambling

A. Definition: Problem gambling is gambling behavior which causes disruptions in any major area of life: psychological, physical, social or vocational. The term "Problem Gambling" includes, but is not limited to, the condition known as "Pathological", or "Compulsive" Gambling, a progressive addiction characterized by increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, "chasing" losses, and loss of control manifested by continuation of the gambling behavior in spite of mounting, serious, negative consequences. (National Council on Problem Gambling, www.ncpgambling.org)

B. Scope

Nationwide, over 75% of adults have gambled at least once in the past year. 2 million (1%) of U.S. adults are estimated to meet criteria for pathological gambling in a given year. Another 4-8 million (2-3%) would be considered problem gamblers; that is, they do not meet the full diagnostic criteria for pathological gambling, but meet one or more of the criteria and are experiencing problems due to their gambling behavior. The estimated social cost of problem gambling from bankruptcy, divorce, job loss &

criminal justice costs was \$6.7 billion last year. Research also indicates that most adults who choose to gamble are able to do responsibly. (National Council on Problem Gambling, www.ncpgambling.org)

C. Diagnostic Criteria

In the DSM-V, pathological gambling has been moved from “Impulse Control Disorder Not Elsewhere Classified,” to now be defined as a gambling disorder (and the only disorder) within the category of “Substance-Related and Addictive Disorders.” Of the 10 criteria listed, 4-5 indicate mild severity, 6-7 moderate severity and 8-9, severe. The criteria are:

1. Preoccupation with gambling
2. Need to gamble with increasing amounts of money
3. Repeated unsuccessful efforts to control, cut back, or stop
4. Restless or irritable when attempting to cut down or stop
5. Gambling used as a way of escaping problems or distressed mood
6. “Chasing” losses
7. Lying to conceal the extent of involvement with gambling
8. Committed illegal acts to finance gambling
9. Jeopardized or lost a relationship or job
10. Relies on others to provide money to relieve a desperate financial situation (bail out).ⁱ

D. Stages

- a. In the *winning* stage, the gambler still has money and feels in control. Gambling enhances self-esteem and ego, and winning seems exciting and social. The gambler may shower family and friends with gifts or take expensive vacations.
- b. Eventually, the winning stage turns into the *losing* stage. As losses pile up, the gambler becomes preoccupied with gambling and makes larger and more frequent bets, “chasing” losses in the hopes of breaking even. At this point, the gambler will “max out” credit cards, cash in insurance policies, pawn or sell personal property, and dip into retirement or investment accounts. Lawyers with access to client funds frequently are tempted to shift these funds “temporarily,” a decision that ends up costing them their license to practice law. Lies, loan fraud, absenteeism, family disputes, and job changes are frequent danger signs.
- c. Gambling counselors note that compulsive gamblers frequently lose all having real value. It becomes like play money. One counselor reports, “They’ll talk about bets, and simply say, ‘I was down 500,’ but have to be forced to say the word, ‘dollars.’ They don’t view it as money anymore.” Compulsive gamblers may approach family or friends to ask for money, but loans or gifts do not solve the problem. They only provide the gambling addict with fuel for another gambling episode.
- d. Some problem gamblers will seek professional help at this stage, but many proceed to the next stage before getting help. At the *desperation* stage, the gamblers experience health problems such as panic or insomnia as debts pile up and relationships deteriorate. Having exhausted their financial resources, some gamblers turn to crime, and action gamblers begin gambling like escape gamblers to avoid their misery and feelings of hopelessness. Others simply run away from their family and debts, or attempt suicide. Melody Crawford Chadwick, “Bumps in the Road: Gambling.” G.P. Solo Magazine (A.B.A. Pub.; v.21, no. 7: October/November 2004).

E. Signs and Symptoms - 10 Questions to Ask About Gambling Behavior

1. You have often gambled longer than you had planned.
2. You have often gambled until your last dollar was gone.
3. Thoughts of gambling have caused you to lose sleep.

4. You have used your income or savings to gamble while letting bills go unpaid.
5. You have made repeated, unsuccessful attempts to stop gambling.
6. You have broken the law or considered breaking the law to finance your gambling.
7. You have borrowed money to finance your gambling.
8. You have felt depressed or suicidal because of your gambling losses.
9. You have been remorseful after gambling.
10. You have gambled to get money to meet your financial obligations.

F. Help for Problem Gamblers

- a. Northstar Problem Gambling Alliance – 1-800-333-hope, www.northstarpvg.org
- b. www.miph.org/gambling
- c. Gamblers Anonymous – www.gamblersanonymous.org
- d. Debtors Anonymous – www.debtorsanonymous.org

Sexual Compulsivity

- A. One definition: Recurrent and intense normophilic sexually arousing fantasies, sexual urges, or behaviors which cause clinically significant subjective distress in social, occupational, or other important areas of functioning. (Coleman, et al 2000)
- B. There is disagreement regarding whether compulsive sexual behavior is a psychosexual disorder, an addiction, a mood disorder, an impulse control disorder or an obsessive compulsive disorder.
- C. Assessment Questions include:
 1. Do you, or others who know you, find that you are overly preoccupied or obsessed with sexual activity?
 2. Do you find yourself compelled to engage in sexual activity in response to stress, anxiety, or depression?
 3. Have serious problems developed as a result of your sexual behavior (e.g., loss of a job or relationship, sexually transmitted diseases, injuries or illnesses, or sexual offenses)?
- D. Resources:
 - A. U of M Center for Sexual Health, 612-625-1500, www.phs.umn.edu
 - B. Sex Addicts Anonymous www.sexaa.org
 - C. COSA www.cosa-recovery.org
 - D. Society for the Advancement of Sexual Health www.sash.net

Eating Disorders

- A. Eating disorders are serious health conditions that can be both physically and emotionally destructive. Professional help is always recommended. If not identified or treated in their early stages, eating disorders can be chronic, debilitating, and life-threatening.
- B. Resources:
 - a. www.nationaleatingdisorders.org
 - b. www.eatingdisordersanonymous.org

V. Mental Health Issues and the Practice of Law

Psychological Distress and Law School. “Although not present prior to law school, a variety of forms of psychological distress become evident at clinically significant levels within the first few months of law school attendance. These symptoms increased as the law students progressed through the three years of the program and did not significantly decrease during the first two years of practice.” Connie J.A. Beck, et al., *Lawyer Distress: Alcohol-Related Problems and Other Psychological Concerns Among a Sample of Practicing Lawyers*, 10 *Jour. of Law & Health* 1, 44 (1995-96) citing G.A.H. Benjamin, et al, *The role of legal*

education in producing psychological distress among law students and lawyers, American Bar Foundation Research Journal 225-252, (1986).

A. Surveys of mental health issues among lawyers.

1. The ABA/ Hazelden study found the following:

Men reported higher rates of depression and women reported higher rates of anxiety and stress.

- Overall, the rate of depression was 28% and anxiety was 19%.
- Men reported higher rates of depression and women reported higher rates of anxiety and stress.
- 11.5% reported suicidal thoughts at some time during their careers.

2. “This sample of lawyers gives substantial indication of a profession operating at extremely high levels of psychological distress.” The study asked attorneys to self report on psychological distress symptoms. The results, with comparisons from other studies of the general population, were:

	Generalized Anxiety Disorder	Obsessive-Compulsiveness	Depression
Gen'l Pop. – Male	4%	2.1%	8.5%
Gen'l Pop – Female	4%	1.4%	14.1%
Male Lawyers	30%	20%	Almost 21%
Female Lawyers	Nearly 20%	15%	16%

Connie J.A. Beck, et al., *Lawyer Distress: Alcohol-Related Problems and Other Psychological Concerns Among a Sample of Practicing Lawyers*, 10 Jour. of Law & Health 1, 49-50 (1995-96).

3. “Compared with the 3 to 9 percent of individuals in Western industrialized countries who suffer from depression, 19% of the Washington [state] lawyers suffered from statistically significant elevated levels of depression. Of these individuals, most were experiencing suicidal ideation. In addition, they typically isolated themselves, which greatly exacerbates their risk of their acting upon suicidal ideations.” G. Andrew H. Benjamin, et al.; *The Prevalence of Depression, Alcohol Abuse, and Cocaine Abuse Among United States Lawyers*; 13 Intern'l. Jour. of Law and Psychiatry 233, 240 – 41 (1990).

4. A 1990 study by Johns Hopkins University found that of 28 professions, attorneys are the most likely to suffer from depression, at a rate 3.6 times the average for the adult population. W.W. Eaton, et al., *Occupations and the Prevalence of Major Depressive Disorder*, 32 Jour. of Occupational Medicine 1079 (1990).

B. Impact of mental health issues on discipline and malpractice claims.

1. “[N]eglect cases tend to arise among lawyers who are procrastinating because they are clinically depressed. Finally, lawyers who go untreated tend to become defendants in malpractice claims.” Benjamin, *supra* at 244.

2. Minnesota’s experience

a. Like substance use issues, other mental health concerns are a factor in probationary cases. Of 37 new Minnesota probations in 2016, mental health was a mitigating factor in 7 of them. *Annual Report of the Lawyers Professional Responsibility Board and the Office of Lawyers Professional Responsibility*, (July 2017). 22% of all probations in 2016 included a mental health component. *Year in Review: Update from the Director, OLPR Annual Seminar, 9/29/17*.

- b. During the MSBA Depression Task Force discussion in 1999, OLPR Director Ed Cleary reported that the rate at which mental health is being reported as a factor in disciplinary cases is increasing, while the rate at which alcohol and drugs are being reported as a factor is decreasing.
- c. Many misconduct allegations involve behaviors closely related to the symptoms of mental health issues, primarily depression. For example, over 75% of all OLPR open probationary files involved charges of neglect and non-communication; 21% involved non-cooperation with OLPR; and over 40% involved conduct prejudicial to the administration of justice (often missed court appearances). *Annual Report*, July 2017.

A significant number of attorney discipline cases involve impaired attorneys. Since the Supreme Court addressed the impact of alcoholism on discipline in *In re Johnson* in 1982, more than 100 suspension or disbarment cases have involved alcoholism or alcohol dependency. Since *In re Weyhrich*, when the court applied the mitigation test to mental illness, a similar number of public discipline decisions have included the requirement that the attorney prove psychological fitness before being reinstated to practice.

The very best way to prevent discipline of yourself or your colleagues is to get the attorney the help he or she needs by contacting LCL.

VI. Mood Disorders

A. Common types of depression

1. Major depression – manifested by a combination of symptoms (see below) that interferes with the ability to work, study, sleep, eat, and enjoy once pleasurable activities. An episode may occur only once, but more commonly returns several times in a lifetime.
2. Dysthymia – involves long-term, chronic symptoms that do not disable, but keep one from functioning well or feeling good. An individual with dysthymia may also experience major depressive episodes.
3. Bipolar disorder – also called manic depression. Not nearly as frequent, is characterized by cycling mood changes from extreme elation (mania) to depression. Most often the mood change is gradual. Depressive condition is similar to major depression. A manic period is characterized by being over-talkative and overactive, and having excess energy. It affects thinking, judgment, and social behavior and may lead to grand romantic or business schemes that create serious problems and embarrassment. Untreated mania can lead to a psychotic state.

B. Characteristics of depression

1. It is defined as a mood disorder that also affects our body and thoughts.
2. Symptoms of major depression include:
 - a. Persistent sad, anxious or “empty” (absence of feelings) mood.
 - b. Feelings of hopelessness and pessimism.
 - c. Loss of interest or pleasure in activities we once enjoyed, e.g. sex.
 - d. Feelings of guilt, worthlessness, helplessness.
 - e. Decreased energy, fatigue, being “slowed down.”
 - f. Difficulty concentrating, remembering, making decisions.
 - g. Insomnia, early-morning awakening, or oversleeping.
 - h. Appetite and/or weight loss or overeating and weight gain.
 - i. Thoughts of death or suicide, suicide attempts.
 - j. Restlessness, irritability.

- k. Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain.
3. These symptoms must persist over a period of time. Depression is not a blue mood that passes after a few hours or days.
 4. Often, the symptoms occur in stages. For instance, feelings of sadness will precede the empty feeling which reflects an absence of feelings. This is followed by a feeling of helplessness or hopelessness, which is often followed by thoughts of death or suicide.
5. Depression from the Outside
 Gloomy · Tearful · Pessimistic · Negative · Moody · Irritable · Complaining
 Brooding · Anxious · Critical
6. Gender Differences
 - a. Women report depression twice as frequently as men and may be misdiagnosed.
 - b. Men are less likely to admit depression and doctors are less likely to suspect it. Men tend to cover up symptoms with alcohol, drugs, and work. Depression in men is more likely to show up as anger and irritability, rather than hope/helplessness.

(NIH Pub No. 00-3561, 2000; avail. At www.nimh.nih.gov/publicat/depression.cfm)

C. Anxiety

1. Generalized Anxiety Disorder (GAD), is an anxiety disorder characterized by chronic anxiety, exaggerated worry and tension, even when there is little or nothing to provoke it. (<https://www.nimh.nih.gov/health/topics/anxiety-disorders>)
2. Obsessive Compulsive Disorder – people with OCD have persistent, upsetting thoughts (obsessions) and use rituals (compulsions) to control the anxiety these thoughts produce. Most of the time, the rituals end up controlling them. (www.nimh.nih.gov/publicat/anxiety.cfm#anx3)
3. Post-traumatic stress disorder (PTSD) develops after a terrifying ordeal that involved physical harm or the threat of physical harm. The person who develops PTSD may have been the one who was harmed, the harm may have happened to a loved one, or the person may have witnessed a harmful event that happened to loved ones or strangers. (www.nimh.nih.gov/publicat/anxiety.cfm#anx4)

D. ADHD

1. ADHD is a neurobiological condition that affects individuals across the lifespan.
2. Signs and symptoms include
 - a. Distractibility
 - b. Disorganization
 - c. Low self esteem
 - d. Fidgeting
 - e. Incomplete projects
 - f. Emergencies
 - g. Procrastination
 - h. Chronic lateness
 - i. Boredom
 - j. Interrupting others
 - k. Losing things
 - l. Perfectionism
 - m. Hyperfocus

- n. Impulsivity
- 3. One of the biggest challenges is a shame based distortion that everyone else has it all together.
- 4. Resources:
 - a. www.ldaminnnesota.org – click on Attention Deficit Support Services
 - b. www.add.org
 - c. www.help4adhd.org/
 - d. www.chadd.org/

E. Unresolved Grief

- 1. Grief characterized by the extended duration of the symptoms, by interference of the grief symptoms with the normal functioning of the mourner, and/or by the intensity of the symptoms (for example, intense suicidal thoughts or acts)
- 2. Resources include hospital based and community survivor support as well as web links

F. Age Related Dementia (Alzheimer’s Disease)

- 1. Alzheimer’s Disease is the most common form of dementia. It destroys brain cells and causes problems with memory, thinking and behavior severe enough to affect work, lifelong hobbies or social life. It is progressive and fatal
- 2. There are ten warning signs (www.alz.org)
 - a. Memory loss
 - b. Difficulty performing familiar tasks
 - c. Problems with language
 - d. Disorientation to time and place
 - e. Poor or decreased judgment
 - f. Problems with abstract thinking
 - g. Misplacing things
 - h. Changes in mood or behavior
 - i. Changes in personality
 - j. Loss of initiative
- 3. Comparisons between Alzheimer’s Disease and normal age related changes

Someone with Alzheimer's disease symptoms	Someone with normal age-related memory changes
Forgets entire experiences	Forgets part of an experience
Rarely remembers later	Often remembers later
Is gradually unable to follow written/spoken directions	Is usually able to follow written/spoken directions
Is gradually unable to use notes as reminders	Is usually able to use notes as reminders
Is gradually unable to care for self	Is usually able to care for self

- 4. Lawyers experiencing signs of dementia may deny the problem and yet can make mistakes or neglect matter resulting in harm to clients. Sensitive and respectful intervention is needed to help the lawyer retire with dignity. LCL can be a resource.

VII. Suicide

Depression, untreated, is the #1 cause of suicide. Lawyers die by suicide at a higher rate than the general population. You may even know of some lawyers who have taken their own lives.

By offering help you can often (not always) prevent a suicide

Warning Signs of Suicide:

- Talking about ending one's life
- Statements about hopelessness, helplessness or worthlessness
- Preoccupation with death
- Suddenly happier, calmer
- Visiting or calling people one cares about, especially those one hasn't contacted recently
- Making arrangements, setting one's affairs in order
- Giving things away
- Significant symptoms of depression

QPR (Question Persuade Refer) is an approach to preventing suicide that has been proven to work. Over 250,000 people have been trained in QPR and suicide rates in setting where these people work have declined significantly. QPR teaches you how to ask someone if they are thinking about killing themselves, how to determine the seriousness of their situation, how to persuade them to accept help and how to connect them with appropriate resources. To become a QPR gatekeeper takes 2 hours or less. MN LCL offers this training free of charge. Your bar association or other legal group can schedule a training session for up to 25 people by calling LCL.

If you have not had the training, you can still make a difference by doing the following:

- Be aware of the signs of depression and the warning signs of suicide
- Be willing to get involved
- Ask the person you are concerned about if they are considering harming themselves
- Tell them you care about them and can assist them in getting help
- Help them access help by calling LCL, by going to a mental health clinic, by going to a hospital, etc.
- Do talk with their family or others if they are reluctant to accept help
- If the person is clearly planning on taking their life and refuses any offers of assistance, call local law enforcement. They are authorized to place the person on a 72-hour hold and take them to a hospital or other treatment facility. The person may be angry with you, but better mad than dead.

VIII. The Interrelationship between Use/Behavior Disorders and Mental Health.

A. Frequency of occurrence (using depression as an example).

Addiction and dependency disorders (both alcohol and other substances) frequently coexist with depression. Substance use disorders are present in 32 percent of individuals with depression disorders. They co-occur in 27 percent of those with major depression and 56 percent of those with bipolar disorder. National Institute of Mental Health, Fact Sheet, "Co-Occurrence of Depression with Medical, Psychiatric, and Substance Abuse Disorders."

<http://www.nimh.nih.gov/publicat/abuse.cfm>

B. Diagnosis issues

Substance use must be discontinued in order to clarify the diagnoses and maximize the effectiveness of psychiatric interventions. Treatment for depression as a separate condition is necessary if the depression remains after the substance use problem is ended. Id.

IX. What Can Be Done: The Path to Lawyer Well-Being

The National Task Force on Well-Being, a coalition of entities from the American Bar Association and throughout the profession, was created to identify and recommend common sense solutions following the report

showing the rates of substance use and mental health disorders in our profession. In August 2017 they released a groundbreaking and comprehensive report, “The Path to Lawyer Well-Being: Practical Recommendations for Positive Change,” available at <http://ambar.org/lawyerwellbeingreport>.

The coalition found that “We are at a crossroads. To maintain public confidence in the profession, to meet the need for innovation in how we deliver legal services, to increase access to justice, and to reduce the level of toxicity that has allowed mental health and substance use disorders to fester among our colleagues, we have to act now.”

The Report identifies three reasons for a new focus on well-being. First, there is a business case. Legal employers incur great costs both in terms of morale and financially, when lawyers burn out or struggle. Second, there is an ethical component. A lawyer’s competence and ability to do his or her best work is tied to well-being. Third, it is the right thing to do. Well-being is defined as encompassing intellectual, occupational, emotional, social, physical and spiritual components.

The report’s recommendations focus on five central themes:

- Identifying stakeholders and the role each can play in reducing the level of toxicity in the legal profession.
- Eliminating the stigma associated with help-seeking behaviors.
- Emphasizing that well-being is an indispensable part of a lawyer’s duty of competence.
- Educating lawyers, judges and law students on lawyer well-being issues.
- Taking small, incremental steps to change how law is practiced and how lawyers are regulated to instill greater well-being in the profession.

The report offers recommendations for seven distinct groups of stakeholders. They are judges, legal employers, regulators, law schools, malpractice carriers, bar associations and lawyer assistance programs. In addition, there are general recommendations for all stakeholders.

- Acknowledge the Problems and Take Responsibility.
- Use This Report as a Launch Pad for a Profession-Wide Action Plan.
- Leaders Should Demonstrate a Personal Commitment to Well-Being.
- Facilitate, Destigmatize, and Encourage Help-Seeking Behaviors.
- Build Relationships with Lawyer Well-Being Experts, including Lawyer Assistance Programs.
- Foster Collegiality and Respectful Engagement throughout the Profession.
- Promote Diversity & Inclusion.
- Create Meaningful Mentoring and Sponsorship Programs.
- Enhance Lawyers’ Sense of Control.
- Provide High-Quality Educational Programs and Materials About Lawyer Well-Being.
- Guide and Support the Transition of Older Lawyers.
- De-emphasize Alcohol at Social Events.
- Support Recovery from Mental Health and Substance Use Disorders.
- Begin a Dialogue About Suicide Prevention.

In 2018, a well-being toolkit was released by the American Bar Association, available at <http://ambar.org/wellbeingtoolkit>. It offers strategies and worksheets to help put well-being practices into place. Thereafter, a pledge for legal employers was issued and organizations are being encouraged to take affirmative steps to commit to well-being. Information about the pledge as well as a list of employers who have signed on is at <https://ambar.org/lawyerwellbeing>.

Lawyer Assistance Programs and other organizations and entities are developing programs and initiatives to maximize the impact of this report.

X. Lawyers Concerned for Lawyers (LCL): Minnesota's Lawyers Assistance Program

- A. History of LCL: LCL was founded over 40 years ago by lawyers to provide confidential assistance to other lawyers with alcohol problems. Services are now available to lawyers, judges, law students and immediate family members for a wide variety of problems. Primary importance is placed on two (2) factors.
1. Lawyers, judges and law students providing voluntary assistance to peers.
 2. Absolute confidentiality.
 - a.) For the attorney being helped
 - i.) The stigma of being chemically dependent, mentally ill, or otherwise needing help from others.
 - ii.) The fear of problems with the Office of Lawyers Professional Responsibility.
 - b.) For the concerned person (coworker, colleague, family members, friend): fear that the attorney needing help will retaliate.
 - c.) For an attorney providing help: duty to report misconduct under Rule 8.3, Minn. Rules of Professional Conduct.
 - i.) **“Rule 8.3 Reporting Professional Misconduct** provides, inter alia:
 - (a) A lawyer who knows that another lawyer has committed a violation of the Rules of Professional Conduct that raises a substantial question as to that lawyer’s honesty, trustworthiness or fitness as a lawyer in other respects, shall inform the appropriate authority.
 - (b) A lawyer who knows that a judge has committed a violation of the applicable Code of Judicial Conduct that raises a substantial question as to the judge’s fitness for office shall inform the appropriate authority.
 - (c) This rule does not require disclosure of information that Rule 1.6 requires or allows a lawyer to keep confidential or information gained by a lawyer or judge while participating in a lawyer’s assistance program or other program providing assistance, support, or counseling to lawyers who are chemically dependent or have mental disorders.”

Addition to the comment for this rule.

“Information about a lawyer’s or judge’s misconduct or fitness may be received by a lawyer in the course of that lawyer’s participation in a bona fide lawyers assistance program or other program that provides assistance, support, or counseling to lawyers, including lawyers and judges who may be impaired due to chemical abuse or dependency, behavioral addictions, depression, or other mental disorders. In that circumstance, providing for the confidentiality of information obtained by a lawyer-participant encourages lawyers and judges to participate and seek treatment through such programs. Conversely, without such confidentiality, lawyers and judges may hesitate to seek assistance, which may then result in additional harm to themselves, their clients, and the public. The rule, therefore, exempts lawyers participating in such programs from the reporting obligations of paragraphs (a) and (b) with respect to information they acquire while participating. A lawyer exempted from mandatory reporting under part (c) of the rule may nevertheless report misconduct in the lawyer’s discretion, particularly if the impaired lawyer or judge indicates an intent to engage in future illegal activity, for example, the conversion of client funds. See Rule 1.6.”

- B. Services include:
1. Information, assessment and referral for substance misuse (drugs and alcohol) problems; compulsive behavior related to issues such as gambling, sex, and food; mental health issues such as depression, bipolar, anxiety disorder, PTSD, and obsessive compulsive disorder and stress, financial, career, relationship and other issues.
 2. Intervention - formal and informal
 3. Support
 - a. Individual – peer support
 - b. Group – recovery support meetings, support groups, job groups, membership meetings
 4. Education and Outreach
 - a. CLE programs on a variety of addiction, mental health and well-being topics
 - b. Law school presentations
 - c. Public service announcements to remind lawyers, judges and law students of LCL services CLE programs on a variety of addiction, mental health and well-being topics
 5. Confidential 24-hour helpline at 651-430-3383.
 6. Up to 4 free counseling sessions throughout Minnesota
- C. In 2017-18 LCL helped nearly 400 lawyers, judges, law students or their family members. Approximately 40% of those presented with a mental health problem. Over 200 referrals were made for professional assistance.

About 40% sought help for addiction and dependency - primarily alcohol, but also involving other prescription and street drugs, gambling, and other compulsive behaviors. A significant percentage of those seen for addiction are diagnosed with co-occurring mental health disorders. Some clients report suicidal ideation.

Lawyers, judges, law students and their family members also sought help for general stress as well as career, financial, family and legal problems.

XI. CONCLUSION

There is hope and there is help for impaired lawyers, judges, and law students, and it may start with you. Chemical dependency and many mental health disorders share a common symptom – the impaired person will begin to isolate him/herself from colleagues, friends, and family. The intervention process can be as simple as not mirroring that behavior. When you see a colleague begin to withdraw, reach out and try to keep communication lines open: talk about LCL’s services and attorney support groups. Remember that you, too, may call LCL if you’d like help and support in your efforts. We’re here as a confidential and free resource for both the impaired person and the concerned person who wants to help.

Lawyers Concerned for Lawyers

2550 University Avenue West, #313N · St. Paul, MN 55114
651-646-5590; 866-525-6466 · www.mnlcl.org · help@mnlcl.org

SELECTED RESOURCES ON MENTAL HEALTH, SUBSTANCE MISUSE AND COMPULSIVE BEHAVIORS

Lawyers Concerned for Lawyers (Minnesota)

651-646-5590; 877-525-6466 (toll-free)

<https://www.mnlcl.org>; help@mnlcl.org; <https://www.facebook.com/mnlcl>.

Lawyers Concerned for Lawyers is the provider of Minnesota's Lawyers Assistance Program for lawyers, judges, law students, other legal professionals, and their immediate family members. We offer free, confidential help with addictions, mental health disorders, chronic stress, and personal and career-related issues. Our services include 24-hour crisis response; professional clinical assessments and referrals; interventions; short-term counseling; support groups facilitated by licensed counselors; peer mentoring and support; and education.

Sandcreek EAP

651-430-3383; 888-243-5744 (toll-free)

<https://allonehealth.com/allone-health-locations/sandcreekeap/>

LCL's Employee Assistance Program partner hosts a website with articles and resources in many areas. Go to <https://allonehealth.com/allone-health-locations/sandcreekeap/> and click on "MEMBER PORTAL & APP" to use or create your account. Use the Company Code "lawyers" when creating your account.

U.S. Surgeon General

"Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health"

The full report is available at the link below. You may also access an Executive Summary, a Vision for the Future, and find related resources.

<https://addiction.surgeongeneral.gov/>.

National Alliance on Mental Illness

www.nami.org The Minnesota chapter website is <https://namimn.org>.

NAMI has information on various mental illnesses, including ADHD, Bipolar Disorder, Personality Disorders, Depression, Eating Disorders, OCD, PTSD, and others. There are also national and local support resources. A comprehensive Adult Mental Health Resource Guide is at <https://2a392k31wksy2wkejfly03dp-wpengine.netdna-ssl.com/wp-content/uploads/sites/188/2019/12/NAMIHopeForRecoveryBookletRevised11-19FINAL.pdf>

American Psychological Association

<https://www.apa.org>

This site offers numerous resources on many mental health and wellness topics.

Make it OK

<https://makeitok.org/>

"Make It OK" is a campaign to reduce the stigma of mental illness. It is committed to changing hearts and minds about the misperceptions of mental illnesses by encouraging open conversations and education on the topic.

Help Guide

<https://www.helpguide.org/>

This website is operated by a nonprofit dedicated to bringing evidence-based information about mental health to the general public.

Minnesota Recovery Connection

<https://minnesotarecovery.org/>

MRC provides peer support and advocacy to support recovery. The site includes a comprehensive list of resources. https://minnesotarecovery.org/resources_search/

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American Bar Association

The American Bar Association Commission on Lawyer Assistance Programs (CoLAP) supports lawyer assistance efforts nationwide. This includes conducting and supporting research.

A recent ABA CoLAP and Hazelden Betty Ford joint study provides updated information on substance use, mental health, and help-seeking behaviors. Krill, Patrick, Johnson, Ryan, Albert, Linda, “The Prevalence Of Substance Use and Other Mental Health Concerns Among American Attorneys,” *Journal of Addiction Medicine*: Jan./Feb. 2016.

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

“The Path to Lawyer Well-Being: Practical Recommendations for Positive Change” is a follow-up report that offers strategies and guidance for multiple stakeholders to change the legal profession’s culture.

<https://www.americanbar.org/content/dam/aba/images/abanews/ThePathToLawyerWellBeingReportRevFINAL.pdf>.

A well-being toolkit released in August 2018 provides general guidance and a workbook with a wide variety of exercises. https://www.americanbar.org/content/dam/aba/administrative/lawyer_assistance/lc_colap_well-being_toolkit_for_lawyers_legal_employers.authcheckdam.pdf

This ABA Template provides guidance to legal employers.

https://www.americanbar.org/content/dam/aba/administrative/lawyer_assistance/well-being-template-for-legal-employers-final-3-19.pdf.

Numerous articles are linked at https://www.americanbar.org/groups/lawyer_assistance/ for lawyer assistance resources and information across the country.

Other Lawyers Assistance Programs

Lawyer Assistance Programs (LAPs) are available nationwide. Some are independent, some are under the auspices of the court, and some are part of the bar association. They are listed at

https://www.americanbar.org/groups/lawyer_assistance/resources/lap_programs_by_state/

Minnesota Courts

The Minnesota Supreme Court hosted a Well-Being Call to Action conference in February 2019. Materials, including keynote videos, are at: <https://www.mncourts.gov/lawyer-well-being.aspx>.

U. S. Department of Health and Human Services and Substance Abuse and Mental Health Services Administration (SAMHSA) [clearinghouse for alcohol and drug information]

<https://www.samhsa.gov/>

This federal agency has information for individuals seeking help, professionals, and researchers.

Recovery Month

<https://www.samhsa.gov:443/recovery-month>

SAMHSA sponsors this annual event held every September. It features events and resources for those with substance use issues and those who care about them.

American Society of Addiction Medicine (ASAM)

Public Policy Statement: Definition of Addiction - <https://www.asam.org/resources/definition-of-addiction>. This includes short and extended statements as well as frequently asked questions.

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National Institute on Alcohol Abuse and Alcoholism (NIAAA)

<https://www.niaaa.nih.gov/>

NIAAA supports and researches the impact of alcohol use on human health and well-being.

National Institute on Drug Abuse

<https://nida.nih.gov/>

This division of the National Institutes of Health provides information on the science of drug and alcohol addiction. There are links to a wide variety of substances. An excellent pamphlet, “The Science of Addiction,” is available by mail or PDF download in English or Spanish.

National Institute of Mental Health

<https://www.nimh.nih.gov/>

National Institute of Mental Health (NIMH) is the lead federal agency for research on mental disorders. Resources, fact sheets, and other downloadable information on all facets of mental health are available. The NIMH is one of the National Institutes of Health.

International Center for Responsible Gaming (ICRG)

<https://www.icrg.org/>

ICRG is a nonprofit group funding scientific research on gambling addiction. The mission of this organization is to help people with gambling addictions.

Rob Weiss resources on sexual compulsivity

<https://www.robertweissmsw.com/>

This site has a blog and many other resources related to intimacy, sex and love addiction, and gender differences.

Mayo Clinic Stress Management Resources

<https://www.mayoclinic.org/healthy-lifestyle/stress-management/basics/stress-basics/hlv-20049495>

Authentic Happiness

<https://www.authentichappiness.sas.upenn.edu/home>

This site provides numerous resources and self-assessments related to Positive Psychology. Positive Psychology is the scientific study of the strengths that enable individuals and communities to thrive.

“The Practice of Being: Mastering Stress & Finding Meaning as a Lawyer”

This article by attorney and coach Dyan Williams discusses mindfulness, acceptance and authenticity. Originally published in Bench & Bar; LCL archives this resource at <https://www.mnlcl.org/wp-content/uploads/2021/05/67BenchBMinn26.pdf>

Online Resources Focused on Lawyers

Lawyers with Depression

<https://www.lawyerswithdepression.com/>

Daniel Lukasik, a lawyer who has experienced depression, created this comprehensive resource devoted to providing support and information for lawyers facing depression.

Lawyers Depression Project

<https://www.lawyersdepressionproject.org>

The Lawyers Depression Project is a group of legal professionals (attorneys, paralegals, law students, and admin)

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who have suffered from depression, anxiety, bipolar, OCD, eating disorders, trauma, sexual abuse, addiction, and other mental health conditions, or who just don't feel quite right.

The Anxious Lawyer

<https://jeenacho.com>

Jeena Cho, one of the authors of *The Anxious Lawyer*, actively blogs offering tips for reducing anxiety through mindfulness.

Lawyer Mental Health and Ethical Issues

The Chemically Impaired Lawyer: A Malpractice Insurance Company's Perspective, Molly Eiden and Todd C. Scott, Minnesota Lawyers Mutual (2018).

<https://www.mlmins.com/Library/The%20Chemically%20Impaired%20Lawyer.pdf>

"Ethics and Lawyer Well-Being," Joseph Balkenbush, Oklahoma Bar Counsel.

<https://www.okbar.org/barjournal/dec2017/obj8833balkenbush/>

"[Lawyer] Anxiety, Self-Protective Behavior, Ethical Sinkholes, and Professional Responsibility" Dan DeFoe, originally published on psycholawlogy.com, currently archived at <https://www.mnlcl.org/wp-content/uploads/2021/05/ethical-sinkhole.pdf> This article discusses the connection between anxiety and ethical choices.

"Lawyer Seeks Treatment. Boss Seeks Assurance," Todd C. Scott, Minnesota Lawyers Mutual website, <https://www.mlmins.com/Pages/Articles/Lawyer-Seeks-Treatment.-Boss-Seeks-Assurance.aspx>, last visited 7/9/2021.

"The Lawyer, the Addict," Eilene Zimmerman, *New York Times*, July 15, 2017.

<https://www.nytimes.com/2017/07/15/business/lawyers-addiction-mental-health.html>

"Lawyer well-being and lawyer regulation," Susan M. Humiston, *Bench & Bar*, December 2017.

<http://prb.mncourts.gov/articles/Articles/Lawyer%20well-being%20and%20lawyer%20regulation.pdf>

"Lawyer Well-Being: It's an Ethics Issue, Too," Joshua A. Klarfeld, *Professionalism Perspectives*, vol. 19, no. 2.

<https://attorneyethicscounsel.com/2017/12/05/the-legal-ethics-of-lawyer-wellness/>

"Lawyers weigh in: How to prevent stress, substance misuse and depression in the profession," Dina Roth Port, *ABA Journal*, June 5, 2018.

https://www.abajournal.com/voice/article/lawyers_weigh_in_how_to_prevent_stress_substance_abuse_and_depression

"The Legal Ethics of Lawyer Wellness," Daniel O'Rielly, <https://attorneyethicscounsel.com/2017/12/05/the-legal-ethics-of-lawyer-wellness/>

"The most terrifying part of my drug addiction? That my law firm would find out." Lisa F. Smith, *The Washington Post*, March 24, 2016. https://www.washingtonpost.com/posteverything/wp/2016/03/24/the-most-terrifying-part-of-my-drug-addiction-that-my-law-firm-would-find-out/?noredirect=on&utm_term=.790fa49d08ed

"Why Are Lawyers So Unhappy? How do we stop accepting that misery and unhappiness must be part of our job description?" Jeena Cho, <https://abovethelaw.com/2016/08/why-are-lawyers-so-unhappy/>

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Workplace Safety for Legal Professionals

“Are You Being Bullied?” Merrilyn Astin Tarlton, *Attorney at Work* website, originally posted August 30, 2012, updated September 22, 2020. <https://www.attorneyatwork.com/are-you-being-bullied/>

“Violence Against Attorneys and Judges: Protecting Yourself Before and After a Threat”
<http://www.forensic-psych.com/articles/artAskexp06.php>

“Fortress or Foyer? On Law Firm Security,” Todd C. Scott, MLM, *Bench and Bar*, August 2016;
<https://www.mnlcl.org/wp-content/uploads/2021/05/73BenchBMinn24.pdf>

“Keeping Oneself and Firm Members Safe from Violence,” Rick Hendrickson, *Attorney At Law Magazine*, June 15, 2020. <https://attorneyatlawmagazine.com/keeping-oneself-and-firm-members-safe-from-violence>

“Lawyering Can be a Dangerous Job,” Diane Curtis, *California Bar Journal*, March 2004.
<http://archive.calbar.ca.gov/Archive.aspx?articleId=55060&categoryId=55077&month=3&year=2004>

“You’re Being Bullied: Now What?” Merrilyn Astin Tarlton, *Attorney at Work* website, originally posted September 18, 2012, updated May 5, 2018. <https://www.attorneyatwork.com/youre-being-bullied-now-what/>

Online Resources – the following sites will direct you to other resources.

<https://namimn.org/support/> Frequently updated list of Minnesota support groups

<https://aaminneapolis.org/> – includes links to St. Paul and greater Minnesota sites

<https://www.al-anon-alateen-msp.org/>

<https://womenforsobriety.org/> – includes online chat

<http://aaonline.org/> is one example of online A.A. meetings

<https://www.smartrecovery.org/> SMART Recovery

<https://www.gamblersanonymous.org/ga>

<http://www overeaters.org/>; <https://eatingdisordersanonymous.org/>

<http://www.minnesotarecovery.info/OtherMN12StepGroups.htm>

<https://saa-recovery.org/meetings/united-states/?state=MN> Sex Addicts Anonymous

<https://www.allinahealth.org/health-conditions-and-treatments/grief-resources> Dealing with grief

<https://www.ncadd.org/> National Council on Alcoholism and Drug Dependence

<https://www.usnodrugs.com/> U.S. No Drugs features a searchable directory of treatment centers and a glossary of common terms used in addiction research, reports, and treatment.

<https://addictionblog.org/> General information on addiction sponsored by the American Addiction Centers

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Publications and Literature

The Anxious Lawyer: An 8-Week Guide to a Joyful and Satisfying Law Practice, Jeena Cho and Karen Gifford. The Anxious Lawyer provides a straightforward 8-week introductory program on meditation and mindfulness, created by lawyers for lawyers. The program draws on examples from Cho and Gifford's professional and personal lives to create an accessible and enjoyable entry into practices that can reduce anxiety, improve focus and clarity, and enrich the quality of life.

King Baby, Tom Cunningham. Discusses the "King Baby" personality (the childish ego traits seen in people who have reached adulthood without acquiring emotional maturity), frequently associated with people with substance use disorders.

"Law Students and Lawyers with Mental Health and Substance Abuse Problems: Protecting the Public and the Individual," Laura Rothstein, *University of Pittsburgh Law Review*, vol. 69:531 (2008).
<http://lawreview.law.pitt.edu/ojs/lawreview/article/download/106/106/0>

"Mental Illness Is Far More Normal Than We Think," Seth J. Gillihan Ph. D., *Psychology Today* blog (May 17, 2021), <https://www.psychologytoday.com/us/blog/think-act-be/202105/mental-illness-is-far-more-normal-we-think>

"Reducing the Stigma: The Deadly Effect of Untreated Mental Illness and New Strategies for Changing Outcomes in Law Students," Joan Bibelhausen, Katherine Bender, and Rachel Barrett, *William Mitchell Law Review*, vol. 41, no. 3 (2015). <https://www.mnlcl.org/wp-content/uploads/2020/05/Reducing-the-Stigma-The-Deadly-Effect-of-Untreated-Mental-Illnes.pdf>

Trauma and the Twelve Steps, Revised and Expanded: An Inclusive Guide to Enhancing Recovery, Jaime Marich

SUPPLEMENTAL RESOURCE LIST: COMPULSIVE BEHAVIORS, INCLUDING PROBLEM GAMBLING

PROBLEM GAMBLING RESOURCES

Minnesota Alliance on Problem Gambling

<https://mnapg.org/>

The Minnesota Alliance on Problem Gambling (MNAPG), Minnesota's affiliate to the National Council on Problem Gambling, is a non-profit, gambling-neutral organization dedicated to improving the lives of Minnesotans affected by problem gambling.

Minnesota Dept. of Human Services

<https://mn.gov/dhs/people-we-serve/adults/services/gambling-problems/>

Minnesota's Problem Gambling Program, a division of the Minnesota Department of Human Services, funds inpatient and outpatient treatment, research, a resource library, public education and awareness efforts, in-service training, and a statewide, toll-free, confidential 24-hour helpline at (800) 333-HOPE.

National Council on Problem Gambling

<https://www.ncpgambling.org/>

The Mission of the National Council on Problem Gambling is to increase public awareness of problem gambling, ensure the widespread availability of treatment for problem gamblers and their families, and encourage research and programs for prevention and education. Its resource pages include fact sheets for specific populations such as seniors, youth, and the military. <http://www.ncpgambling.org/programs-resources/resources/>

South Oaks Gambling Screen

http://stopgamblingnow.com/assessment_tools/sogs

This test allows you to assess gambling problems in yourself or someone about whom you are concerned.

North American Training Institute

<https://www.nati.org/>

The mission of the NATI is to provide information, facilitate research and conduct professional training about gambling addiction. The NATI studies treatment techniques, methods, and programs, provides public education and prevention services, and develops and implements problem gambling helpline services.

Minnesota Lottery

<https://www.mnlottery.com/gambling-help/>

The lottery provides several links to resources regarding problem gambling.

Publications and Literature

Personal Financial Strategies for the Loved Ones of Problem Gamblers at
https://www.ncpgambling.org/wp-content/uploads/2014/08/loved_ones_guide_ncpg_booklet.pdf

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Problem Gamblers and their Finances (for professionals) at https://www.ncpgambling.org/wp-content/uploads/2014/08/problem_gamblers_finances-a-guide-for-treatment-profs.pdf

Never Enough: One Lawyer's True Story of How He Gambled His Career Away, by Michael J. Burke (2008).

COMPULSIVE SEXUAL BEHAVIOR RESOURCES

Mayo Clinic Overview: <https://www.mayoclinic.org/diseases-conditions/compulsive-sexual-behavior/symptoms-causes/syc-20360434>

“Understanding and Managing Compulsive Sexual Behaviors” by Timothy W. Fong, M.D.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2945841/>

University of Minnesota information: <https://www.sexualhealth.umn.edu/research/compulsive-sexual-behavior> and inventory: <https://www.sexualhealth.umn.edu/research/compulsive-sexual-behavior-inventory>

Linking sex and drug addiction: <https://bradfordhealth.com/the-link-between-drug-addiction-and-sexual-addiction/>

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SUPPLEMENTAL RESOURCE LIST: EATING DISORDERS

An eating disorder is not a lifestyle choice — it is an illness characterized by an obsession with food, weight, and body image that leads to disturbances in eating patterns and associated thoughts and emotions around food. Eating disorders can result in serious negative health consequences. They can affect people of any age, gender, or race. Common signs of an eating disorder include dramatic weight changes, excessive exercise, severe dietary restriction, and excuses to avoid eating in front of others.

Eating disorders often hide in plain sight and can also be deadly (eating disorders are the second most deadly mental illness after opioid overdose). An individual with an eating disorder may look perfectly healthy by all outward appearances — only 6% of people with an eating disorder are medically underweight.

Early detection and treatment are critical. People with eating disorders are often reluctant to ask for help, but help is available. LCL can provide initial counseling, assessment, peer support, and referrals to professionals and other resources.

FINDING TREATMENT Below are some of the available treatment options in Minnesota. This list is not exhaustive and does not indicate a recommendation.

Melrose Institute - provides outpatient, inpatient, and residential treatment:

<https://www.healthpartners.com/care/specialty-centers/melrose-center/>

Emily Program - offers outpatient and residential treatment: www.emilyprogram.com

Water's Edge Counseling & Healing Center - provides outpatient treatment: www.watersedgechc.com/

Newport Institute – offers outpatient (in person and virtual) and residential treatment settings. Newport focuses on treating a patient's underlying mental health conditions, including eating disorders:

<https://www.newporthealthcare.com/programs/>

SELECT EATING DISORDER RESOURCES

ANAD (National Association of Anorexia Nervosa and Associated Disorders, Inc.) – offers free support and services to anyone suffering from an eating disorder or related issues, including links and access to peer support group meetings: <https://anad.org/>

National Institute of Mental Health – provides links to articles, research, statistics, and other information and resources regarding eating disorders: <https://www.nimh.nih.gov/health/topics/eating-disorders>

Eating Disorder Hope offers education, links to support groups, and inspiration to eating disorder sufferers, their loved ones, and eating disorders treatment providers: <http://www.eatingdisorderhope.com>

National Eating Disorders Association is a non-profit advocating and supporting individuals and families affected by eating disorders: www.nationaleatingdisorders.org

WithAll (Formerly The Emily Program Foundation) is a non-profit with a mission to "save lives, change minds, and work to eliminate eating disorders:" <https://withall.org/>

12-STEP-BASED PROGRAMS LCL does not recommend 12 step support without also pursuing professional treatment or therapy from an individual or organization that focuses on eating disorders.

Anorexics and Bulimics Anonymous - <https://aba12steps.org/>

Compulsive Eaters Anonymous – HOW - <https://www.ceahow.org/en/home/>

Overeaters Anonymous – <https://oa.org/>

Eating Disorders Anonymous - <https://eatingdisordersanonymous.org/>

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SUPPLEMENTAL RESOURCE LIST: FAMILIES AND ADDICTION

North Carolina Foundation for Alcohol and Drug Studies

<https://www.ncfads.org>

Mental Health America

<https://www.mhanational.org/co-dependency>

PsychCentral

<https://psychcentral.com/addictions/addictions>

National Council on Problem Gambling

<https://www.ncpgambling.org>

FAQ <https://www.ncpgambling.org/help-treatment/faq/>

Resources <https://www.ncpgambling.org/programs-resources/resources/>

Articles and Publications

“Alcohol and Drug Addiction Happens in the Best of Families,” Substance Abuse and Mental Health Services Administration (SAMHSA)

<https://store.samhsa.gov/product/Alcohol-and-Drug-Addiction-Happens-in-the-Best-of-Families/SMA12-4159>

The Family Recovery Guide: A Map for Healthy Growth, Stephanie Brown, Ph.D., and Virginia Lewis, Ph.D., with Andrew Liotta (2000).

Healing the Wound: The Family’s Journey through Chemical Dependency, Matt Karayan, MA, LADC (2017).

“Personal Financial Issues for the Loved Ones of Problem Gamblers,” National Council on Problem Gambling (2000). Available at <https://www.ncpgambling.org/programs-resources/resources/> or download at https://158bvz3v7mohkq9oid5904e0-wpengine.netdna-ssl.com/wp-content/uploads/2014/08/loved_ones_guide_ncpg_booklet.pdf

“Substance Abuse as a Family Disease Part I: Impact on the Family,” Douglas S. Querin, J.D., and Kathy B. Querin, *Highlights of the American Bar Association Commission on Lawyer Assistance Programs*, vol. 13, no. 1 (Spring 2010).

<https://www.mnlcl.org/wp-content/uploads/2021/07/CoLAP-Highlights-v13-no1.pdf>

“Substance Abuse as a Family Disease Part II The Family in Recovery,” Douglas S. Querin, J.D., and Kathy B. Querin, *Highlights of the American Bar Association Commission on Lawyer Assistance Programs*, vol. 13, no. 2 (Summer 2010).

<https://www.mnlcl.org/wp-content/uploads/2021/07/CoLAP-Highlights-v13-no2.pdf>

“Supporting Families Through the Trauma of Recovery,” Burr Cook (2014).

<https://www.ncfads.org/wp-content/uploads/2014/07/Supporting-Families-Through-The-Trauma-of-Recovery.pdf>

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“What are the Signs of Codependency?” Crystal Raypole (June 10, 2021)

<https://psychcentral.com/lib/symptoms-signs-of-codependency>

“What can I say to get you to stop? How to talk to someone who abuses alcohol or other drugs,” Hazelden Betty Ford (May 17, 2019).

<https://www.hazeldenbettyford.org/articles/what-can-i-say-to-get-you-to-stop>

Community Resources

Groups for People with Substance Use Disorders

<https://aaminneapolis.org/> – includes links to St. Paul and greater Minnesota sites

<http://aaonline.org/> is one example of online A.A. meetings

<http://www.minnesotarecovery.info/OtherMN12StepGroups.htm>

<https://minnesotarecovery.org/>

<http://www.sossobriety.org/>

<https://womenforsobriety.org/> – includes online chat

Groups for Problem Gambling

<https://www.gamblersanonymous.org/ga/>

Groups for People with Eating Disorders

<http://overeaters.org/>

<https://eatingdisordersanonymous.org/>

Groups for People with Compulsive Sexual Behavior

<https://saa-recovery.org/meetings/united-states/?state=MN>

<https://slaafws.org/> – Sex and Love Addicts Anonymous

For Families of People with Substance Use Disorders or Compulsive Behaviors

<https://www.al-anon-alateen-msp.org/>

<https://coda.org/> – Codependents Anonymous

<https://www.familiesanonymous.org/>

<https://adultchildren.org/> – for adults raised with an alcoholic parent

<https://www.gamanonmn.com/> – for families and others affected by someone with problem gambling

<https://www.nar-anon.org/> – for families and others affected by someone with a Substance Use Disorder (drugs, including prescription & street)

<http://cosa-recovery.org/> – for anyone affected by compulsive sexual behavior

<https://sanon.org/> – for families and friends affected by compulsive sexual behavior.

General Mental Health Resources

<https://namimn.org/education-and-public-awareness/classes/>

<https://namimn.org> – Minnesota Chapter of the National Alliance on Mental Illness

<https://drugfree.org/> – The Partnership for Drug-Free Kids

<https://www.allinahealth.org/health-conditions-and-treatments/grief-resources> – Resources for dealing with grief