



An Important Free Resource for Lawyers

One of the free resources available to you as a State Bar member is the **Lawyer Assistance Program (LAP)**. From time to time, lawyers encounter a personal issue that, left unaddressed, could impair his or her ability to practice law. Accordingly, the LAP was created by lawyers for lawyers to assure that free, confidential assistance is available for any problem or issue that is impairing or might lead to impairment.

Lawyers at Particular Risk

Of all professionals, lawyers are at the greatest risk for anxiety, depression, alcoholism, drug addiction, and even suicide. As many as one in four lawyers are affected. This means it is likely that you, an associate, a partner, or one of your best lawyer friends will encounter one of these issues. Whether you need to call the LAP for yourself or to refer a colleague, all communications are completely confidential.

Anxiety and Depression

Anxiety and depression often go hand-in-hand. These conditions can be incapacitating and can develop so gradually that a lawyer is often unaware of the cumulative effect on his or her mood, habits, and lifestyle. Each condition is highly treatable, especially in the early stages. Asking for help, however, runs counter to our legal training and instincts. Most lawyers enter the profession to help others and believe they themselves should not need help.

The good news is that all it takes is a phone call. The LAP works with lawyers exclusively. The LAP has been a trusted resource for thousands of lawyers in overcoming these conditions.

Alcohol and Other Substances

Often a lawyer will get depressed and self-medicate the depression with alcohol. Alcohol is a central nervous system depressant but acts like a stimulant in the first hour or two of consumption. The worse you feel, the more you drink initially to feel better, but the more you drink, the worse you feel. A vicious cycle begins. On the other hand, many alcoholic lawyers who have not had depression report that their drinking started normally at social events and increased slowly over time.

There is no perfect picture of the alcoholic or addicted lawyer. It may be surprising to learn that he or she probably graduated in the top one-third of the class. Also surprising, lawyers may find themselves in trouble with addiction due to the overuse or misuse of certain prescription medications that were originally prescribed to address a temporary condition. Use of these kinds of medications, combined with moderate amounts of alcohol, greatly increases the chances of severe impairment requiring treatment. The LAP knows the best treatment options available, guides lawyers through this entire process, and provides on-going support at every stage.



Confidentiality

All communications with the LAP are **strictly confidential** and subject to the attorney-client privilege. If you call to seek help for yourself, your inquiry is confidential. If you call as the spouse, child, law partner, or friend of a lawyer whom you suspect may need help, your communication is also treated confidentially and is never relayed without your permission to the lawyer for whom you are seeking help. The LAP has a committee of trained lawyer volunteers who have personally overcome these issues and are committed to helping other lawyers overcome them. If you call a LAP volunteer, your communication is also treated as confidential.

The LAP is completely separate from the disciplinary arm of the State Bar. If you disclose to LAP staff or to a LAP volunteer any misconduct or ethical violations, it is confidential and cannot be disclosed. See Rules 1.6(c) and 8.3(c) of the Rules of Professional Conduct and 2001 FEO 5. The LAP works because it provides an opportunity for a lawyer to get **safe, free, confidential** help before the consequences of any impairment become irreversible.

LAP recognizes alcoholism, addiction, and mental illness as diseases, not moral failures. The only stigma attached to these illnesses is the refusal to seek or accept help.

www.NCLAP.org

FREE • SAFE • CONFIDENTIAL

info@nclap.org

*Know the signs. Make the call.
You could save a colleague's life.*



TAKE THE TEST FOR DEPRESSION

YES NO

- ☐ ☐ 1. Do you feel a deep sense of depression, sadness, or hopelessness most of the day?
- ☐ ☐ 2. Have you experienced diminished interest in most or all activities?
- ☐ ☐ 3. Have you experienced significant appetite or weight change when not dieting?
- ☐ ☐ 4. Have you experienced a significant change in sleeping patterns?
- ☐ ☐ 5. Do you feel unusually restless...or unusually sluggish?
- ☐ ☐ 6. Do you feel unduly fatigued?
- ☐ ☐ 7. Do you experience persistent feelings of hopelessness or inappropriate feelings of guilt?
- ☐ ☐ 8. Have you experienced a diminished ability to think or concentrate?
- ☐ ☐ 9. Do you have recurrent thoughts of death or suicide?

If you answer yes to five or more of these questions (including questions #1 or #2), and if the symptoms described have been present nearly every day for two weeks or more, you should consider speaking to a health care professional about treatment options for depression.

Other explanations for these symptoms may need to be considered. Call the Lawyer Assistance Program.

Adapted from *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders*. Fourth Edition. Washington, DC. American Psychiatric Association: 1994.

TAKE THE TEST FOR ALCOHOLISM

YES NO

- ☐ ☐ 1. Do you get to work late or leave early due to drinking?
- ☐ ☐ 2. Is drinking disturbing your home life?
- ☐ ☐ 3. Do you drink because you are shy with other people?
- ☐ ☐ 4. Do you wonder if drinking is affecting your reputation?
- ☐ ☐ 5. Have you gotten into financial difficulties as a result of drinking?
- ☐ ☐ 6. Does drinking make you neglect your family or family activities?
- ☐ ☐ 7. Has your ambition decreased since drinking?
- ☐ ☐ 8. Do you often drink alone?
- ☐ ☐ 9. Does drinking determine the people you tend to be with?
- ☐ ☐ 10. Do you want a drink at a certain time of day?
- ☐ ☐ 11. Do you want a drink the next morning?
- ☐ ☐ 12. Does drinking cause you to have difficulty sleeping?
- ☐ ☐ 13. Do you drink to build up your confidence?
- ☐ ☐ 14. Have you ever been to a hospital or institution because of drinking?
- ☐ ☐ 15. Do family or friends ever question the amount you drink?

If your answer is yes to two or more of these questions you may have a problem. Call the Lawyer Assistance Program.

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Western Region

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Making Sense of Mindfulness

Mindfulness is the quality of being fully present and fully engaged. It's focusing on the present rather than dwelling on the past or anticipating the future. It's being free from distractions. It's being aware of our thoughts and feelings without getting caught up in them, so we aren't being overly reactive or overwhelmed by what's going on around us. It's having the ability to be attentive to the present moment with objectivity and curiosity, but without judgment. It encompasses awareness and acceptance. Awareness being the ability to focus on our inner processes and experiences. Acceptance being the ability to observe and accept rather than judge or avoid our thoughts and feelings.

Mindfulness is a great tool to avoid self-criticism and self-deprecation while dealing with difficult emotions. We learn to interrupt the negative assumptions and catastrophic predictions running through our minds. It allows us to stay in the moment rather than going to some point in the uncertain and scary future where our anxiety wants to take us. Other benefits include increased empathy, compassion, happiness, and optimism, improved sleep, greater focus and concentration, reduced anxiety and stress, and improved immune functioning.

We lead such busy and often stressful lives that our surroundings exist only as a backdrop and background noise. A simple and effective way to slow down and live in the moment is to be a conscious observer of our senses. We experience life through our senses. It is our "window to the world" in many ways. Unlike our thoughts and worries, our senses only know the present moment. Thus, using all five of our senses enables us to focus on our environment and keeps us grounded in the moment. This helps to put a stop to any racing thoughts and irrational worries. When thoughts/worries do arise, we simply take note of them, then redirect our attention back to one (or more) of our senses.

Begin this mindfulness exercise by taking a deep breath from your diaphragm. Hold it for a few seconds, then slowly exhale from your mouth. Pause, then repeat this deep breathing 2-3 times. Just breath slowly and deeply throughout the rest of the exercise. Spend at least one minute with each of the senses. Don't classify your observations as positive or negative, just take note of them.



After taking a few deep breaths, start to tune in to what you **hear** around you. You will first be aware of the loudest and most intrusive noises, but as you continue to listen you will slowly begin to hear the more subtle sounds.

Now focus on what you can **smell**. Notice the different scents around you as well as personal products such as shampoo, perfume, hand soap, and so on. Become aware of scents you may normally filter out, pleasant or unpleasant. Humans have over 400 smelling receptors and are able to smell over 1 trillion scents. However, if you think you have a poor sense of smell, light a candle or have something with a distinctive odor near you (that can be anything from onions in your food to bottled lotion) before beginning the exercise.

Take note now of what you **see** around you. Notice not just the objects or surroundings themselves, but the varying colors, shapes, and light. Notice any movement that you see. Challenge yourself to note things you don't normally see or look for.

Now focus on what you can **taste**. This part of the exercise may be easier if you have some hard candy, bits of food, or chewing gum in your mouth, take sips of a drink, or brush your teeth prior to beginning the exercise. Notice the flavor and intensity, whether it is sweet, sour, spicy or bitter. You can also focus on just the sensations in your mouth, like how your tongue feels when you run it over the roof of your mouth.

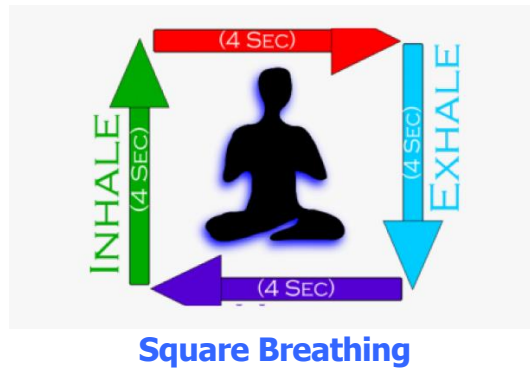
Lastly focus on what you **feel**. This could be with your hands such as the texture of your clothing, the cold or hot of a cup you are holding, the fur of the dog or cat you are petting, and so on. It can also be the pressure of the chair you are sitting in or the air moving across your skin. It can be from walking barefoot through the grass, sand, water or carpet.

As simple as all this may sound, most of us have been doing just the opposite most of our lives. We do a variety of things to distract, soothe, ignore, self-medicate, and disconnect ourselves to stay *out* of the present moment. Focusing on our senses helps to reconnect with the world around us as well as the world inside of us in a calming and peaceful way.

"Refuge to the man is the mind, refuge to the mind is mindfulness." -Buddha



NCLAP
NORTH CAROLINA
LAWYER ASSISTANCE PROGRAM



Deep breathing is one of the most effective ways to help manage stress and anxiety. It's also easy, convenient – and free! When we are anxious, stressed, or perceive a threat, the body has an innate “fight or flight” response which activates the sympathetic nervous system. We begin to take shallow and rapid breaths directly from our chest (chest breathing). This type of breathing changes the distribution of oxygen and carbon dioxide in the body resulting in an increase in heart rate and blood pressure, muscle tension, release of stress hormones and other physical reactions. It causes the brain to operate strictly in survival mode, meaning logic and rational thought processes are minimal. Because the blood is not being properly oxygenated, long-term shallow breathing can actually keep the body in a cycle of stress and contribute to anxiety and panic attacks.

Deep breathing or belly breathing on the other hand, activates the parasympathetic nervous system, the “rest-and-digest” response resulting in an increased supply of oxygen to the brain and carbon dioxide in the blood. The brain detects the increased oxygen and responds by decreasing the concentration of stress hormones in the blood thus quiets down parts of the brain, like the amygdala, that handles anxiety response. The end result is a decrease in the body's natural response to stressors, increased clarity of thinking, a calm and relaxed state, and a return to homeostasis.

These two parts of the nervous system can't work at the same time, so if one is activated the other will automatically be suppressed.

Deep breathing involves using your diaphragm for optimal intake and exhalation of air. A simple way of assuring you are belly breathing is to put one hand on your chest and one hand on your belly just below the ribs. Take a deep breath in through your nose. Your belly should push your hand out and your chest should not move. Exhale through your mouth with pursed lips as though you were whistling. The hand on your belly should go in.

Square breathing is a simple technique of visualizing the breath traveling along a square. Take a **deep breath** which follows the left side of the square moving up toward the top. **Hold it** for a few seconds as it follows across the top of the square. Slowly **exhale** as it moves down



the right side of the square toward the bottom. **Pause** for a few seconds as it moves across the bottom of the square. Repeat the process several times. If you do this consistently enough, it will become a natural response.



What's All the Buzz About?

BY ROBYNN MORAITES

A recent national ABA study on attorney mental health and drinking has been getting a lot of buzz. Pun intended. Based on some small, historic studies and anecdotally, to be sure, we have known for years that attorneys are at greater risk for depression, anxiety, and alcohol problems than the general public and even other professionals. This landmark study, however, is the first to ever bring into sharp focus, with hard data and real numbers, what we are facing in our profession across a spectrum of mental health issues. The study was conducted by the Hazelden Betty Ford Foundation and the American Bar Association Commission on Lawyer Assistance Programs. The findings were published in the peer-reviewed *Journal of Addiction Medicine* in February 2016.

Over 15,000 attorneys participated in the national study, and the dataset was culled to retain only currently licensed and employed attorneys. Responses from attorneys who were retired, unemployed, working outside of the legal profession, suspended, or otherwise on any form of inactive status were eliminated, leaving approximately 12,800 responses. Demographics were diverse in both gender and race and captured a robust range of practice settings, practice areas, years in practice, and positions held. This is the most comprehensive data ever collected regarding attorney mental health, and the single largest dataset.

Drinking: 21% Drinking at Harmful or Dependent Levels and 36% Drinking at Problematic Levels

Study participants completed a ten-question instrument known as the Alcohol Use Disorders Identification Test (AUDIT-10), which screens for different levels of

problematic alcohol use, including hazardous use, harmful use, and possible alcohol dependence. The test asks about quantity and frequency of use and includes questions as to whether an individual has experienced consequences from drinking. The study found that 21% scored at levels consistent with harmful use including possible alcohol dependence. Males scored higher at 25%, compared to 16% for women. When examining responses purely for quantity and frequency of use (known as the AUDIT-3), the study found an astonishing 36% of respondents drinking at problematic levels. While there is no hard and fast line to define “problematic” levels, problematic drinking behaviors can include drinking at lunch or regularly binge drinking. Binge drinking is typically defined as consuming enough to have a blood alcohol content level of 0.08. That’s about four drinks for women and five drinks for men in a two hour timeframe. When the same AUDIT-3 screening measure was used in a comprehensive survey of physicians, 15% of physicians reported use at this level—less than half of the number of attorneys reporting such use. It appears that more than one in three attorneys are crossing the line from social drinking to using alcohol as a coping mechanism.

Shocking Reversal of Earlier Findings: Today's Younger Lawyers at Far Greater Risk

In a significant reversal of a conclusion reached by the last documented, statistically valid study—a 1990 study out of Washington State—the study found that younger lawyers struggle the most with alcohol abuse. Respondents identified as 30 years or younger had a 32% rate of problem drinking, almost one in three, higher than any other age group. This finding directly contradicts the Washington study that found the longer an

attorney practiced, the greater the risk of developing problems with alcohol. That data reversal is very significant, signaling major changes in the profession in the last 20 to 30 years. And with job prospects at an all-time low, and student debt at an all-time high, these younger lawyers who are most in need of treatment are least able to afford it. The LAP Foundation of NC, Inc. is working to bridge that gap. Please see page 20 for the story.

Depression, Stress, and Anxiety: 28% Report Concerns with Depression

Depression and anxiety often go hand in hand. The study found that 28% of attorneys, more than one in four, struggle with some level of depression, representing almost a ten percent increase from the 1990 Washington study. Males reported at a higher rate than females for depression. Nineteen percent reported mild or high levels of anxiety, with females reporting at a higher rate than males. Interestingly, when examining the full span of one’s career, approximately 61% and 46% reported experiencing concerns with anxiety and depression, respectively, at some point in their career. Respondents also reported experiencing unreasonably high levels of stress (23%), social anxiety (16%), attention deficit hyperactivity disorder (12.5%), panic disorder (8%), and bipolar disorder (2.4%). More than 11% reported suicidal thoughts during their career. Three percent reported self-injurious behavior, and 0.7% reported at least one suicide attempt during the course of their career.

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

occurred with an alcohol use disorder.

Barriers to Seeking Help – No Surprises

As part of the study, participants were asked to identify the biggest barriers to seeking treatment or assistance. Categorically, fear of being “found out” or stigmatized was the overwhelming first choice response. Regarding alcohol use, 67.5% said they didn’t want others to find out, and 64% identified privacy and confidentiality as a major barrier. The responses for mental health concerns for these same two reasons were 55% and 47%, respectively. Additional reasons included concerns about losing their law license, not knowing who to ask for help, and not having insurance or money for treatment.

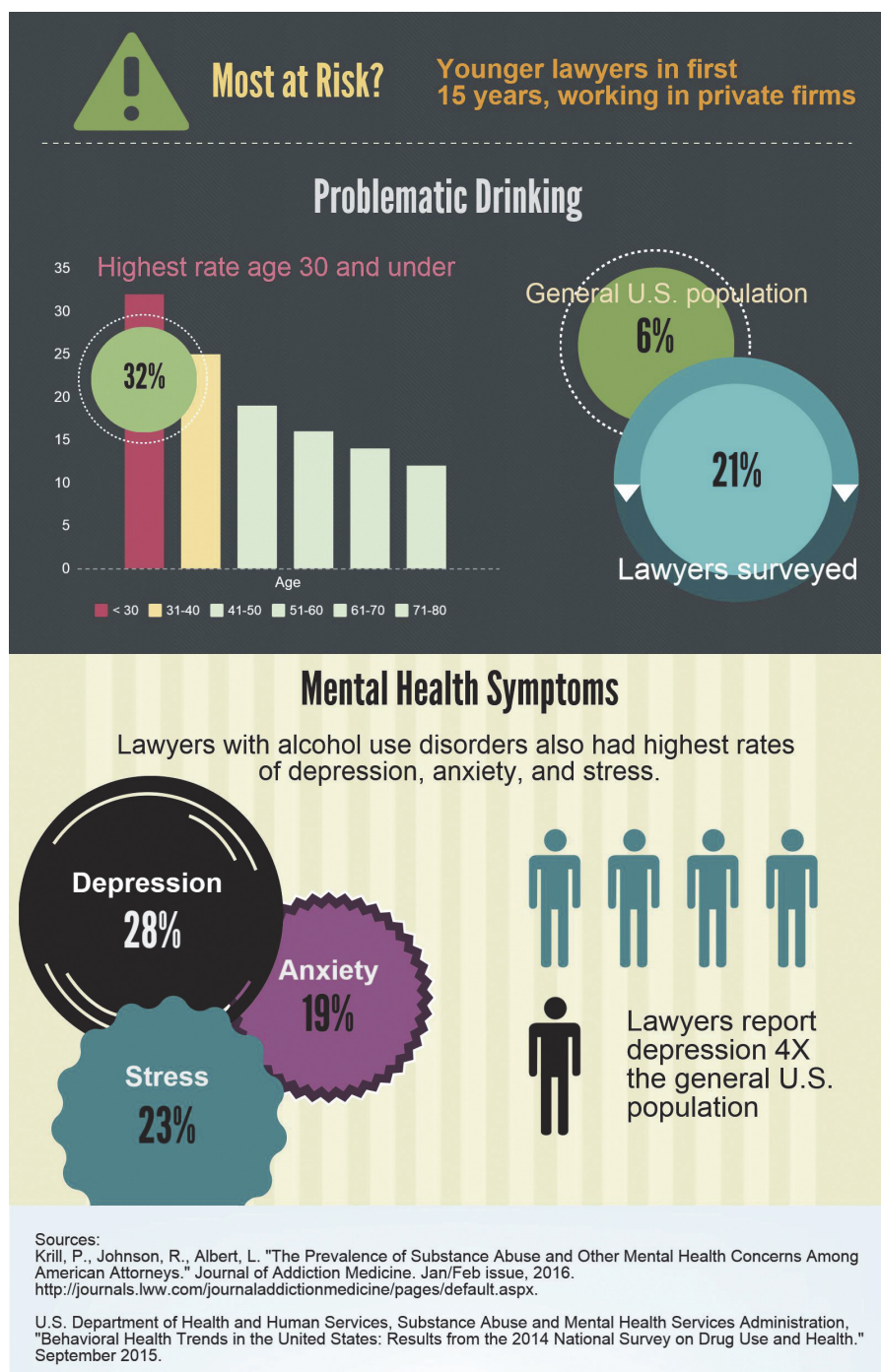
A surprising 84% indicated awareness and knowledge of lawyer assistance programs (LAPs), but only 40% would be likely to utilize the services of a LAP with privacy and confidentiality concerns again cited as the major barrier to seeking help through LAP programs.

Help and Hope

The data is far more extensive than can be outlined in this short article. There are telling findings about drug use, including use of prescription stimulants. Rates of depression, anxiety, and problematic drinking were also correlated to practice setting, with large firms and bar associations ranking highest. We can slice the data and analyze it extensively for years to come. But the key takeaway is that we now have hard data showing that one in three-to-four of us are at real risk and are not likely to seek out assistance.

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

When I first took this job as director of our NC LAP, I met a lawyer in a spin class. She was sitting on the bike next to me and recognized me because my photo had appeared in a local bar newsletter. She said, “I hope I never have to call you or have need for your program’s services.” I thought about her com-



ment for a moment and said, “Our volunteers are some of the happiest, most balanced, most resilient lawyers—people—you could ever hope to meet. They don’t come to us that way. But if they follow our suggestions, they become so. And they even like being lawyers again.” She said, “Wow. That’s cool. I never thought about it like that.” Because we are confidential, most lawyers never see the miracles of healing and regeneration that take place every day in the transformed lives of those

who are willing to pocket their pride and simply ask for help. There is help and there is hope, and plenty of it. ■

Robynn Moraites is the executive director of the North Carolina Lawyer Assistance Program.

Infographic reprinted with permission from the February 2016 Wisconsin Lawyer article, “Landmark Study: US Lawyers Face High Rates of Problem Drinking and Mental Health Issues,” published by the State Bar of Wisconsin.