

"Depression, Competence and Substance Abuse in the Legal Profession"

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"As to being happy, I fear that happiness isn't in my line. Perhaps the happy days that Roosevelt promises will come to me along with others, but I fear that all trouble is in the disposition that was given to me at birth, and so far as I know, there is no necromancy in an act of Congress that can work a resolution there." Benjamin N. Cardozo, February 15, 1933

Everyone knows that being an attorney can be a very challenging profession. Working as a lawyer is stressful-finding a job, getting new clients, billing your hours, exacting bosses, and demanding clients can all help create a relentless drain on your internal resources. Over the past several decades researchers have identified that lawyers are also much more likely than other professions to suffer from mental illness, such as depression as well as substance abuse. While " it is difficult to obtain precise data on the incidence of mental illness or substance abuse in the legal profession. Information from various sources, however, seems to indicate that lawyers have a high rate of depression, possibly close to four times the rate of the general population. The incidence of substance abuse (both alcohol and drugs) is higher for lawyers than the population as a whole." Rothstein, Laura. "Law Students and Lawyers With Mental Health and Substance Abuse Problems: Protecting the Public and the Individual." University of Pittsburgh Law Review 69.3 (2008): 532.

In addition, more than half of attorney malpractice and discipline complaints are directly related to mental illness and/or substance abuse. Spillis (1991). An overview of lawyer assistance programs in the United States: Report of the ABA Commission on Impaired Attorneys. Chicago: ABA. It is clear that alcoholism in the legal profession is a very serious problem. For this reason, many bar associations require that attorneys learn about the challenges of dealing with problems that can lead to impairment that can result in professional discipline. The two most common problems that can lead to professional and personal impairment are depression and substance abuse.

Why are Lawyers at Risk for Depression?

The practice of law is incredibly stressful. Our professional lives have become a labyrinth of discomforts. As lawyers, we deal most often with people in trouble: in trouble with the police, the conservation authorities, the tax collector, or with other employees, employers, customers, suppliers, partners or family. We work with interpersonal conflict in circumstances that invite moral discomfort. Our profession is aggressive, adversarial, competitive and combative. We criticize our own without hesitation and without mercy. These working conditions can make lawyers more prone to depressive feelings and to clinical depression.

Our careers are made up of winning and losing and our professional culture precludes or destroys opportunities for collegial support. Those of us in the non-adversarial areas of the law find ourselves swimming and sinking in a sea of mind-numbing paper work and soul-destroying detail. Insight, creativity, resourcefulness and instinct may find an outlet in our hobbies but rarely in our professional practice. Ever-higher public expectations of performance and standards, with ever-lower public respect, tolerance, and understanding, leave us alone and resentful. Many of us choose to work as sole practitioners. Many other lawyers work in very small offices, with limited contact with other lawyers. Even in very large firms, isolation - or a sense of isolation and alienation - is common. All of these factors can trigger a sad or lonely state of mind that can lead to clinical depression.

Our profession and our work require communication, together with persuasion, creativity and consistency; we learn to exhibit a professional demeanor and to hide our own alarm, fear, disgust, abhorrence, confusion, and boredom, as we conduct our professional lives. We develop tough exteriors and we repress our own weaknesses. We learn to expect little support from our colleagues and give little support in return. We learn to work with other lawyers as professionals or even obstacles, and not as people. It is no surprise that many lawyers find themselves alienated and alone as people, even while maintaining a clear identity as lawyers within the profession.

Lawyers and judges are notorious for working excessive hours. The process starts with young lawyers who feel that they must excel, just to keep up. Work weeks of 50, 60, 70 and even 80 or 90 hours per week have become the accepted norm in some firms. Lawyers actually boast of the crushing schedules they keep - while secretly dreaming of another life. Work exhaustion can be a factor leading to depression.

Most professionals will agree that their professions are becoming increasingly stressful due to competition, specialization, complexity, and demands. Various theories have been postulated as to why burnout statistics are higher among professionals than in the general population.

Some will suggest that professionals are allowed to continue the steady progression of self-destructive conduct without interruption or intervention by

their peers because there is a strong agreement not to interfere with freedom among colleagues. Further, professionals are rarely under the close supervision that is routine in other jobs.

It is common for professionals to watch their social and family lives deteriorate while trying to keep their work lives functioning. Moreover, professionals are often self-directed, with a resulting reluctance to help or be helped. Lawyers tend to be verbally adept, aggressive and well able to manipulate or control meetings, discussions and relationships. Lawyers are well able to divert attention away when they become the subject of discussion. Lawyers are trained to develop a facade of imperviousness and implacability to personal problems. These skills can keep a lawyer or judge from seeking help or heeding advice to do so. "Mental Illness Chapter 1." *Mental Illness Chapter 1*. N.p., n.d. Web. 19 Sept. 2014. <<http://www.lpac.ca/main/main/mentalillnessmanual>

One severe and devastating consequence of untreated depression in the legal profession has been a very high suicide rate. In a recent article on CNN the legal profession ranks fourth for its high rate of suicides, according to age-adjusted information provided to CNN by the Centers for Disease Control and Prevention. The top five are: 1) Dentists 2) Pharmacists 3) Physicians 4) Lawyers 5) Engineers (Flores, Rosa. "Why Are Lawyers Killing Themselves?" *CNN. Cable News Network*, 20 Jan. 2014. Web. 16 Sept. 2014) This has prompted a number of legal organizations to take active steps in educating attorneys about the possible risks of untreated depression and addiction.

What is Depression?

Depression is the most common mental health concern, affecting 10% of the general population. Although everyone feels down or blue at some point, depression is different. It occurs when those feelings last longer than two weeks. Depression interferes with daily life and normal functioning. No one is immune from depression, although women are diagnosed with depression more often than men. The good news is that depression is treatable, and resources exist to help individuals experiencing depression.

- Depression is an illness that involves the body, mood and thoughts
- It impacts the way a person functions socially, at work, and in relationships.
- It is more than feeling blue, down in the dumps or sad about a particular issue or situation.
- It is a medical condition that requires diagnosis and treatment

Symptoms of Depression

- Persistent sad, anxious or "empty" feelings
- Feelings of hopelessness and/or pessimism
- Feelings of guilt, worthlessness and/or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details and making decisions
- Insomnia, early–morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts
- Persistent aches or pains, headaches, cramps or digestive problems that do not ease even with treatment

The good news is that approximately 80% of people who receive treatment for depression improve within 4-6 months of starting treatment. The two primary types of treatment are psychotropic medication and psychotherapy.

Substance Abuse

The American Bar Association estimates that fifteen to twenty percent of attorneys and judges suffer from addiction or mental illness. Addiction rates among lawyers are nearly twice that of the general population. Substance abuse includes other drugs and ranges from abuse of prescription drugs to dependence on illegal drugs, including heroin and cocaine. Some studies indicate that the use of cocaine in the legal community at twice the rate of other professions. A study published in the *International Journal of Law and Psychiatry* reported that the rate of problem drinking for attorneys was 18% compared to 10% in the general population. Evidence suggests that individuals in the legal profession experience problems with substance abuse early in their careers and these problems worsen over time. According to one study, 8% of prelaw students, 15% of first-year law school students, 24% of third-year law students, and 26% of alumni reported concern with alcohol problems. Furthermore, 18% of attorneys who practiced for 2 to 20 years reported drinking problems and this increased to 25% for attorneys who practiced for over 20 years. Attorneys and Substance Abuse, Justin J. Anker, Ph.D., Butler Center for Research

As members of the legal profession, most lawyers spend their time dealing with other people's problems, often ignoring their own. The day-to-day pressures and deadlines of practice sometimes cause lawyers themselves to succumb to substance abuse, addiction, or other compulsive behaviors. This same distress is often evident in law students and legal staff. Without treatment, the addicted lawyer's family and work can be drastically affected. Furthermore, feelings of helplessness, frustration, shame, guilt, and even disgust can cause the lawyer (or other staff person) to shy away from addressing health issues squarely. Rather, it is easier to deny that a problem exists.

The difficulty of identifying an impaired judge, lawyer, law student, or staff member is compounded by her sustained efforts to conceal the problem. For example, a typical alcoholic lawyer may drink heavily for years before colleagues at work or in the courthouse began to notice that something is terribly wrong. Moreover, the self-esteem of a lawyer is often strongly dependent upon the perception of clients and fellow lawyers that she is a competent practitioner. Thus, the lawyer often does everything possible to prevent others from knowing she has a problem.

For people unfamiliar with alcohol and chemical dependency, identification of the problem can be difficult. Most lawyers, judges and disciplinary staff do not receive any training at all in recognizing symptoms of addiction. Few individuals in a lawyer's professional life will be exposed to the lawyer day in, and day out and few will have an opportunity to observe the lawyer in such a way as to make addiction symptoms obvious. The pressures and difficulties of professional practice provide ready excuses for outbursts of temper, confusion or delay, exhaustion, inattention, or anxiety. Rarely will anyone in professional life see the full range of symptoms displayed by an individual lawyer. Since an addicted lawyer may be consciously attempting to hide the problem, particularly from others in authority, few can expect to see more than a very small part of the problem.

Further, other lawyers or staff may be reluctant to discuss symptoms of addiction with anyone else, possibly because they are consciously or unconsciously covering up for the addict. An awareness of substance abuse can assist many in the profession in recognizing the danger signals in friends and colleagues. Nonetheless, few of us can expect any thanks for observing the symptoms and none of us can expect any immediate thanks for reporting them or acting on them. Alcoholism is a progressive disease and a lawyer may practice law as a social drinker without difficulty or repercussions for many, many years. Perhaps after 20 years or more, that same lawyer may cross the line from being a social drinker to a problem drinker. It may be 5 or 10 years beyond that before he or she progresses to alcoholism. Typically, a lawyer aged 40 to 55 is at greatest risk of becoming an alcoholic.

Alcoholism and drug addiction, as illnesses, follow a predictable course with common symptoms presenting at every stage regardless of type and frequency of psychoactive substances used. Left untreated, this course will inevitably progress to extreme social, organic and emotional dysfunction and often to death. It

The onset of the disease can be very, very gradual. Colleagues, employees and family members may not notice the gradual change over many years. The onset of the disease may be evidenced by increased consumption on a daily basis or by binge drinking on weekends or long weekend benders every few months. Alcoholism may be evidenced by constant drinking including blackouts. The addict can be a 50 year old judge, a 26 year old new graduate, a man or a woman. The number and proportion of alcoholic lawyers increases with age so that the heaviest and highest rate of alcoholism is found with more senior practitioners. This disease respects no age or status. Leading lawyers, judges, government leaders, prime ministers and presidents have been afflicted. Many are now, today. There are successful lawyers, at the top of the profession who consume 40 ounces of hard liquor every day. They do not believe they are alcoholics because they continue to function at work and produce. *Desk Manual on Mental Illness for LAP Directors Mental Illness Chapter 1. (n.d.). Retrieved September 22, 2014.*

How Does Addiction Work?

The human brain consists of hundreds of billions of cells called neurons and over a trillion glial cells. The number of connections between these cells numbers between 60–240 trillion. The complex patterns of connection in the brain—its ‘circuitry’—is dynamic: connections between cells are constantly blossoming, dying, and reconfiguring. The pattern of connectivity in the brain determines behaviors, thoughts, and capacities. Damage to the circuitry impairs these functions.

Although addiction may involve volitional choices early on, it is best understood in the chronic state as a brain disease. As Volkow and Li put it: “drug addiction is a disease of the brain, and the associated abnormal behavior is the result of dysfunction of brain tissue, just as cardiac insufficiency is a disease of the heart and abnormal blood circulation is the result of dysfunction of myocardial tissue.” The proposal that addiction is biologically rooted is not new; however, modern techniques have progressed our understanding of the neural basis of addiction from general ideas to specific mechanisms. In 1968, the Supreme Court pointed out incarceration was still necessary as long as a real understanding of addiction and useful methods of rehabilitation were lacking. Almost half a century later, we are close to meeting that challenge.

The brain contains circuitry that properly guides animals in cognitive functions such as decision-making, motivation, learning, and emotion. These circuits, largely involving the neurotransmitter dopamine (hence referred to as dopaminergic), seem to be almost identical across the family tree of animal

species, which typically suggests deep evolutionary importance. These systems evolved to help animals steer decisions in their pursuit of food, drink, and mates.

Drugs of abuse hijack these reward and decision-making systems. One of the first steps in addiction is reinforcement from drug-induced increases in dopaminergic activity. In other words, the drug is interpreted as a highly positive stimulus, and the brain's dynamic circuitry is reconfigured to make the brain seek more of it. The same mechanisms that normally lead to proper foraging (e.g., if you find a good food source, seek more of it), are now commandeered by the drug. In this framework, addiction is understood as a normal process gone awry.

As a consequence of the reinforcement, the brain becomes physically dependent on the chemicals provided by the drug taking. The number of neurotransmitter receptors for the drug will often increase, which, in the homeostatic environment of the brain, causes ripples of change throughout the system—these changes include gene expression, protein products, and neural networks. This re-wiring of the brain often leads to dangerous consequences: when an addict stops taking a drug, there can be severe negative withdrawal effects. Anyone who has witnessed an alcoholic suffer through the delirium tremens (which, in the worst cases, can be fatal) can intuit that withdrawal symptoms are a factor in sustaining addiction. For many decades it was theorized that drug addiction results from an avoidance of these negative withdrawal effects—i.e., once a person is physically dependent on a substance, withdrawal difficulties serve as the basis of addiction. But certain clinical facts do not fit this physical dependence model of drug addiction. For example, addicts will often detoxify entirely, moving past the initial period of physical withdrawal symptoms, and then years later they will recommence their compulsive drug-taking. Thus, the question remains why addicted brains continue to stay addicted. The answer seems to be two-fold: increased craving and diminished impulse control.

The first issue—craving—involves the maintenance of drug addiction from conditioned sensory cues. That is, stimuli associated with the drug (such as the location of drug-taking, paraphernalia associated with the drug, and so on) begin to drive cravings, and hence drug-seeking behavior. Under the positive incentive theory, addicts continue to use drugs due to their cravings for the drug effects. This helps account for factors that a physical dependence theory alone does not. For example, former addicts tend to relapse more often if they find themselves in a familiar environment that was previously associated with drug use—this suggests that it is the learned, anticipated pleasure that drives these actions. In fact, one can predict the likelihood of relapse based on responses (both physiological and subjective craving) triggered by drug-related cues. Because of the role of conditioned drug-related cues, craving reduction is now considered a major target for psychological and pharmaceutical interventions.

The second contributor to addictive behavior is the inability to control impulses. Normally, in the service of longer-term goals, behavioral guidance signals will inhibit urges. But in addicts, diminished inhibition allows the unmasking of

compulsive drug-seeking and drug-taking. Simple cognitive tasks that measure an individual's capacity for cognitive control, such as quickly inhibiting a pre-planned motor response, serve as strong predictors of treatment compliance and relapse. In methamphetamine addicts, such simple tasks correlate with relapse up to a year after cessation. EAGLEMAN DM, CORRERO MA, SINGH J. Why Neuroscience Matters for Rational Drug Policy. MINN. J.L. SCI. & TECH. 2010;11(1):7-26.

Alcoholism is a primary, chronic, and progressive illness. The afflicted individual will pass through a series of increasingly severe stages of the disease, causing problems in virtually every area of his or her life. As the rest of the impaired attorney's life becomes more and more unmanageable, work is often the last area to deteriorate. As the disease progresses noticeable symptoms at work include:

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 or year.
- 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/accessibility/communication.
- Co-mingles or borrows clients' trust funds.
- Appears under the influence and/or smells of alcohol in the office or during court appearances.

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 timely basis.

Early Symptoms of Chemical Dependency

- An increase in the frequency and amount of chemicals used, with repetitive intoxication.
- The user recognizes her ability to consume more than her peers (development of tolerance).

- An attraction to suppliers and places where chemicals are readily available (i.e., parties, bars, nightclubs).
- Avoidance of activities that do not involve chemicals.
- Use of chemicals at times or on occasions that are socially unacceptable.
- Anticipation of the next opportunity to get "high."
- Occasional absences from work.
- The use of chemicals becomes a way of coping with emotional upsets and other problems.
- The user shifts from one chemical to another in an effort to avoid some of the problems associated with abusive consumption.
- The spouse may complain that family problems are related to chemical abuse.
- The individual seeks to blame others for problems related to chemical abuse.
- The user may experience temporary amnesia (i.e., blackouts).
- The user hides the chemicals and abuses alone.
- The individual may evade or be annoyed by attempts to discuss chemical use.
- Excessive rationalization to justify chemical use (i.e., finding many reasons, situations, or excuses to indulge).

Source: Alcohol and Drug Administration/ Tricia S. Heil. *An Elephant in the Law Firm: Maybe No One Will Notice: Getting Help for a Colleague in Trouble-A Step-by-Step Guide*

Health Problems That Come With Age

All of us are vulnerable to the health problems that come with age, both mental and physical. These problems can affect our mental health, such as depression, grief, emotional trauma or substance abuse. Aging can also trigger a decline in our ability to think, changes in behavior or personality, problems with mobility and function and other conditions that affect our ability to work. It can show up as a noticeable decline in mental abilities, including memory and thinking skills. You may forget someone's name or where you put the car keys.

Although some changes are a natural result of aging, it differs for each individual. It may not be severe enough to interfere with daily life, but people who have mild cognitive impairment are sometimes at greater risk of developing more severe forms of dementia.

At advanced stages, dementia can interfere with long-term memory, the ability to make a decision or judge an issue. A person can forget the names of loved ones or become so confused they can't make up their minds. But it's important not to confuse age-related conditions with other health issues that produce similar symptoms.

Lawyers should be aware of how aging can bring about changes in their health. They also need to be able to spot health problems in others and how to react when a lawyer is struggling with mental or physical health problems. Spotting these problems will become more important as the bar's older members mature in coming years.

Aging Lawyer Population (“Silver Tsunami”)

The State Bar's 2011 demographic survey showed that 48 percent of practicing attorneys in California were over the age of 55, and 43 percent were over 60. These percentages are expected to escalate dramatically in coming years as a “silver tsunami” of baby boomer lawyers reach retirement age.

However, research indicates that large numbers of lawyers who are eligible for retirement will continue practicing because they have insufficient savings and pensions to quit working. Others will continue to work because they want to make positive contributions to society. (NOBC & APRL Joint Committee on Aging Lawyers Final Report, 2007)

Purpose of this Guide

Because of those trends, the State Bar of California has produced “A Wellness Guide for Senior Lawyers and their Families, Friends and Colleagues.” This guide is intended to protect the public and bar members by helping legal professionals take the necessary steps to address health problems that may impact their work. We hope that they will do so before their clients are harmed and their professional reputations suffer.

This guide is designed to increase your understanding of the signs of dementia and other health problems that can impair cognitive skills and alter behavior. But diagnosing the medical condition causing these symptoms is well beyond its scope. You may want to do more research and consult additional resources. You also may want to consult a medical doctor or other health professional to arrive at a conclusive diagnosis, and this may require medical tests.

It is critical that legal professionals serve the interests of their clients unimpaired by physical or mental disability, whether or not it is age-related. We hope that the information in this guide will better prepare you to address these sensitive matters for yourself or for colleagues, friends and family members.

If you or an attorney you know — a law partner, colleague, friend, spouse or other family member — is or may be impaired because of an age-related condition, it is important to seek help. Reading this material is a good first step in the right direction.

The Wellness Guide

Stress and Mental Health

Studies have confirmed it: Attorneys are less likely to take care of themselves than medical doctors and other professionals. That inattention can often lead to emotional distress, and if not managed or treated, it can harm an attorney's professional practice, clients, colleagues and even personal life.

People under extended periods of stress may be unable to concentrate, to make decisions or even to think clearly. They may be constantly active, yet accomplish little. Chronic stress can also show up as inappropriate anger or impatience, overreaction to minor problems, anxiety, fear, irritability or resentment.

Stress may also contribute to the onset of clinical depression, especially for individuals whose brain chemistry makes them more susceptible. A study of 12,000 adults by a team Johns Hopkins University research team indicated that among all the occupational groups represented in that sample, attorneys showed the highest frequency of

symptoms of clinical depression. In fact, among the attorneys studied, they were 3.6 times more likely to show signs of depression than those in all other occupations studied.

As a group, legal professionals also have a preference for analytical thought (believed to come from the left side of the brain) versus emotional feelings (right side of the brain), are trained to be objective and solve problems.

Attorneys often apply the same analytical approach to their personal problems and are reluctant to focus on their inner emotional lives. Some attorneys believe they should be able to handle personal problems just as effectively as they handle their clients' legal problems. Concerned colleagues, friends and family members, therefore, need to encourage a depressed attorney to seek help from a doctor or mental health professional.

Signs of depression

It's normal to be blue every once in a while. But depressed and potentially suicidal individuals often exhibit changes in mood, appetite and energy level, and often these changes last for more than a few days. For colleagues, friends and family members who notice these changes over a long period of time, it should be a matter of concern.

Common symptoms of depression include:

- feelings of hopelessness and pessimism
- restlessness and irritability
- fatigue, lethargy or weakness
- inability to concentrate or make decisions
- lack of appetite
- loss of interest in activities such as eating, sex and other activities that used to be pleasurable
- suicidal thoughts or thinking about death
- overwhelming sadness or anxiety
- feeling guilty, worthless, or helpless
- changes in sleep patterns, such as insomnia or oversleeping
- noticeable weight gain or loss

- chronic symptoms, such as headaches or stomach pain that doesn't go away with treatment

If you or someone you know has these symptoms, encourage them to see a doctor or health professional. There may be a physiological reason for it, such as a disease or chronic health condition that can spur depression.

A mental health professional may help them get treatment. They may recommend psychotherapy, medication or a combination of the two. People with depression often begin to see positive results within a month of beginning treatment.

If you observe any of these symptoms in yourself, a colleague or a family member, we recommend that you contact the State Bar Lawyer Assistance Program at **877-527-4435** or LAP@calbar.ca.gov. You will receive a free, confidential assessment with a mental health professional.

What is mild cognitive impairment (MCI)?

It's a normal part of aging to forget things. But as some people grow older, they can develop more severe problems with their memory or decision making. It may not be noticeable enough to affect their daily lives, but sometimes it's significant enough to be noticed by the person who experiences it, or by the people around them.

- When it affects memory, it is known as "amnesic MCI." A person may forget important information that he or she would previously have recalled easily, such as appointments, conversations or recent events.
- MCI that affects decision making or organizing skills is known as "nonamnesic MCI." It includes the ability to make sound decisions, judge time or the sequence of steps needed to complete a complex task. It may affect visual perception.

People with mild cognitive impairment do not always develop dementia. But when it does occur, it can get worse. A higher percentage of those with amnesic MCI can develop more serious forms of dementia than people without these early memory problems.

What is dementia?

Dementia is not a specific disease. It is a set of symptoms triggered by a loss of brain function that can affect memory, thinking, language, judgment and behavior. A person may not be able to do normal activities, such as getting dressed or eating. They may be quick to anger, or forget things they just learned. The American Academy of Neurology estimates that 10 percent of persons over age 65 have some form of dementia and up to 50 percent over the age of 85 experience dementia.

Dementia is caused by changes in the brain that happen over time. There are many health conditions that can lead to a similar drop in mental acuity, including:

- Certain medications, or a change in medications
- Low vitamin B12 levels
- Certain metabolic conditions that can cause changes in blood sugar, sodium and calcium levels
- Chronic alcohol abuse
- Brain tumors or brain injury
- Infections that affect the brain, such as HIV/AIDS and Lyme disease
- Conditions such as Alzheimer's, Huntington's and Parkinson's disease
- A blockage in the brain or spinal fluid

A person with dementia may show signs of confusion and personality changes. As it gets worse, they may become lost, have difficulty doing basic tasks and see things that aren't there.

If this person shows increasing signs of confusion or changes in behavior, encourage them to see a doctor or other health provider. A health care professional will perform a physical exam and may order a series of tests to rule out other causes. They may also call in a neurologist, neuropsychologist or other health specialist to run further tests.

What are the warning signs of dementia that are associated with Alzheimer's disease?

A person in the early stages of dementia or Alzheimer's may seem healthy, but is actually having more and more trouble making sense of the world around him or her.

Family members are often the first to sense that something is wrong. They may notice that the person has problems paying bills, gets lost often or repeats questions during conversation.

The following is a list of symptoms that have been identified as commonly observed in individuals with early stage Alzheimer's disease. (This information is adapted from "Know the 10 Signs: Early Detection Matters" and is used here with the permission of the Alzheimer's Association.):

- Memory loss that disrupts daily life
- Forgetting recent information or asking for the same information over and over
- Trouble understanding visual images and spatial relationships
- Getting lost in what was once a familiar setting
- Misplacing things and losing the ability to retrace steps to find the object again
- Confusion with time or place
- Forgetting where one is or how one got there
- Challenges planning or solving problems
- Changes in one's ability to develop and follow a plan, work with numbers, or follow a familiar recipe
- Difficulty completing familiar tasks at home, at work or at leisure
- Problems with words in speaking or writing
- Struggling with vocabulary, having problems finding the right word, or calling things by the wrong name
- Decreased or poor judgment
- Withdrawal from work or social activities
- Changes in mood or personality
- Becoming confused, suspicious, depressed, fearful or anxious

How can I help someone if I observe these problems?

- **Encourage the person to seek medical help.**
If you or a colleague, friend or loved one has experienced any of these symptoms, urge them to contact a health professional, such as a personal physician or a neurologist, and schedule a complete evaluation. You may want to help them schedule this or contact the doctor yourself.

It's important to get an early diagnosis for many reasons. Many conditions can reduce mental acuity for periods of time, and some of these conditions are easily treated. Some cases of dementia are treatable, and early diagnosis increases the chances of successful treatment.

The Alzheimer's Association has developed a checklist called "Preparing for Your Doctor's Visit" for the Chronic Care Networks for Alzheimer's Disease project. This form can either be completed by the individual or by concerned friends or family members.

Whatever the cause of the dementia, it is best to find out sooner rather than later. It may be caused by Alzheimer's disease or another condition, such as multiple sclerosis.

There is no cure for Alzheimer's disease, but the drugs now available to treat Alzheimer's disease can help some people maintain their mental abilities for months and even years.

- **Encourage the person to make plans for their practice, including making arrangements for their families and clients.**

With a medical diagnosis, the person will be better able to organize financial matters, establish a durable power of attorney and advance health care directives, deal with other legal issues, create a support network and even consider joining a clinical trial or other research study.

For a legal professional with signs of cognitive impairment, early diagnosis affords the attorney an opportunity to participate in decisions such as appointing a successor attorney or closing the law practice, rather than waiting until such arrangements become the responsibility of colleagues or family members.

A lawyer with more severe forms of dementia may want to consider limiting or ending his or her law practice while he or she is capable of doing so. For guidance with this process, please consult the State Bar publication "[Guidelines for Closing or Selling a Law Practice.](#)"

Solo attorneys may also want to appoint a successor attorney for the practice through the use of a surrogacy agreement. The State Bar Attorney Surrogacy program provides a model agreement for the designation of an attorney to administer a lawyer's law practice in the event that the lawyer becomes disabled or incapacitated. The agreement details the typical responsibilities of the lawyers involved in an "Agreement to Close a Law Practice in the Future" and is intended to facilitate compliance with Business and Professions Code Section 6185 and relevant provisions of the Probate Code.

For a family member, friend, or colleague, accepting certain signs of aging as something other than normal and deciding to take action can be a big hurdle. The person may even resist seeking medical help.

It may help to seek advice from a professional about how to address these concerns with your friend or family member. The State Bar of California is here to help. If you have questions, please contact the State Bar Lawyer Assistance Program at **877-527-4435** or LAP@calbar.ca.gov.

Further Resources

What is depression? National Institute of Mental Health.
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001748/>

Dementia. Medline Plus. U.S. National Library of Medicine.
<http://www.nlm.nih.gov/medlineplus/dementia.html>

Visiting Your Doctor. Alzheimer's Association.
http://www.alz.org/alzheimers_disease_visiting_with_your_physician.asp

Preparing for a doctor's visit. Alzheimer's Association.
http://www.alz.org/africanamerican/documents/aa_ed_doc_checklist-030609.pdf

What is dementia? Alzheimer's Association. <http://www.alz.org/what-is-dementia.asp>

10 Early Signs and Symptoms of Alzheimer's. Alzheimer's Association.
http://www.alz.org/alzheimers_disease_10_signs_of_alzheimers.asp

Alzheimer's Disease Fact Sheet. National Institute on Aging.

<http://www.nia.nih.gov/alzheimers/publication/alzheimers-disease-fact-sheet>

Closing a Law Practice. State Bar of California.

<http://ethics.calbar.ca.gov/Ethics/SeniorLawyersResources/ClosingaLawPractice.aspx>

Agreement to Close a Law Practice in the Future. State Bar of California.

<http://ethics.calbar.ca.gov/Ethics/SeniorLawyersResources/ClosingaLawPractice.aspx>

Hydrocephalus Association. <http://www.hydroassoc.org/>

What Do You Do If You Think There Is a Problem?

1. Find out if your firm has an employee assistance program and give them a call. They are confidential and will have a large referral and evaluation database.
2. Call the Lawyers Assistance program in your state for information about support and help available for your colleague or yourself. Almost all of the programs insure CONFIDENTIALITY.
3. Call a local chapter of Alcoholics Anonymous or Narcotics Anonymous and get the name of a recovering person willing to take your colleague to a meeting, or talk with him or her on the phone.
4. Call a treatment facility or trained professional if you want to attempt an intervention on your colleague

On-line Resources

General:

<http://www.abanet.org/legalservices/colap>

Website for ABA Commission on Lawyer Assistance Programs. Contains links to LAP programs nationwide.

<http://www.alcoholics-anonymous.org/>

Headquarters website for Alcoholics Anonymous (AA). Offers information about their methods for recovery and how their meetings work. The site also includes a scored test with signs that may indicate an addiction problem.

<http://www.marijuana-anonymous.org/>

Marijuana Anonymous world services page. Describes the twelve steps of the program. Twelve questions to determine a problem. Includes listing of online and in person meetings.

<http://www.wsoinc.com/>

Narcotics Anonymous world services site. Basic information about the program. Links to local service websites.

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

Cocaine Anonymous world services website. Group is for users of all types of cocaine as well as other mind-altering substances such as alcohol, marijuana, and heroine. Includes a self-test for cocaine addiction.

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

Crystal Meth Anonymous. Recovery group specifically for users of crystal meth. Uses AA type twelve-step program.

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

Dual Recovery Anonymous. Twelve step program for people with chemical dependency and emotional or psychiatric illness. Frequently asked question section with information dual recovery in general.

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

International Lawyers in Alcoholics Anonymous.

<http://www.hazelden.org>

Website of the Hazelden center, a drug and alcohol treatment facility.

<http://www.al-anon.alateen.org/>

Al-Anon/Alateen headquarters site. Recovery for adults and young adults who have been affected by a family member's addiction. Self-quizzes to decide if the organization is right for you. Includes explanation of the twelve step method and meeting locator.

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

Website for International Network on Therapeutic Jurisprudence (TJ). TJ is an approach that concentrates on the law's impact on emotional health and psychological well-being. Contains numerous resources and links to related sites that focus on law as a healthy, healing profession.

<http://www.lawyerswithdepression.com>

Contains a large list of resources for attorneys who may be suffering from depression. Created and maintained by an attorney who suffered from depression.

Upcoming MCLE class:

Topic: **Why are Lawyers so Unhappy? Everything You wanted to know about your brain but were afraid to ask.**

Date: November 1, 2016

Time: Noon – 1:00 pm

Location: HOA: Lower Plaza Assembly Room

Speaker: Dr. Alex Yufik, J.D., Psy.D., Case Manager, Lawyer Assistance Program, State Bar of Calif

MCLE: 1.00 hour of Competence credit (Sub Abuse)

This presentation will focus on substance abuse and mental illness in the legal profession, as well as conditions which may result in an attorney's reduced ability to function psychologically, socially, occupationally or interpersonally. In addition, coping strategies and treatment solutions will be discussed.

This class is open to current and retired attorneys from the District Attorney's Office, Public Defender's Office, and County Counsel.

.....
The Ventura County District Attorney's Office is a State Bar of California approved MCLE provider. The above listed class will qualify for 1.00 hour of "Competenc" (Sub Abuse) credit.

ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

Please complete and return to Provider (Please Print)

Provider Name: Ventura County District Attorney's Office Provider Number: 1130

Title of Activity: Why Are Lawyers So Unhappy?

Date(s) of Activity: November 1, 2016

Time of Activity: 12:00 - 1:00 pm

Location of Activity: HOA: Lower Plaza Assembly Room Ventura, CA

Please indicate your evaluation of this course by completing the table below

Question	Yes	No	Comments
Did this program meet your educational objectives?	<input type="checkbox"/>	<input type="checkbox"/>	
Were you provided with substantive written materials?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the course update or keep you informed of your legal responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the activity contain significant professional content?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the environment suitable for learning (e.g., temperature, noise, lighting, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	

Please rate the instructor(s) of the course below

Instructor's Name and Subject Taught	On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below	Rate 1 – 5
Dr. Alex Yufik, J.D., Psy.D., Case Manager State Bar	Overall Teaching Effectiveness	—
	Knowledge of Subject Matter	—

Instructor's Name and Subject Taught	On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below	Rate 1 – 5
	Overall Teaching Effectiveness	—
	Knowledge of Subject Matter	—

Instructor's Name and Subject Taught	On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below	Rate 1 – 5
	Overall Teaching Effectiveness	—
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CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

Top portion of form to be completed by the MCLE Provider

Provider Name: Ventura County District Attorney's Office

Provider Number: 1130

Title of Activity: Why Are Lawyers So Unhappy?

Date(s) of Activity: November 1, 2016

Time of Activity: 12:00 - 1:00 pm

Location of Activity (City, State): HOA: Lower Plaza Assembly Room Ventura, CA

Total California MCLE Credit Hours for the above activity are 1.00, including the following sub-field credits:

- Legal Ethics _____
- Elimination of Bias in the Legal Profession _____
- Prevention, Detection and Treatment of Substance Abuse/Mental Illness that Impairs Professional Competence 1.00

Bottom portion of form to be completed by the Attorney after participation in the above-referenced activity

By signing below, I certify that I participated in all, or some*, of the activity described above and am therefore entitled to the following MCLE credit hours -

Total California MCLE Credit Hours 1.00, including the following sub-field credits

Legal Ethics _____

Elimination of Bias in the Legal Profession _____

Prevention, Detection and Treatment of Substance Abuse / Mental Illness that Impairs Professional Competence 1.00

(You may not claim credit for sub-fields unless the Provider is granting credit in those areas and you participated in those portions of the activity)

Print Your Name _____

Your California State Bar Number _____

Signature _____

* partial participation hours must be pro-rated