

CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

Top portion of form to be completed by the Provider

It is preferred that the form is pre-printed with the attendees name and bar number.

Provider Name: Ventura County District Attorney's Office
Provider Number: 1130
Title of Activity: Why Are Lawyers So Unhappy
Date(s) of Activity: May 11, 2018
Time of Activity: 12:15 p.m. to 1:15 p.m.
Location of Activity (City/State): Ventura, CA

This Activity qualifies for: Participatory ☒ Self-Study ☐

Total California MCLE Credit Hours for the above activity: 1 hour, including the following sub-field credits:

- Legal Ethics: _____
- Recognition and Elimination of Bias: _____
- Competence Issues: 1 hour

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 claim the following California MCLE credit hours:

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

- Legal Ethics: _____
- Recognition and Elimination of Bias: _____
- Competence Issues: _____

(You may not claim credit for the subfields above unless the provider is granting credit in those areas above.)

Print Your Name (clearly): _____

Your California State Bar Number: _____

Signature: _____

* partial participation hours must be pro-rated

AGENDA

WHY LAWYERS ARE SO UNHAPPY

May 11, 2018

12:15 – 1:15 PM

Lower Plaza Assembly Room (County Government Center, Hall of Administration)

Instructor: Alex Yufik, J.D., Psy. D, ABPP

State Bar of California, Clinical Rehabilitation Coordinator, Lawyer Assistance Program

Substance abuse by attorneys

Other stressors affecting attorney competence

Strategies for avoiding and substance abuse

Services available through Lawyer Assistance Program

Klante, Cynthia

From: Schwartz, Michael
Sent: Monday, April 9, 2018 4:35 PM
To: DA Attorneys
Cc: Klante, Cynthia; Ronald Janes; Richard Holmes (reholmes45@gmail.com); Pode, Chuck; Donna Thonis; Lisa West; Hurley, Ruth; Ibarra-Cortez, Danali; Mitchell, Christine; Pampalone, Yvonne; Rodriguez, Maria; Rosenthal, Carissa; Simpson, Karen; Wright, Connie; Cheryl Temple; kim.gibbons01@gmail.com
Subject: MCLE class, Competence (substance abuse) credits

Topic: **HAPPINESS IS A SERIOUS PROBLEM! ESPECIALLY FOR LAWYERS**

Date: Friday, May 11, 2018

Time: 12:15 – 1:15 PM

Place: Lower Plaza Assembly Room (Hall of Administration)

Speaker: Alex Yufik, J.D., Psy.D, ABPP

MCLE: 1 hour competence credit

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 also be discussed.

Dr. Yufik gave a well-received presentation to our offices in November 2016. THIS CLASS SATISFIES THE INFREQUENTLY-OFFERED MCLE COMPETENCE REQUIREMENT (formerly called Prevention, Detection and Treatment of Substance Abuse).

Dr. Alex Yufik is both a licensed psychologist and a licensed attorney.

He obtained his law degree from Villanova University School of Law and his doctorate in clinical psychology from George Washington University in D.C. He is Board Certified in Forensic Psychology by the American Board of Forensic Psychology. Dr. Yufik is employed by the State Bar of California as a Case Manager at the Lawyers Assistance Program, where he works with other clinicians in the program and conducts evaluations of attorneys who require monitored recovery and treatment from substance abuse and/or mental illness. He also assists the State Bar Court and Office of Chief Trial Counsel regarding attorneys who face disciplinary proceedings and have mental health problems. In his private practice, Dr. Yufik conducts forensic evaluations in criminal, administrative and civil cases such as, competency to stand trial, criminal responsibility, child abuse, sex offender risk assessment, elder abuse, financial competency and fitness for duty.

This class is jointly sponsored by the Ventura County District Attorney's Office and the Ventura County Public Defender's Office.

The Ventura County District Attorney's Office is a State Bar of California approved MCLE provider. The above-listed class will qualify for 1 hour competence credit by the State Bar.

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

Presented by:

Alex Yufik, J.D., Psy.D., ABPP

Case Manager

Lawyer Assistance Program

State Bar of California

"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. One of the most recent studies published just this year (February 2016) reported that 21 percent of licensed, employed lawyers qualify as problem drinkers, 28 percent struggle with some level of depression and 19 percent demonstrate symptoms of anxiety. The study, published in the Journal of Addiction Medicine, found that younger attorneys in the first 10 years of practice exhibit the highest incidence of these problems. You can read about the article [here](http://www.abajournal.com/news/article/younger-lawyers-are-most-at-risk-for-substance-abuse-and-mental-health-prob/)(<http://www.abajournal.com/news/article/younger-lawyers-are-most-at-risk-for-substance-abuse-and-mental-health-prob/>) 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.

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 re-commence 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.

Happiness is a serious problem, especially for Lawyers!



Alex Yufik, J.D., Psy.D., ABPP
Board Certified Forensic Psychologist
Case Manager
Lawyer Assistance Program
State Bar of California

1

OUTLINE

- What is a Mental Illness?
- Why is it relevant to you?
 - Personal (Life)
 - Professional (Work)
 - Happiness?
- Attorney Impairment
 - Depression/Anxiety/Competency
 - Addiction
 - LAP



2

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How Do I Love Thee? Let Me Count the Js: Implicit Egotism and Interpersonal Attraction. Jones, John T.; Pelham, Brett W.; Carvallo, Mauricio; Mirenberg, Matthew C. *Journal of Personality and Social Psychology*, Vol 87(5), Nov 2004, 665-683

3

THE PROBLEM

Lawyers as a group are more unhappy, depressed, UNHEALTHY and generally lower on well-being than other professionals.

Huge prevalence rates of psychological and substance abuse problems; Corroborated by six methodologically sound studies on separate law student/lawyer populations- 30 years of findings remain consistent

Daicoff (1997). *Lawyer know thyself: A review of empirical research on Attorney Attributes bearing on professionalism*, 46 *Am. U. L. Rev.*, 1337-1427.

4

Why is that relevant to you?

27% disciplinary problems and 60% of malpractice complaints alcohol related

Green (1988). *Half of Malpractice and Layer discipline complaints stem from substance abuse*. Annual Meeting of National Conference of Bar Presidents.

50-75% disc. problems alcohol related

Spillis (1991). *An overview of lawyer assistance programs in the United States: Report of the ABA Commission on Impaired Attorneys*. Chicago: ABA

Association of American Law Schools Committee Report (1994). *Report of the AALS Special Committee on Problems of Substance Abuse in Law Schools*, Journal of Legal Education, 44, 35.


5

Effect on Lawyer Behavior

Various Studies Show Substance Abuse or Mental Illness is Involved in:

- ☐ 40%-70% of Discipline Cases
- ☐ 80% of Client Protection Fund Cases
- ☐ 60%-85% of Malpractice Actions

6

	THE STATE BAR OF CALIFORNIA	OFFICE OF THE CHIEF TRIAL COUNSEL INTAKE
<small>845 SOUTH FIGUEROA STREET, LOS ANGELES, CALIFORNIA 90017-2515</small>		<small>Dane Dauphine, Assistant Chief Trial Counsel</small>
		<small>TELEPHONE: (213) 765-1000 FAX: (213) 765-1168 http://www.cabbar.ca.gov</small>



Dear Mr. :

An attorney for the State Bar's Office of the Chief Trial Counsel has reviewed your complaint against to determine whether there are sufficient grounds for proceeding to prosecute a possible violation of the State Bar Act and/or Rules of Professional Conduct.

You have alleged that [Description of Conduct]


Although the State Bar does not condone the conduct you have described, we are unable to prosecute some types of conduct even if it is questionable. Under a United States Court of Appeals ruling, the State Bar is prohibited from imposing discipline upon attorneys for their mere "offensive personality" or "[p]urely personal conduct." The State Bar must limit its prosecutorial discretion to conduct found to have directly and adversely affected the outcome of a case. (See, U.S. v. Wunsch (9th Cir. 1996) 84 F.3d 1110.)

7

	
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Section 6068(f) of California's Business and Professions Code (Now Amended)

Clearly, "**offensive personality**" is an **unconstitutionally vague term** in the context of this statute. ... As "offensive personality" could refer to any number of behaviors that many attorneys regularly engage in during the course of their zealous representation of their clients' interests, it would be impossible to know when such behavior would be offensive enough to invoke the statute.



8

KILLING THEM SOFTLY: NEUROSCIENCE REVEALS HOW BRAIN CELLS DIE FROM LAW SCHOOL STRESS AND HOW NEURAL SELF-HACKING CAN OPTIMIZE COGNITIVE PERFORMANCE

*Debra S. Austin, J.D., Ph.D.**

- Depression among law students is 8-9% prior to matriculation, 27% after one semester, 34% after 2 semesters, and 40% after 3 years.
- Stress among law students is 96%, compared to 70% in med students and 43% in graduate students.
- Entering law school, law students have a psychological profile similar to that of the general public. After law school, 20-40% have a psychological dysfunction.
- Psychological distress, dissatisfaction and substance abuse that begin in law school follow many graduates into practice.
- Only half of lawyers are very satisfied or satisfied with their work

9

PESSIMISM

- Pessimists do better at law. We tested the entire entering class of the Virginia Law School in 1990 with a variant of the optimism-pessimism test. These students were then followed throughout the three years of law school. In sharp contrast with the results of prior studies in other realms of life, the pessimistic law students on average fared better than their optimistic peers. Specifically, the pessimist outperformed more optimistic students on the traditional measures of achievement, such as grade point averages and law journal success.

10

HOSTILITY

Hostile/cynical law students 4.19 times more likely to die prematurely due to cardiovascular disease within 30 years

Law school causes the drop in well-being

Barefoot, Dodge, Peterson, Dahlstrom & Williams (1989). *The Cook-Medley Hostility Scale: Item content and ability to predict survival*. 51, 46-57

Beck, Sales & Benjamin (1996). *Lawyer Distress: Alcohol-related problems and other psychological concerns among a sample of practicing lawyers*. *Journal of Law and Health*, 10, 1-60.

McCann, B.S., Russo, J., & Benjamin, G.A.H. (1997). *Hostility, social support, and perceptions of work*. *Journal of Occupational Health Psychology*, 2, 175-185.

11



HELP NO ONE!

New research suggests helping coworkers in the morning can lead to mental exhaustion and self-serving behavior in the afternoon that ultimately can create a toxic work environment.

Turns out, that helping behavior can be particularly harmful when it's done in the morning hours.

The study builds on the previous work of Michigan State University's Russell Johnson and colleagues that found helping others at work can be mentally fatiguing for employees. "They switched from being other-oriented in the morning to being selfish in the afternoon."

Allison S. Gabriel, Joel Koopman, Christopher C. Rosen, Russell E. Johnson. Helping others or helping oneself? An episodic examination of the behavioral consequences of helping at work. *Personnel Psychology*, 2017

12

Dispositional Optimism

- Expect positive and favorable outcomes in the future.
- Optimists are more confident and persistent when confronting challenges
- Lower levels of distress and depression
- Greater individual adaptability to stress, resilience and coping
- **Selflessness- Serving Something Greater than Yourself**
- **Positive Social Relationships and Exercise**

13

Selfless people have more sex, study finds!

New research shows that people who help others are more desirable to the opposite sex, have more sexual partners and more frequent sex.

Participants who scored higher on a self-report altruism measure reported they were **more desirable** to the opposite sex, as well as reported having **more sex partners**, more casual sex partners, and having **sex more often within relationships**. Sex moderated some of these relationships, such that altruism mattered more for men's number of lifetime and casual sex partners.

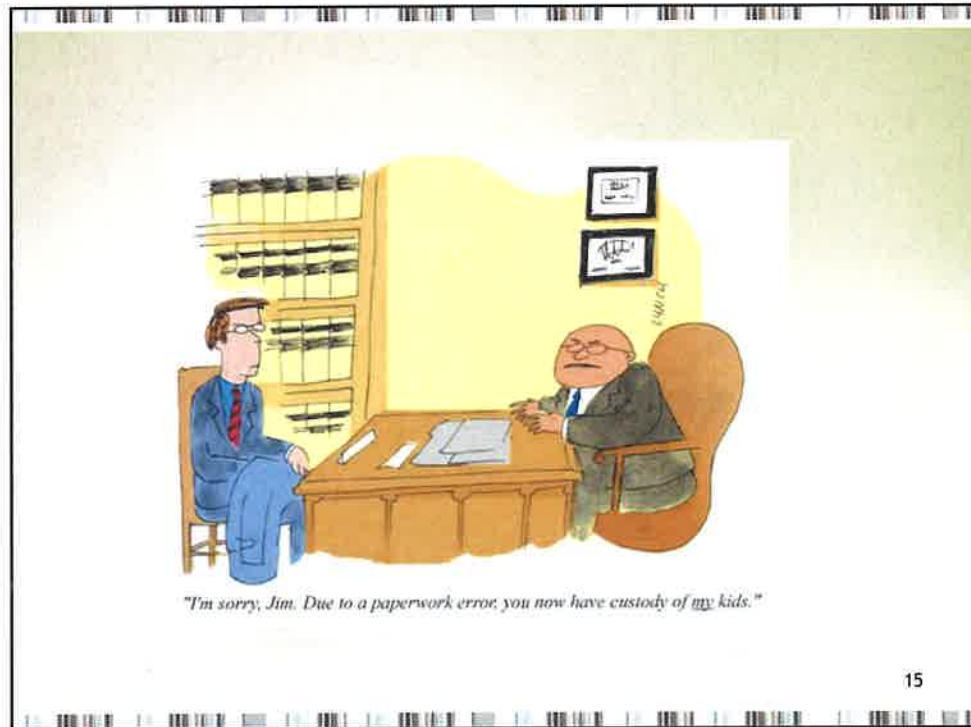
Steven Arnocky, Tina Piché, Graham Albert, Danielle Ouellette, Pat Barclay. Altruism predicts mating success in humans. British Journal of Psychology. 2016



Photo of NYPD Officer Giving Boots to Barefoot Man Becomes Online Sensation



14





17

LOS ANGELES — Dave Freeman, co-author of "100 Things to Do Before You Die," a travel guide and ode to odd adventures that inspired readers and imitators, died after hitting his head in a fall at his home. He was 47.

18

CNNMoney consulted American Psychological Association experts to rank the most stressed-out cities by commute times, hours worked, crime, unemployment and poverty. They took the biggest indicators of stress in urban areas and broke them down into the following categories: economy and money, work, family, lifestyle and crime.

Here are the top 10 most stressed-out cities:

1. New York
2. Detroit
3. Los Angeles
4. Riverside/San Bernardino, Calif.
5. Houston
6. Chicago
7. Miami
8. New Orleans
9. Atlanta
10. Memphis

19

The Role of Stress
in Alcohol Use, Alcoholism
Treatment, and Relapse
Kathleen T. Brady, M.D., Ph.D



Stressful events may influence profoundly the use of alcohol or other drugs. Stress is a major contributor to the initiation and continuation of addiction to alcohol or other drugs, as well as to relapse or a return to drug use after periods of abstinence.

Stress is considered a major contributor to the initiation and continuation of Alcohol and other Drugs use as well as to relapse.

20

Yale's therapy-dog program spreads

Jozy, the law library therapy dog, enjoyed a jaunt in the courtyard last week.



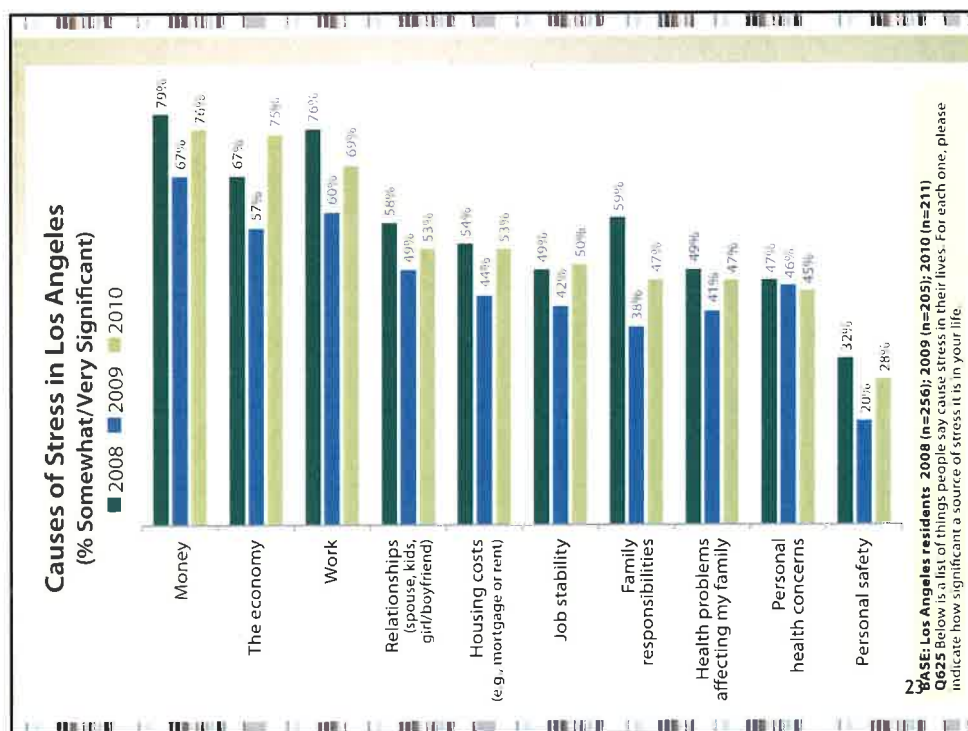
21

2011

Who Let the Dog Out? Implementing a Successful Therapy Dog Program in an Academic Law Library

Bar Belle the OSBA therapy dog relieves law student stress during finals week

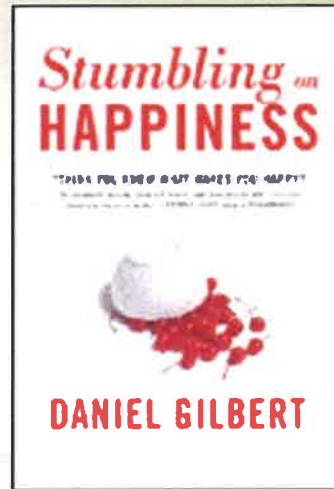




Do Looks Count When It Comes to Stress?

When asked to what degree pressure to look good impacts their stress level, nearly one-third (30 percent) of LA residents said that the pressure to look good impacts their stress levels moderately or “a lot.”

When he was growing up, best-selling author and Harvard psychology researcher Daniel Gilbert, PhD, said his mom urged him to aim for three things in life — finding someone nice and getting married; building a fulfilling, well-paid career; and above all, having children — a sentiment echoed by American culture.



25

The midlife crisis in humans and other apes



- People as young adults start happy.
- Then comes a downhill patch for approximately two decades.
- Both men and women go through their 40s at the lowest psychological ebb; the literal bottom usually hits around age 47
- After mid-life, things look up.
- People roar up the right-hand side of the U shape through their 50s and 60s. Contentment accelerates. The young just do not realize how enjoyable it is to be old (as long as you are in decent health).

Weiss, A, J E King, M Inoue-Murayama, A J Oswald, and T Matsuzawa (2012), "Evidence of a 'Midlife Crisis' in Great Apes Consistent with the U-Shape in Human Well-being", *Proceedings of the National Academy of Sciences of the USA*, November.

26

It's not marriage that makes you happy, it's happy marriage that makes you happy, Gilbert said. Married people are happier than unmarried ones, perhaps because the single best predictor of human happiness is the quality of social relationships. "Marriage seems to buy you a decade or more of happiness," Gilbert said.

And people in unhappy marriages experience a spike in happiness once the marriage is dissolved, he said. Using a sampling application that contacts people via their iPhone, one of Gilbert's graduate students has found that people are happiest when they're having sex and talking, or otherwise investing in social relationships. Resting and relaxing don't bring happiness because when you're not engaged in a task — even a generally unpleasant one — your mind wanders, and you may ruminate on unhappy experiences.

27

Do men value physical attractiveness in a mate more than women?



Husbands were more satisfied at the beginning of the marriage and remained more satisfied over the next 4 years to the extent that they had an attractive wife, wives were no more or less satisfied initially or over the next 4 years to the extent that they had an attractive husband. Most importantly, a direct test indicated that partner physical attractiveness played a larger role in predicting husbands' satisfaction than predicting wives' satisfaction.

Sex differences in the implications of partner physical attractiveness for the trajectory of marital satisfaction. Meltzer, Andrea L.; McNulty, James K.; Jackson, Grace L.; Karney, Benjamin R. *Journal of Personality and Social Psychology*, Vol 106(3), Mar 2014, 418-428.

28

Happy guys finish last, says new study on sexual attractiveness!

Women find **happy guys significantly less sexually attractive** than swaggering or brooding men, according to a new study that helps to explain the enduring allure of "bad boys" and other iconic gender types.

The study found that women were least attracted to smiling, happy men, preferring those who looked proud and powerful or moody and ashamed. In contrast, male participants were most sexually attracted to women who looked happy, and least attracted to women who appeared proud and confident.

Jessica L. Tracy, Alec T. Beall. Happy guys finish last: The impact of emotion expressions on sexual attraction.. Emotion, 2011:



Having a happy spouse could be good for your health!

Study reveals unique social link between happiness, health among older adults. New research finds that having a happy spouse may be related to better health, at least among middle-aged and older adults.

- Happy partners likely provide stronger social support, such as caretaking, as compared to unhappy partners who are more likely to be focused on their own stressors.
- Happy partners may get unhappy people involved with activities and environments that promote good health, such as maintaining regular sleep cycles, eating nutritious food and exercising.
- Being with a happy partner should make a person's life easier even if not explicitly happier.

William J. Chopik, Ed O'Brien. Happy You, Healthy Me? Having a Happy Partner Is Independently Associated With Better Health in Oneself.. Health Psychology, 2016



Women Happier in Relationships When Men Feel Their Pain

Men like to know when their wife or girlfriend is happy while women really want the man in their life to know when they are upset, according to a new study published by the American Psychological Association.

When men understood that their female partner was angry or upset, the women reported being happier, though the men were not. Relationship satisfaction was directly related to men's ability to read their female partner's positive emotions correctly.

Shiri Cohen, Marc S. Schulz, Emily Weiss, Robert J. Waldinger. *Eye of the Beholder: The Individual and Dyadic Contributions of Empathic Accuracy and Perceived Empathic Effort to Relationship Satisfaction.. Journal of Family Psychology, 2012;*



31

Maintaining an active sex life may lead to improved job satisfaction, engagement in work!

A study of the work and sex habits of married employees found that those who prioritized sex at home unknowingly gave themselves a next-day advantage at work, where they were more likely to immerse themselves in their tasks and enjoy their work lives, said Keith Leavitt, an associate professor in OSU's College of Business.

They found that employees who engaged in sex reported more **positive moods** the next day, and the **elevated mood levels in the morning** led to more sustained work engagement and job satisfaction throughout the workday. The effect, which appears to linger for at least 24 hours, was **equally strong for both men and women** and was present even after researchers took into account marital satisfaction and sleep quality, which are two common predictors of daily mood.

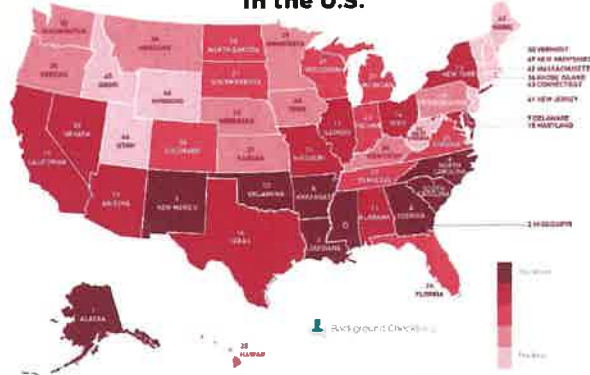
Keith Leavitt, Christopher M. Barnes, Trevor Watkins, David T. Wagner. From the Bedroom to the Office. Journal of Management, 2017



WHICH STATES HAVE THE MOST SEX?

California
Texas
New York
Oregon
Colorado
Arizona
Washington
Massachusetts
Connecticut
Missouri

The Most Sexually Diseased States in the U.S.



Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2016*. Atlanta: U.S. Department of Health and Human Services; 2017.

33

Couples who have sex weekly are happiest!

More sex may not always make you happier, according to new research.

"Although more frequent sex is associated with greater happiness, this link was no longer significant at a frequency of **more than once a week**." For couples, happiness tended to increase with more frequent sex, but this is no longer true after couples report engaging in sex more than once a week.

Amy Muise et al. Sexual Frequency Predicts Greater Well-Being, But More is Not Always Better. *Social Psychological and Personality Science*, November 2015



34

If you hear someone say “money can’t buy happiness,” say “give me yours,” Gilbert joked. People with money enjoy better nutrition, can go places with loved ones, worry less about their children and have more freedom to set their own schedules, he said. But money’s ability to buy happiness levels out for people in the United States, with huge increases in happiness for people who vault into a middle-class income of \$40,000 to \$70,000. Once that level is reached, increases in wealth generate smaller rises in happiness.

35

Study Finds Successful Lawyers More Likely To Be Depressed

The study from the University of Toronto compared two surveys of lawyers in Canada and the United States. Thousands of attorneys participated, and the data showed a correlation between **signs of depression** and traditional **markers of success**. Additionally, lawyers who worked at large law firms were the most likely of the legal population to experience mental health problems.



University researchers said that this study disproves the common idea that career success leads to personal success.

Koltai, Jonathan & Schieman, Scott & Dinovitzer, Ronit. (2017). The Status-Health Paradox: Organizational Context, Stress Exposure, and Well-being in the Legal Profession. Journal of Health and Social Behavior.

36



Beyond ~\$75,000 in the contemporary United States, however, higher income is neither the road to experienced happiness nor the road to the relief of unhappiness or stress, although higher income continues to improve individuals' life evaluations. What the data suggest is that above a certain level of stable income, individuals' emotional well-being is constrained by other factors in their temperament and life circumstances.

Kahneman, D., & Deaton, A. (2010). High income improves evaluation of life but not emotional well-being. *Proceedings of the National Academy of Sciences of the United States of America*, 107(38), 16489–16493.

37

Happiness falls for both men and women after the first child is born. Some 20 years of research shows that people without children are happier than people with children and that people with young children living with them are the least happy of all, Gilbert says. For women, spending time with their children ranks about the same as vacuuming on happiness scales. While the data establish that children don't make their parents happy — a fact that Gilbert acknowledged as contrary to his own intuition — parents need to *believe* that they do because of all the time and effort it takes to raise them well.

38

Divorce rate cut in half for newlyweds who discussed five relationship movies



Discussing relationship movies, it turns out, was just as effective as more intensive skills-building programs.

Ronald D. Rogge, Rebecca J. Cobb, Erika Lawrence, Matthew D. Johnson, Thomas N. Bradbury. Is skills training necessary for the primary prevention of marital distress and dissolution? A 3-year experimental study of three interventions. *Journal of Consulting and Clinical Psychology*, 2013; 81 (6): 949

39



"You want daddy to sue and make it all better?"

40

Living The Dream

<https://www.youtube.com/watch?v=ay7qzWZQtIE>

41

THE ADDICTED LAWYER

TALES OF THE BAR, BOOZE,
BLOW, AND REDEMPTION

*"Reinvention is a trait every
important both in business
and addiction recovery.
I've never seen anyone
more resilient than Brian.
His journey is one that
should be read, and
notes taken."*

— Mark Cuban,
Entrepreneur and Owner
of the Dallas Mavericks



BRIAN CUBAN

42

Sex-Deprived Fruit Flies Turn to Alcohol, Perhaps to Fulfill a Physiological Demand for a Reward



In the study, male fruit flies that had mated repeatedly for several days showed no preference for alcohol-spiked food. On the other hand, spurned males and those denied access to females strongly preferred food mixed with 15 percent alcohol.

G. Shohat-Ophir, K. R. Kaun, R. Azanchi, U. Heberlein. **Sexual Deprivation Increases Ethanol Intake in *Drosophila***. *Science*, 2012; 335 (6074): 1351 DOI: [10.1126/science.1215932](https://doi.org/10.1126/science.1215932)

43

Substance Use Disorders

A Disease of the Brain that is:

- Chronic
- Progressive
- Potentially (and often) fatal

44

Substance Abuse/Dependence

- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by effects of substance
- Continued use despite knowledge of having persistent or recurrent psychological or psychological problem that is likely to have been exacerbated by the substance

45

- You regularly use alcohol to cope with anger, frustration, anxiety or depression - instead of choosing to have a drink, you feel you have to have it.
- You regularly use alcohol to feel confident
- Your drinking affects your relationships with other people – they may tell you that, when you drink, you become gloomy or aggressive. Or, people around/with you look embarrassed or uncomfortable when you are drinking.
- You stop doing other things to spend more time drinking - these other things become less important to you than alcohol.
- You carry on drinking even though you can see it is interfering with your work, family and relationships.
- You hide the amount you drink from friends and family
- Your drinking makes you feel disgusted, angry, or suicidal – but you carry on in spite of the problems it causes
- You start to drink earlier and earlier in the day and/or need to drink more and more to feel good/get the same effect
- You start to feel shaky and anxious the morning after drinking the night before
- You get 'memory blanks' where you can't remember what happened for a period of hours or even days

46

Movement

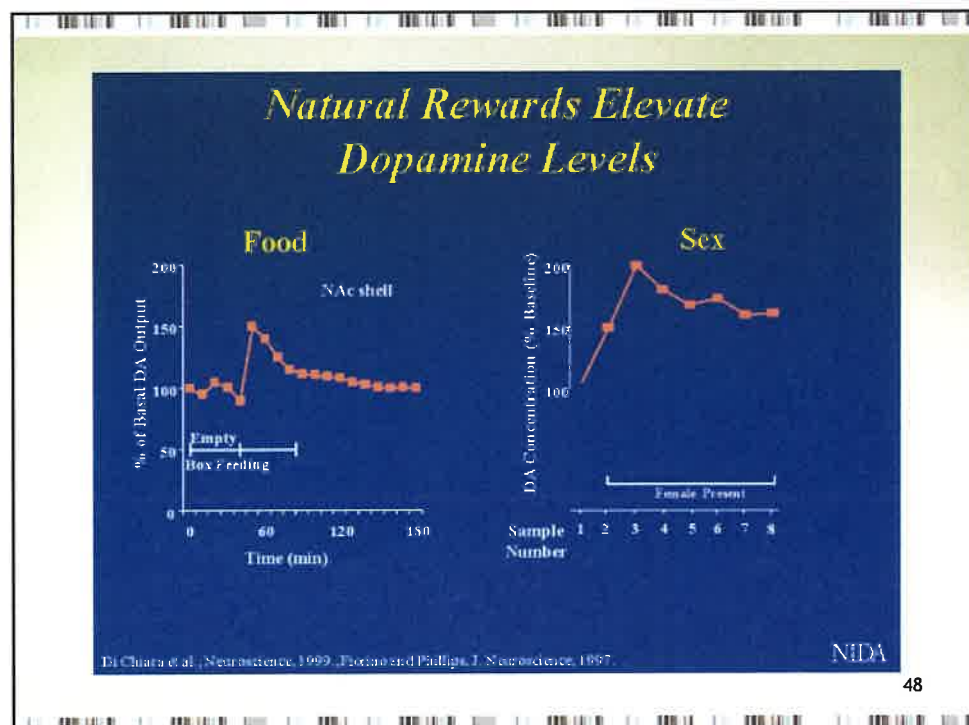
Motivation

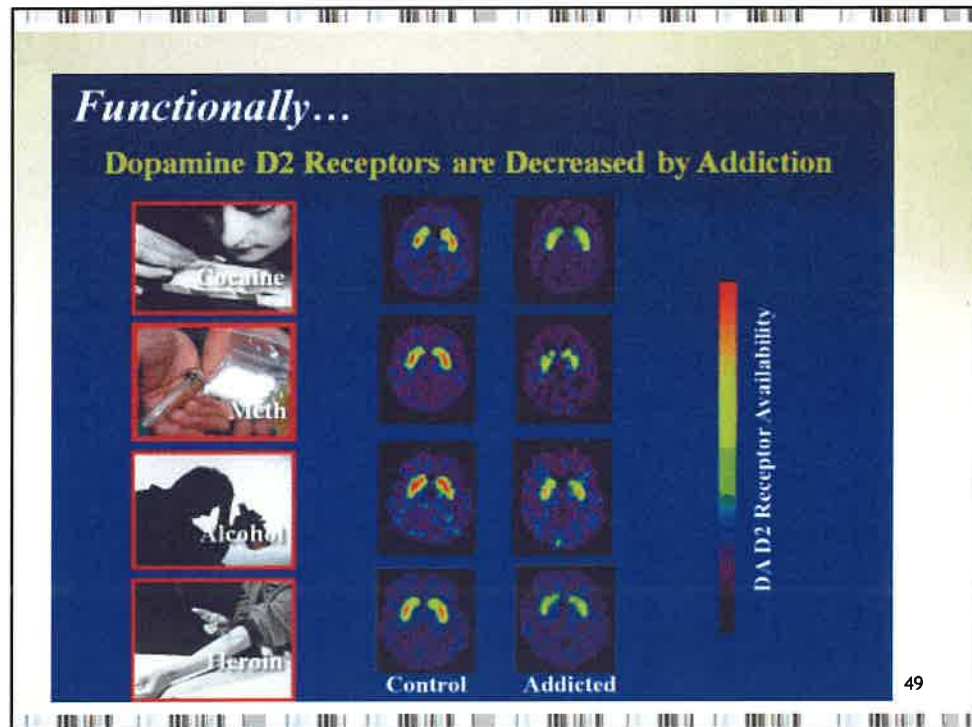

Dopamine

Addiction

Reward & well-being

47




Because of dopamine's role in weighing the costs and benefits of decisions, imbalances in its levels can trigger gambling, overeating, and drug addiction—behaviors that result from a reward system gone awry.

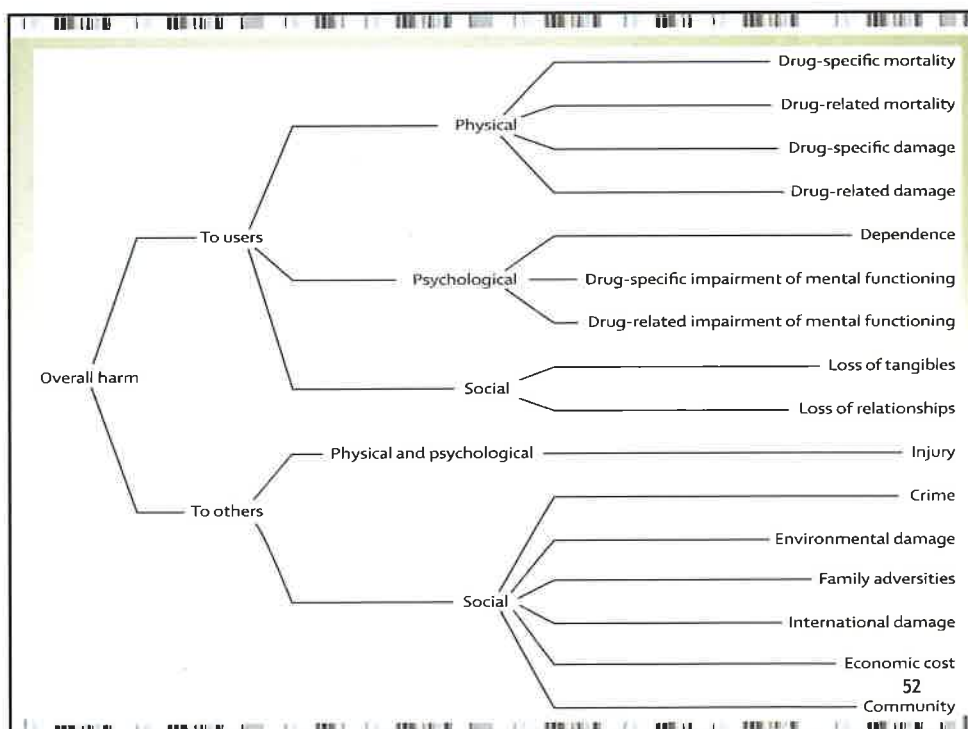
A dysfunctional dACC network, **therefore**, may underlie some of the clinical presentations of these disorders. For example, dopamine dysregulation in this network could impair the evaluation phase and the individual's ability to accurately assess the costs of pursuing deviant ideas and impulses and to learn from previous negative outcomes of such decisions.

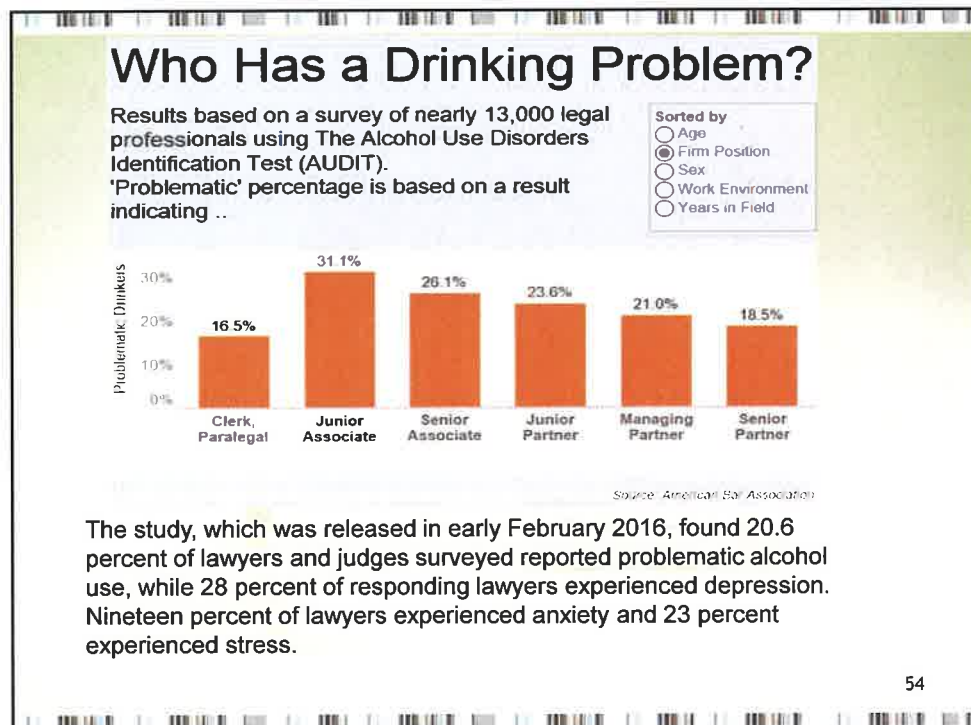
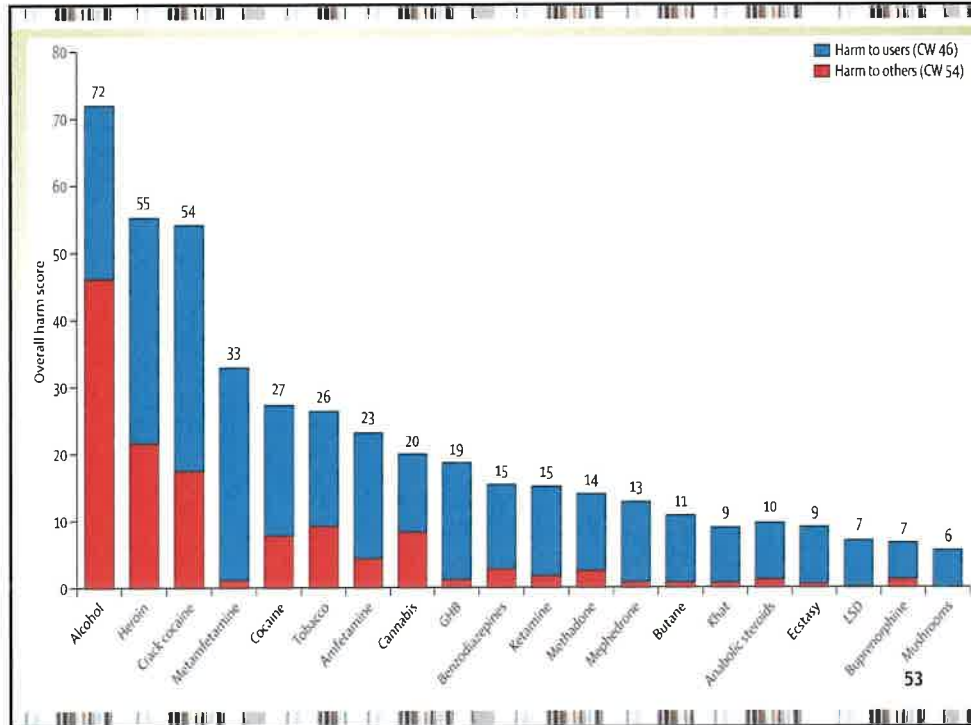
50



Drinking alcohol leads to the release of endorphins in areas of the brain that produce feelings of pleasure and reward, according to a study led by researchers at the Ernest Gallo Clinic and Research Center at the University of California, San Francisco (UCSF).

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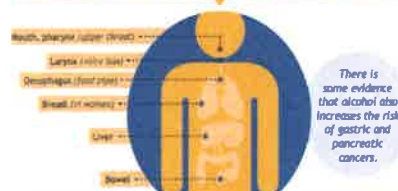




One of the World's Biggest Cancer Groups Says Even Light Drinking Increases Cancer Risk

Clearly, the greatest cancer risks are concentrated in the heavy and moderate drinker categories. Nevertheless, some cancer risk persists even at low levels of consumption. Excessive drinking includes binge drinking and is defined as consumption of four or more drinks during a single occasion for women, or five or more drinks during a single occasion for men.

Common cancers linked to drinking alcohol



Reducing cancer risk



Alcohol and Cancer: A Statement of the American Society of Clinical Oncology 2017

Noelle K. LoConte, Abenaa M. Brewster, Judith S. Kaur, Janette K. Merrill, and Anthony J. Alberg

55

WHAT IS A STANDARD DRINK?

One Standard Drink is...



A 12-ounce can of ordinary BEER



A 1.5-ounce shot of SPIRITS (whiskey, gin, rum, vodka, etc.)

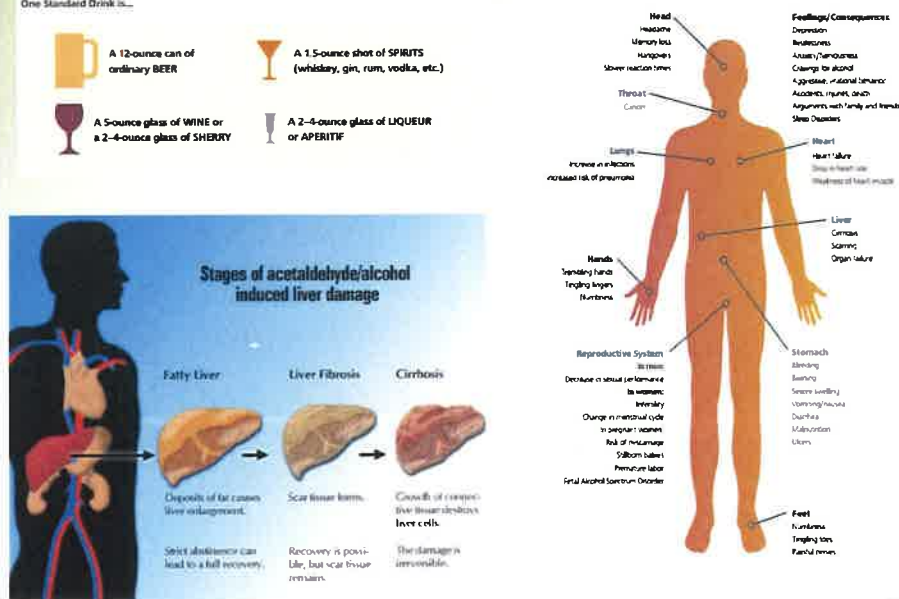


A 5-ounce glass of WINE or a 2-ounce glass of SHERRY



A 2-4-ounce glass of LIQUEUR or APERITIF

Figure 1. Health Consequences of Hazardous and Harmful Alcohol Use



56

Dutch courage: Alcohol improves foreign language skills.

A new study published in the Journal of Psychopharmacology, conducted by researchers from the University of Liverpool, Maastricht University and King's College London, shows that bilingual speakers' ability to speak a second language is improved after they have consumed a low dose of alcohol.



Fritz Renner, Inge Kersbergen, Matt Field, Jessica Werthmann. Dutch courage? Effects of acute alcohol consumption on self-ratings and observer ratings of foreign language skills. Journal of Psychopharmacology, 2017

57

Scope of the Problem

Alcohol Abuse is Twice as Likely Among Lawyers as Among the General Population

- 10% of adults in US suffer alcohol abuse
- 18% of lawyers who have practiced 2-20 years
- 25% of lawyers practicing more than 20 years
- 10 - 20% of legal professionals will deal with an addictive disorder during career

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Former drug court judge is disbarred for stealing cocaine from evidence locker

By [Debra Cassens Weiss](#)

Posted January 19, 2018, 11:49 am CST

The Pennsylvania Supreme Court disbarred a former drug court judge who pleaded guilty to stealing cocaine from an evidence locker in his courtroom.



Pozonsky took the cocaine for his own use for over a year, and tried to cover it up by substituting substances such as baking powder, the Pennsylvania Supreme Court said.

59

HEAVY DRINKING IS BAD FOR MARRIAGE IF ONE SPOUSE DRINKS, BUT NOT BOTH



Researchers followed 634 couples from the time of their weddings through the first nine years of marriage and found that couples where only one spouse was a heavy drinker had a much higher divorce rate than other couples.

The surprising outcome was that the divorce rate for two heavy drinkers was no worse than for two non-heavy drinkers.

60



Whipped cream's not just for kids anymore, it's all about style & sophistication. Try our latest adult flavors - Hazelnut Espresso, Caramel Pecan & German Chocolate. Whipahol is a seriously tasty topping for your favorite drink or dessert. Express yourself in a whole new way this season.

German Chocolate Whipahol®
 Did you know that German Chocolate was not developed in Germany but rather by an Englishman named Sam German way back in 1852. Thanks to his tasty experimentation we can all enjoy a great variation of the simple beauty that is German Chocolate Whipahol.
 33.5 Proof
 16.75% alc/vol





We make our favorite margarita recipe and then jell it—fresh-squeezed limes, tequilla and all. It's the real thing! 10oz. (MJ10), 1 gallon (MJ1)

61

ADDICTION: CAN YOU EVER REALLY COMPLETELY LEAVE IT BEHIND?



The knowledge that some neural changes associated with addiction persist despite long periods of abstinence is important because it supports clinical wisdom that recovery from addiction is a lifelong process.

1. Krishna T. Patel, Michael C. Stevens, Shashwath A. Meda, Christine Muska, Andre D. Thomas, Marc N. Potenza, Godfrey D. Pearlson. Robust Changes in Reward Circuitry During Reward Loss in Current and Former Cocaine Users During Performance of a Monetary Incentive Delay Task. *Biological Psychiatry*, 2013; 74 (7): 529 DOI:

62

Real Case

- [Drunk Attorney Court Case](#)
- https://www.youtube.com/watch?v=_kIVjOe6hDU

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What is 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

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What Depression is NOT:

- It is not something to be ashamed of.
- It is NOT a character flaw or sign of weakness.
- No one with depression can just "Snap Out of It".
- You can't "Pull yourself up by your bootstraps".

65



"Instead of eight hours of sleep a night I was able to get by on six hours and finally four hours. The next things to go were my hobbies. I didn't have time for reading, so I stopped reading for fun. I didn't have time to take off from work so I stopped taking vacations. Then I stopped socializing because I didn't have time to waste away from work. Then I suffered through a divorce and the loss of my family," Angel said. "For the next 10 years, the chief source of joy in my life was winning a case. Finally, in 2003, I had nothing left to give, hit a wall and crashed and burned."

66

Recent Law School Graduate Commits Suicide After Failing Bar Exam

SAN FRANCISCO – University of California, Hastings College of Law staff said counseling services are available for students after the recent suicide of a former student following his negative bar-exam results.

Brian Christopher Grauman took his own life Nov. 18 after failing a test that, on average, only about 51 percent of first-time takers pass, according to abovethelaw.com. And while there is help for law students who are under stress, there is hope that there will be more assistance for alumni in the future.

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Vermont Law School Professor Cheryl Hanna's Death Ruled Suicide



The news of Hanna's death in her Burlington home five days after her 48th birthday elicited a chorus of grief over the tragedy and praise for her life's work and humanity. "What an incredible loss, not only for the VLS community, but for the country and the world," said Tim Duane, an environmental attorney in Santa Cruz, Calif., and former VLS colleague. "She just profoundly (affected) everyone she interacted with."

Judge Commits Suicide In Chambers On New Year's Day (2017)

The first week of the new year brings us incredibly sad news out of the Virginia judiciary.



Judge Nathan Curtis Lee, 60, a graduate of the Mercer University School of Law. Prior to his court appointment, Judge Lee practiced law for more than 30 years and ran a small private practice for almost two decades. According to the medical examiner's office, Judge Lee suffered a [fatal gunshot wound](#) in his mouth.

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Why are lawyers killing themselves?

CNN

Mon January 20, 2014



Ken Jameson, 58, from Ohio was generating about \$600,000 in billing hours for his law firm every year. His three children were doing well and his wife, Betsy, said their relationship was exceptional.

"I never dreamed that I would be a widow at 58," said Betsy Jameson. "We were starting the best chapter of our lives. We were empty-nesters. We had plenty of money."

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Copyright © 2011 R.J. Romero www.hipaa-cartoons.com

"We all have busy schedules, Mr. Murdoch, but you need to plan for either one hour of exercise a day or 24 hours of being dead."

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One hour of exercise a week can prevent depression!

Regular exercise of any intensity can prevent future depression -- and just one hour can help, a landmark study has revealed.



Published in the American Journal of Psychiatry, the results show even small amounts of exercise can protect against depression, with mental health benefits seen regardless of age or gender.

Physical exercise seems beneficial in the prevention of cognitive impairment and dementia in old age, numerous studies have shown. Now researchers have explored in one of the first studies worldwide how exercise affects brain metabolism.

Samuel B. Harvey, Simon Øverland, Stephani L. Hatch, Simon Wessely, Arnstein Mykletun, Matthew Hotopf. Exercise and the Prevention of Depression: Results of the HUNT Cohort Study. American Journal of Psychiatry, 2017;

71

Signs and Symptoms of an Episode of Depression (If experienced for two weeks, representing a change from a student's normal mood)

Physical

- Poor appetite or overeating
- Low energy or fatigue
- Sleep disturbances

Psychological

- Feeling hopeless
- Low self-esteem
- Self-critical thoughts
- Feeling that no one values you
- Feeling no purpose to existence
- Recurring thoughts of death

Emotional

- Feeling sad, empty, alone, or hopeless
- Excessive crying
- Excessive worrying
- Feeling more tense or anxious than usual
- Overreacting to situations

Social

- Decreased interest in activities you enjoy
- Decreased trust in others
- Easily irritated
- Wanting to spend time alone
- Difficulty relating to people

Academic

- Decreased motivation
- Difficulty concentrating

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Signs of Depression

- Depressed individuals may have difficulty meeting professional obligations, indicated by:
 - Procrastination
 - Feelings of being overwhelmed
 - Lowered productivity
 - Missed deadlines
 - Trouble concentrating or remembering things
 - Case stagnation and neglect

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Signs of Depression (Continued)

- Dreading answering the phone or opening mail
- Making excuses to partners
- Making excuses to clients
- Feelings of being incapable of managing your caseload
- Alternatively, some depressed persons throw themselves into work in order to ignore symptoms.

74

DEPRESSION

- 3.6 times more likely than any of the other 104 occupational groups
- Suicide rate among male lawyers double that of general population
- Professionals with the highest rates of Depression: **Lawyers**

Eaton, Anthony, Mandel, Garrison (1990). *Occupations and the prevalence of major depressive disorder*. *Journal of Occupational Medicine*, 32(11), 1079-1086.

Benjamin, Darling & Sales (1990). *The prevalence of depression, alcohol abuse, and cocaine abuse among United States lawyers*. *International Journal of Law and Psychiatry*, 13(3), 233-246.

75

- 1. Poor appetite or overeating
 2. Insomnia or hypersomnia (excessive sleeping)
 3. Low energy or fatigue
 4. Low self-esteem
 5. Poor concentration or difficulty making decisions
 6. Feelings of hopelessness.

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Suicide

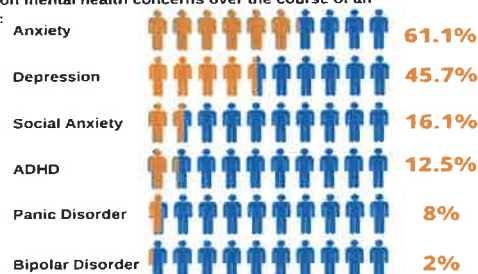
- A 1994-1997 study done by the Canadian Lawyer Assistance Program found:
- The rate of attorney suicide was third leading cause after heart attack and cancer
- The ratio of suicide was almost 6 times the rate for the general population
- The group most at risk was lawyers and judges between ages 48-65

77

Concerns

Mental Health

Of the 11,516 participants (or 89.8 percent) who completed the DASS-21 questionnaire, the **most common mental health concerns over the course of an entire career self-reported as:**



Source: "The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys," Journal of Addiction Medicine, Vol 10(1), Jan/Feb 2016, pp. 40-51. Note: The DASS-21 is a 21-item questionnaire with three seven-item subscales designed to assess symptoms of depression, anxiety and stress.

78

Treatment for Depression

- Approximately 80% of people who receive treatment for Depression improve.
- There are two types of treatment:
 - Psychotherapy
 - Medication

79

Vicarious Trauma in Attorneys

Andrew P. Levin, MD

Scott Greisberg, MA

- Compared with mental health providers and social services workers, attorney's surveyed demonstrated significantly higher levels of secondary traumatic stress and burnout.
- In addition, the attorneys were consistently higher on each of the subscales of secondary trauma.

80

- Fatigue
- Poor Sleep
- Headaches
- Anxiety
- Depression
- Stress
- Irritability
- Hopelessness
- Aggression
- Cynicism

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Leading to....

- Poor Job Performance
- Deterioration in Interpersonal Relationships
- Job Attrition – Job Dissatisfaction
- Most of the studies are related to Criminal Defense Attorneys, Prosecutors, Family Lawyers and then all the rest....

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- <http://www.lawyerswithdepression.com/>

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Depression Not simply feeling blue, depression is a constellation of symptoms often including **loss of interest, pleasure, motivation, hope, and energy**, and can further manifest in **irritability, problems with concentration or memory, and social withdrawal**.

It is probably the 2nd most common cause of behavior leading to disciplinary complaints, in that it often leads to neglect of cases, errors because of impaired concentration, loss of sleep, apathy, etc. Depression often runs in families genetically, but is also commonly a response to circumstances such as a personal loss, or feeling trapped or helpless. The good news is that **depression is highly treatable**, with either psychotherapy/counseling or medications or both.

84

—MISSION STATEMENT—

The mission of the Lawyer Assistance Program is to support recovering attorneys in their rehabilitation and competent practice of law, enhance public protection, and maintain the integrity of the legal profession.



85

LAP Has Three Purposes

- To protect the interests of clients and the general public from harm caused by impaired lawyers or judges
- To confidentially assist impaired members of the profession to begin and continue recovery
- To educate the bench, the bar and the public to the causes of and remedies for impairments affecting members of the legal profession

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ACCEPTANCE INTO LAP

Benefits Available to all Attorneys

- Evaluation Period
 - Phone Intake
 - Confidential Assessment by experienced licensed clinicians
 - Recommendations
 - Participation in LAP group (first few sessions free)
 - Assistance with outside treatment providers
 - Support and Monitoring

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Nurse Reveals Top 5 Regrets of the Dying

Bronnie Ware: What I learned working in palliative care and how meditation saved me.

1. I wish I'd had the courage to live a life true to myself, not the life others expected of me

This was the most common regret - people whose lives are almost over will often pay attention to what they failed to do in the time they had.

2. I wish I didn't work so hard.

Every male patient had this regret.

3. I wish I'd had the courage to express my feelings.

Many patients felt that they had repressed their feelings in order to keep the peace with others.

4. I wish I had stayed in touch with my friends.

It can be hard to keep in touch with old friends when life gets in the way, and it is not uncommon to forget people as you go about your everyday routine.

5. I wish I had let myself be happier.

Many did not realize until they were dying that happiness is a choice you make, Ware found. Fear of change, pleasing others and the general habits and patterns they formed in life had prevented them from true happiness.

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Thank You!

Alex.Yufik@Calbar.ca.gov

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