

Practicing Law and Wellness: Modern Strategies for the Lawyer Dealing with Anxiety, Addiction and Depression

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Definitions

Anxiety = Anxiety Disorders

Disorders relating to anxiety range from Panic Attack (Panic Disorder with or without Agoraphobia) to specific phobias; social anxiety disorder; obsessive-compulsive disorder; posttraumatic stress disorder; acute stress disorder; generalized anxiety disorder; anxiety due to a medical condition; substance-induced anxiety disorder and anxiety disorder not otherwise specified.

Lawyers who call The Texas Lawyers' Assistance Program about issues with anxiety generally present with symptoms relating to generalized anxiety disorder. That said TLAP callers also talk about symptoms relating to each and every strain of anxiety mentioned above.

Generalized anxiety disorder is prevalent in the legal community although most lawyers would argue that the symptoms just sound like what one experiences every day when practicing law. Over-zealous representation often creates or masks anxiety:

1. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least six months about a number of events or activities (such as work or school performance).
2. The person finds it difficult to control the worry.
3. The anxiety and worry are associated with three (or more) of the following six symptoms present for more days than not for the past 6 months:
 - A. restlessness or feeling keyed up or on edge;
 - B. being easily fatigued;
 - C. difficulty concentration or mind going blank;
 - D. irritability;
 - E. muscle tension;
 - F. sleep disturbance (difficulty falling or staying asleep or restless unsatisfying sleep).
4. The focus of anxiety or worry is not about another disorder (panic, social phobia, OCD, PTSD, etc).

5. The anxiety, worry or physical symptoms cause clinically significant distress or impairment in social, occupation or other important areas of functioning.
6. The disturbance is not due to the direct physiological effects of a substance (drug of abuse, medication, etc.) or a general medical condition and does not exclusively occur during a mood disorder or psychotic disorder.

Addiction = Substance Use Disorders and Process Addictions

It's been estimated that up to 20% of the lawyers in the United States are affected by substance use disorders. At TLAP, easily 60% of the lawyers with whom we work present with a primary substance use disorder. The substances used to excess include: alcohol, amphetamines – including methamphetamine, caffeine, club drugs, cocaine, crack cocaine, hallucinogens, heroin, marijuana, myriad prescription drugs, nicotine, sedatives, steroids and an intoxicating mix of all the above (polysubstance abuse/dependency). We rarely hear of a lawyer using inhalants – most likely because use almost guarantees severe and irreparable brain damage. Not officially classified as substance use disorders by the DSM-IV and recognized only within the 20th century, TLAP also works with lawyers in increasing numbers who present with process addictions (compulsive or mood altering behavior related to a process such as sexual activity, pornography – primarily online, gambling, gaming, exercise, working, eating, shopping, etc.).

Generally, a paradigm of continuum of use, abuse and dependency are used to pinpoint problems associated with substance use. Texas lawyers usually present with symptoms of abuse and dependency:

Substance Abuse:

1. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more of the following, occurring within a 12-month period:
 - A. recurrent substance use resulting in a failure to fulfill major role obligations;
 - B. recurrent substance use in situations in which it is physically hazardous;
 - C. recurrent substance-related legal problems;
 - D. continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

2. The symptoms have never met the criteria for Substance Dependence for this class of substance.

Substance Dependence:

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three or more of the following occurring at any time in the same 12 month period:

1. Tolerance, as defined by either of the following:

A. a need for markedly increased amounts of the substance to achieve intoxication or desired effect;

B. markedly diminished effect with continued use of the same amount of substance.

2. Withdrawal, as manifested by either of the following:

A. the characteristic withdrawal syndrome for the substance;

B. the same or closely related substance is taken to relieve or avoid withdrawal symptoms.

3. The substance is often taken in larger amounts or over a longer period than was intended.

4. There is a persistent desire or unsuccessful efforts to cut down or control substance use.

5. A great deal of time is spent in activities necessary to obtain the substance, use the substance or recover from its effects.

6. Important social, occupational, or recreational activities are given up or reduced because of substance use.

7. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

Depression = Mood Disorders

“Mood disorders” is a broad term that encompasses mood episodes, depressive disorders and bipolar disorders. Texas lawyers primarily present with symptoms of the depressive episodes or disorders – major depression, dysthymic or depression not otherwise specified. Increasingly, lawyers complain of symptoms approaching Compassion Fatigue/Secondary Traumatization, an issue not formally recognized by the DSM-IV, but increasingly noticed in research and anecdotal evidence as a disheartening combination of symptoms of burnout and Post Traumatic Stress Disorder. Lawyers who practice in the areas of criminal law, family law and personal injury law may be particularly vulnerable to this phenomenon.

Major Depressive episode/disorder:

1. **Five or more** of the following symptoms have been present during the same two-week period and represent a change in functioning from previous functioning. At least one of the symptoms is either depressed mood or loss of interest or pleasure:

- A. depressed mood most of the day, nearly every day, as indicated by subjective report or observation made by others;
- B. markedly diminished interest or pleasure in all or most activities most of the day, nearly every day;
- C. significant weight gain or loss (when not dieting) or decrease or increase in appetite nearly every day;
- D. insomnia or hypersomnia nearly every day;
- E. psychomotor agitation or retardation nearly every day;
- F. fatigue or loss of energy nearly every day;
- G. feelings of worthlessness or excessive or inappropriate guilt nearly every day;
- H. diminished ability to think or concentrate, or indecisiveness, nearly every day;
- I. recurrent thoughts of death, recurrent suicidal ideation without a plan, suicide attempt or a specific plan for completing suicide.

2. The symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functions.

3. The symptoms are differentiated from substance or another disorder or bereavement.

Dysthymic disorder

1. Depressed mood for most of the day, for more days than not, as indicated by subjective account or observation by others, for at least two years.

2. Presence, while depressed, of two or more of the following:

A. poor appetite or overeating;

B. insomnia or hypersomnia;

C. low energy or fatigue;

D. low self-esteem;

E. poor concentration or difficulty making decision;

F. feelings of hopelessness;

3. During the 2-year period of the disturbance, the person has never been without the symptoms above form more than two months at a time.

4. No major depressive episode, manic episode or hypomanic episode has occurred during the 2-year period of disturbance.

5. The disturbance does not occur exclusively during the course of a chronic psychotic disorder.

6. The symptoms are not due to the use of a substance or general medical condition.

7. They symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning.

Compassion Fatigue = Burnout plus Secondary Traumatic Stress

1. Secondary Traumatic Stress/Vicarious Trauma

A. Symptoms are similar to Post Traumatic Stress Disorder except information about the precipitating event is acquired through statements/hearsay from one who has personally experienced the traumatic event:

~ Event involved actual or threatened death or serious injury, or the threat to the physical integrity of self or others

~ The person's response involved intense fear, helplessness or horror

B. The traumatic event is persistently re-experienced in one or more of the following ways: recurrent and intrusive distressing recollections, dreams, acting or feeling as if the event is reoccurring, intensive distress or psychological reactivity at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of the stimuli associated with the trauma (the client, the case, the deposition, specific facts, etc.) and numbing of general responsiveness such as three or more of the following: Efforts to avoid thoughts, feelings or conversations associated with the trauma, efforts to avoid activities, places or people who arouse recollections of the trauma, inability to recall important aspects of the trauma, diminished interest in significant activities, feelings of detachment or estrangement from others, restricted range of affect, sense of foreshortened future.

D. Persistent symptoms of increased arousal as indicated by two or more of the following: Difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance, exaggerated startle response.

2. Burnout – the psychological syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment. Symptoms include:

Increased negative arousal, dread, difficulty separating personal and professional life, inability to say “no”, increased frustration, irritability, depersonalization of clients and situations, diminished enjoyment of work, diminished desire or capacity for intimacy with family and friends, diminished capacity to listen and communicate, subtle manipulation of clients to avoid them or painful material, diminished effectiveness, loss of confidence, increased desire to escape or flee, isolation.

Prevention

Prevention is directly related to the concept of [self-care](#). Quite simply: Take care of yourself. It's your responsibility. It is not anyone else's responsibility. If you don't take care of the physical, mental, emotional and spiritual aspects of your life, you will spin out of balance, becoming strong in one area and weak in another. The result is that you become more vulnerable to the "dis-ease" that fuels anxiety, addiction and depression. If left in this state, you will become of limited help to your family, friends, clients, colleagues and profession. So what's a lawyer to do?

1. **Take inventory.** We all know that any business that fails to take inventory is bound to fail. People are no different. Taking an inventory or snapshot of your daily life can give you an idea of where you are and -- of equal importance -- where you want to go. Small corrections in allocation of time today will help prevent an out-of-balance life tomorrow. Here's an exercise to help with this type of inventory: Draw a circle and divide the circle into wedges representing the time spent on your daily activities. Are you happy with the allocation of time and energy? Are there areas where you spend the majority of your time and you wish you'd spend less? Are there areas where you devote minimal or no time but wish you did? There is no right or wrong allocation. After all, [it's your life and your responsibility](#). If your inventory highlights areas of concern, what can you do to change them? Or, better said, what would your perfect day's circle look like? Would there be enough time for all-important life activities: work, family, self, exercise, friends, hobbies, spiritual practices, meditation, fun, sex and sleep? What's really important to you?

2. **Schedule time for what's important to you.** Wishing and wanting to change are important ingredients for change but [action is important](#) too. If there is something that you want to do, what would be the first thing to accomplish to move toward that goal? First things really do come first. Try it! We learn from both good and bad results. Remember, the journey of a thousand miles begins with the first step. It also takes time to change a habit – usually six weeks or so. Be kind to yourself if you slip back into old patterns. Be aware and try again. It will happen if you try.

3. **Practice saying "no" and "yes" and really mean it.** Boundaries are important to self-care. Personal or professional boundaries are the physical, emotional and mental limits, guidelines or rules that you create to help identify your responsibilities and actions in a given situation and allow you to be true to and protective of yourself. They also help identify actions and behaviors that you find unacceptable. They are essential ingredients for a healthy self and a healthy law

practice. In essence, they help define relationships between you and everyone else. For example, do you accept all types of cases? Probably not, as you have drawn a boundary around or set limits about what types of legal work you will take on. Do you let people treat you with disrespect? Again, the answer is probably no. In your office or at home there are limits to certain behaviors that you tolerate. How does one establish healthy boundaries? Know that you have a right to personal and professional boundaries. [Set clear and decisive limits](#) and let people know what you expect and when they have crossed the line, acted inappropriately or disrespected you. Likewise, don't be afraid to [ask for what you want](#), what you need and what actions to take if your wishes aren't respected. Recognize that other's needs and feelings and demands are not more important than your own. Putting yourself last is not always the best – if you are worn out physically and mentally from putting everyone else first, you destroy your health and deprive others of your active engagement in their lives. [Practice saying no and yes](#) when appropriate and remain true to your personal and professional limits. Don't always accommodate everyone. Self-care is necessary; you don't always want to try to please others at your own expense. Above all, trust and believe in yourself. You know what you need, what you want and value. Don't let others make the decisions for you. Healthy boundaries allow you to respect your strengths, your abilities and your individuality as well as those of others.

4. Take a stress inventory and employ effective stress management methods to help you cope. Don't put this off. Stress takes its toll on everyone – some of us have learned how to deal with it; some of us have not. Find out what your stressors are, how you react to stress, what works to help dissipate its physical and mental effects and schedule healthy solutions into your daily life. Some tried-and-true [suggestions from other Texas lawyers include](#): Aerobic activity four or more times a week; deep breathing techniques like the "Relaxation Response"; mindfulness-based stress reduction (MBSR); camaraderie with friends and colleagues; daily meditation; regular participation in hobbies outside the law such as fishing, gardening, painting, dancing, golf and swimming; biofeedback; volunteer service to others; yoga; tai chi; qigong; massage; acupuncture, etc. Look for activities that activate the parasympathetic nervous system to relax your mind and body, rest and rejuvenate.

5. Eat right, get enough sleep and exercise.

6. Get organized. Organization is day-by-day chaos relief.

7. Quit smoking.

8. Put your financial house in order. Living beyond your personal or professional means is a ticket to hell. Take a look at your finances, get out of debt and plan for retirement. This is easy to say but sometimes hard to accomplish.

Student debt: Law students graduate with a staggering amount of debt (average debt is about \$100,000) but there is some help available: Law student loan forgiveness programs; loan repayment options (standard, extended, graduated, income contingent); set up a pay off through “snowballing” efforts (pay off the smallest debt first with a payment equal to regular scheduled payment plus 10 percent of your adjusted income). When that debt is paid off, use that money (regular payment plus the 10 percent of adjusted income used to pay off the first debt), plus what you would normally be paying on the second debt. You won’t miss the money and the debt is reduced quickly. Continue this snowballing of payments for each additional loan until all debts are paid. You can live within your means and still pay off a \$90,000 loan.

Loans: If you must borrow money in the future, learn to differentiate between good and bad. Good debt is an investment in your future, such as a mortgage or student loan. Bad debt doesn’t leave anything to show for itself – such as a car loan or credit-card debt.

Emergency Fund: Once you’ve retired bad debt, even if you still have student loans, it’s wise to kick a little money into a savings account for an emergency fund. Things happen: cars break down, family members get sick and leaking roofs need repair. Consider foregoing certain luxuries in order to contribut

e to this fund. The amount to set aside is discretionary – saving 3 months of expenses is a good goal, but these days the experts are suggesting saving 6-9 months worth of expenses might be more prudent. It may take time to accomplish, but saving for these emergencies is wiser than putting the expenses on a credit card and increasing debt.

Retirement: Saving for retirement is important. The easiest way is to automatically set aside a certain percentage for retirement each month. Financial advisors usually recommend putting 15 percent of your pre-tax income into a retirement account. This can be daunting to new lawyers with large student loans. But once you have eliminated bad debt, carved out money for emergencies, and adopted good habits about spending and saving, you should consider ramping up your retirement fund with an additional account. When it comes to retirement, one advantage young lawyers have is time. Even small investments, when compounded over decades, can grow exponentially, but you must start early to take full advantage.

Ask around your office to find out if a pre-tax retirement fund is available where you work. Even without an employer’s matching contributions, putting a little extra money into a retirement account early in your career will reap rewards later on. Don’t forget individual retirement accounts, especially Roth IRAs. To reach the full contribution allowed, use some creative methods, including sending any cost-of-living increases or raises directly into a

retirement fund. You'll never even miss the money because you'll live on your old salary just as you always did.

9. **Develop interests outside the law.** Try to develop or maintain interests completely unrelated to the practice of law. This will provide you with opportunities to take a well deserved break from your work, and, quite frankly, helps to make you a far more emotionally well-developed and interesting person. You will also meet a host of new friends and contacts who will help give some additional perspective about your life and your choices.

10. **Give a little back.** Try to do something kind for someone at least once a week. The more anonymous you can be about it, the better. Try something small. If you have the time, volunteer your time to help another. Don't make the activity about you – it should be about giving to others. Whatever measure you take, large or small, remember that it will not only help others, but it will also serve to build your self-esteem, help put your life in perspective, and help to develop and maintain a vital connection with the community in which you live.

11. **Develop or maintain a sense of spirituality.** Spirituality doesn't necessarily mean religion. Nevertheless, I absolutely know that each one of you believes in some sort of power greater than yourself that helps make a bit of sense of this world, provides you with guidance, direction and a sense of belonging. So, inquire within, find what works for you, and then pay attention to it. If a particular religion or spiritual practice works for you, put it into action in your life. If getting out in nature is a spiritual experience for you, go regularly. Whatever you choose, let it give you some perspective on your life, helping to reduce anxiety, worry and guilt.

12. **A sense of humor is critical.** Don't take yourself so seriously. It doesn't matter how big and important you are, or would like to be, what your salary is, or for which firm you work. If you can't laugh at yourself, you're a heart attack waiting to happen. And seriously, life is a lot less fun. Try this as an experiment: At least once a week, do something fun that involves no competition. Try something new - get out of your particular "comfort zone." Nothing relieves stress and tension better than a good laugh.

13. **Get proactive.** Know that this profession can wear you out. So, get an annual physical. Take a vacation (or "stay-cation"). Develop a team of experts for yourself: peer support, primary care physician, therapist and psychiatrist. Don't wait a year to address your burnout, your sense of dread, your lingering grief, your daily fear or the occasional blackout. Prepare for the possibility of an illness or unexpected time away from the office by developing a contingency plan with a lawyer friend who is willing and able to help with your cases or practice in your absence – a medical power of attorney, general power of attorney or a mental health power of attorney

document may be helpful and practical. Consider asking a lawyer friend to cover your cases while you take a vacation/stay-cation.

14. **Additional thoughts:** Make it a habit to reserve time in your schedule for the things that are important to you. The less time and energy you have to devote to simply trying to find the time and means to do the above, the more time and energy you can devote to taking care of yourself. Be aware that sometimes we all need help. Sometimes the pressure and stress of daily living and the practice of law can become too much – despite your best efforts. You can become physically run down or ill. Get help. If your alcohol or drug use becomes a problem, please seek help. Depression, anxiety disorders, panic attacks and other mental-health issues are all treatable. Help is available and not far away. All you need to do is look around; the answers are out there.

Solutions (in alphabetical order)

1. American Bar Association's Commission on Lawyer Assistance Programs (CoLAP): TLAP has long standing ties with the American Bar Association Commission on Lawyer Assistance Programs. CoLAP has the mandate to educate the legal profession concerning alcoholism, chemical dependencies, stress, depression and other emotional health issues, and assist and support all bar associations and lawyer assistance programs in developing and maintaining methods of providing effective solutions for recovery. CoLAP maintains a webpage, www.abanet.org/legalservices/colap/home.html, that includes a directory of local programs; information about CoLAP publications; copies of recent *Highlights* Newsletter; registration materials for the Annual ABA CoLAP National Conference; a calendar of upcoming events and other links of interest.

2. Confidentiality: As the approved peer assistance program for lawyers, the [Texas Lawyers' Assistance Program \(TLAP\)](#) is afforded confidentiality of communications thru the Texas Health and Safety Code Chapter 467. TLAP cannot and will not divulge information about any lawyer, law student, judge, TLAP volunteer, concerned other, conversation or action without express written permission or as required by statute.

3. Continuing Education: TLAP truly believes that education is an important part of prevention and is committed to providing lawyers and law students with important information to make good decisions about their health and well being.

Education is a huge component in assisting lawyers and reducing the stigma associated with seeking help for anxiety, addictions, depression and other mental health disorders. TLAP works independently and with TexasBarCLE and the Texas Center for Legal Ethics and Professionalism to provide presentations specific for the lawyer audience on a variety of subjects. Utilizing staff and volunteers, TLAP routinely makes over 50 presentations each year. Presentations frequently given include topics such as: Addictions and the Solution; Anxiety vs. Zealous Representation; The Ethics of Mental Health; Dealing with Lawyers' Compassion Fatigue; The Happy Healthy Lawyer; Stress Management; TLAP Triple Decker (Signs Symptoms and Solutions); Lawyer Resiliency (Practical Tips for a Practice Perspective); Judges SOS (Stressors, Options & Solutions); Suicide Prevention: Question, Persuade and Refer; Survival and Success for the New Lawyer or Law Student. TLAP can also design a presentation specific to the audience: judges, local or specialty bar associations, in house legal departments, law firms, law schools or other groups. MCLE credit can usually be obtained for these presentations and TLAP absorbs speaker costs and reimbursements.

Other TLAP educational material includes:

DVDs: In 2007, TLAP and TexasBarCLE collaborated to create the award-winning DVD, *“Practicing from the Shadows: Depression and the Legal Profession.”* with an introduction by State Bar of Texas President Martha Dickie. This DVD is still available for distribution and free copies may be obtained from TLAP. The newest collaboration between TexasBarCLE and TLAP is the 2010 DVD that accompanies this material, *“Practicing Law and Wellness: Modern Strategies for the Lawyer Dealing with Anxiety, Addiction and Depression.”*

Personal Stories: TLAP has learned that the recovery process from any illness seems to require the process of story reconstruction and story-telling. By telling one’s story of illness and recovery, a person may gain catharsis, insight, positive reframing of events, and ultimately an anchor for present and continued recovery. By hearing or reading another’s story, lawyers find similarities and solutions for recovery. TLAP publishes personal stories online on its web pages at www.texasbar.com/tlap and in a variety of publications, primarily *The Texas Bar Journal*. TLAP is also currently in production of **“Lawyers’ Voices,”** an audio collection of 1st person stories from Texas lawyers to be posted on the web pages soon.

The Texas Bar Journal has been most generous to TLAP and featured TLAP articles and stories in selected issues in 1989, 1992, 1995, 1998, 2001, 2004, 2007 and 2010.

TLAP web pages, containing additional information and resources, are hosted by the State Bar and are available here: www.texasbar.com\tlap .

4. Crisis counseling, referrals and peer assistance: TLAP’s primary mission is to provide crisis counseling, proper referrals to appropriate resources and professionals, and if appropriate, contacts with local volunteers interested and trained in providing peer support and assistance. TLAP receives calls from lawyers, judges and law students calling about their own behavior and from others concerned about a lawyer, judge or law student. TLAP staff is available during regular business hours and is “on-call” after hours and on weekends thru the toll-free hotline: [800-343-8527](tel:800-343-8527). All communications with TLAP are confidential by statute.

5. Lawyer Discipline: TLAP neither advocates for or against a lawyer who finds him/herself within the disciplinary or disability system. However, because lawyer impairments may affect misconduct or the determination of disability, TLAP has developed an understanding of the operational aspects of both the Texas Rules of Professional Conduct and the Texas Rules of Disciplinary Procedure and while maintaining confidentiality and keeping to its mission, TLAP works cooperatively with a variety of entities including but not limited to the Office of Chief Disciplinary Counsel, Commission on Lawyer Discipline, Commission on Judicial Conduct, Board

of Law Examiners, Board of Disciplinary Appeals, State Bar Board of Directors and other State Bar Executives and staff members. The interplay of impairments, rules, regulations and departments is especially evident here:

Rule 8.03 of the Texas Disciplinary Rules of Professional Conduct, “Reporting Professional Misconduct” mandates a lawyer reporting another lawyer’s conduct to the appropriate disciplinary authority under certain circumstances. Alternatively, under 8.03(c), the report of misconduct can be made to TLAP if a lawyer has knowledge or suspects that another lawyer or judge whose conduct is required to be reported pursuant to paragraphs (a) and (b) of the rule is impaired by chemical dependency on alcohol or drugs or by mental illness. The **Comment** to this rule is instructive.

Mitigation of Punishment within the Texas Rules of Disciplinary Procedure, Rules 2.18 and 3.10 - The rules provide that a lawyer’s “disability” may not be considered in mitigation unless the lawyer demonstrates that he or she is successfully pursuing, in good faith, a program of recovery or appropriate course of treatment.

Cessation of Practice, Part XII, Texas Rules of Disciplinary Procedure – Rules to consider when a lawyer dies, resigns, becomes inactive, is disbarred, or is suspended.

Disability Suspension - Disability is defined in the Texas Rules of Disciplinary Procedure, 1.06(l) and the rules relating to Disability Suspensions are found in Part XII “Disability Suspension.” Because the Board of Disciplinary Appeals (BODA) has exclusive original jurisdiction to suspend an attorney indefinitely who is suffering from a disability, taking a look at the Internal Procedural Rules of the Board of Disciplinary Appeals will provide additional helpful information.

The Grievance Referral Program (GRP) is an important component of the disciplinary system. Implemented in 2007, the GRP allows the Commission for Lawyer Discipline to refer to the program lawyers who have engaged in minor misconduct and who otherwise meet the GRP eligibility criteria. In exchange for a likely dismissal of the underlying complaint, the respondent lawyer agrees to complete a remedial or rehabilitative program specifically tailored to address the issues that contributed to the misconduct, such as communication problems, poor law practice management skills, or mental health issues negatively impacting the lawyer’s ability to practice law.

6. Financial Resources: Often, lawyers who come to TLAP have depleted both personal and financial resources. These present considerable challenges to TLAP staff, volunteers and the lawyers in crisis as we try to find solutions, treatment options, mental health professionals, medical care and other local resources to help. Thankfully there are several sources of possible financial support for Texas lawyers in crisis:

The Pat Sheeran & Michael J. Crowley Memorial Trust Fund: In 1995, a group of Texas lawyers created The Pat Sheeran Memorial Trust to provide financial assistance to Texas attorneys who need treatment for substance abuse, chemical dependency, and mental health disorders and who do not have the financial means to pay for necessary medical care. The Trust is administered by a volunteer Board of Trustees who are members of the Texas Lawyers Concerned for Lawyers, Inc. (TLCL), a non-profit and sister organization to The Texas Lawyers' Assistance Program.

Currently, the trust is funded solely by contributions from individuals. Assistance is provided in the form of a grant, made payable to the specific treatment or service provider. To help protect the corpus of the Trust and to give applicants a significant stake in their own recovery, all applicants are asked to make a moral commitment to repay the grant. No applicant may be allowed additional grants unless previous grants have been repaid.

To make a tax deductible donation to the Sheeran/Crowley Trust, contact Ann Foster or Cameron Vann at TLAP ([800-343-8527](tel:800-343-8527)).

The Mack Kidd Fund: Established in January of 2005 as part of the Austin Bar Foundation, the Justice Mack Kidd Fund provides financial support for counseling and medical treatment on a short-term basis for lawyers in the Austin area whose practices have, as a result of depression or a related illness, declined to a point that they cannot afford to pay for treatment themselves. For more information, contact DeLaine Ward, Executive Director of the Austin Bar Association (512-472-0279) or TLAP ([800-343-8527](tel:800-343-8527)).

The Houston Bar Foundation: The Houston Bar Foundation provides limited temporary financial assistance to attorneys who qualify and are approved by the Foundation's Board of Directors as being in need of financial assistance. Contact Houston Bar Association Executive Director, Kay Sims (713-759-1133) for more information.

7. Intervention: Broadly defined, an intervention is anything that gets between an individual and the problem. The continuum of interventions might begin with a simple conversation and an expression of concern, move toward a slightly more formal peer intervention between lawyer colleagues or be as elaborate as a scripted Johnson Model or Invitational Model type intervention. TLAP can help determine what might be appropriate for the situation at hand, coach you through an intervention, initiate a peer intervention with a TLAP volunteer leading the conversation or put you in contact with a professional interventionist. Whatever the situation, TLAP believes that we don't wait until someone "hits bottom" or is hospitalized, arrested or threatens suicide before attempting to reach out. TLAP believes that a lawyer,

his/her clients, the profession, the family, the firm and the public are all better served through early intervention.

8. Judges: Judges occupy a unique and powerful force within the legal profession. Judges are also in a unique position to see what often no one else sees: the attorney in action and the attorney who may be impaired. As such, judges are in a position to act to promote positive change in the lives and careers of lawyers in crisis. TLAP is prepared to help judges reach out to the lawyer in crisis and can provide help and coaching regarding their concerns about lawyers in their jurisdictions. TLAP also provides CLE presentations to judges groups around the state to inform about the special services available to Texas Judges. Resources available to judges include:

Peer Support for Texas Judges: Judges are also in a unique position to help other judges who may be challenged by substance use and mental health disorders. TLAP has a number of volunteers who are judges and who are interested providing peer support to other judges in crisis. TLAP has created a confidential 800 hotline that judges may call to seek help for themselves or other judges: [800-219-6474](tel:800-219-6474).

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

9. Lawyer Support Groups: TLAP and TLCL have joined together to offer and support lawyer self-help and support groups around the state. Groups are active around the state in major cities and other areas (Austin, Corpus Christi, Dallas, El Paso, Ft. Worth, Houston, Rio Grande Valley, and San Antonio). These groups operate to support lawyers dealing with a variety of concerns, primarily substance use, addictions, and depression. A list of active groups and local contacts is available thru TLAP.

10. Law Firm Policies and Practices: Consider this scenario: A senior rainmaking partner suffers from serious debilitating depression. Although universally respected as an outstanding attorney, his behavior has begun to deteriorate; he isolates, begins missing deals, deadlines and

is generally uncommunicative. Before any attempt is made to encourage this partner to seek help, he attempts suicide and is immediately hospitalized for an indefinite period. Is the firm prepared for such a scenario? Are there policies in place to deal with this eventuality? Are there policies relating to the firm's protection of his privacy and confidentiality, covering the workload, informing clients and the courts? Is the firm ready to designate a person to be responsible for monitoring the progress of the partner's treatment and his fitness to return to work? What happens when he comes back to work?

In a perfect world, all law firms would have a policy in place that addresses attorney impairment from substance use, depression and other mental health issues. The State Bar has such a policy; the ABA has adopted a Model Law Firm Impairment Policy and Guidelines (1990). However, it's most likely that your law firm does not. Case in point: A recent survey conducted by the NY State Lawyer Assistance Trust found that 81.5% of the firms responding did not have specific written policies dealing with attorney impairment; 37.5% did not have medical coverage for partners, associates and of-counsel members for substance use or other mental health issues and 24% did not permit leave time to be used by lawyers who are receiving inpatient or outpatient treatment for substance use or other mental health issues.

If you don't have a policy in place and something happens, you'll be making one up as you go along. [Act now. Don't react later.](#)

It makes good economic sense to have policies in place. The literature dealing with cost effective practice management routinely notes that it's far cheaper to provide for intervention, treatment and recovery of valued employees, partners and associates than it is to allow these matters until major negative consequences are suffered, by the firm and by the attorney or employee.

It also makes good practical sense. A law firm policy concerning impairment issues restates a firm's commitment to the integrity of its work, and defines the firm's professional conduct requirements, unacceptable conduct, attitude toward impairments within the workplace and how it will respond in instances of detection or recognition, treatment and rehabilitation. Policies provide a blue print of action that has been well thought out and researched and draws structure and deliberation to a critical unexpected event or process. Instead of making up policy as you go in a matter of hours after an admission and request for help, an intervention, arrest or death, a good policy can reflect responsible choices and actions.

Policies also make good ethical and legal sense all the while defining expectations and responsibilities of firm and attorney. They can help highlight, address and guide resolution for the myriad issues swirling around the issue of impairment in a law firm, including:

- ~ Ethical duties under the Texas Disciplinary Rules of Professional Conduct such as 1.05 (Declining or Terminate Representation), 8.03 (Reporting Professional Misconduct), 5.01 (Responsibilities of Partner or Supervisory Lawyer, 5.02 (Responsibilities of Supervised Lawyer);
- ~ Corresponding ethical duties in other states and jurisdictions if multi-state/national/international practices;
- ~ State and federal employment law and other state/federal legislation or regulations;
- ~ Privacy and confidentiality of certain information, especially medical information;
- ~ Publicity;
- ~ Candor with clients;
- ~ Candor with the courts;
- ~ Workload re-assignments;
- ~ De-briefing firm members/staff
- ~ Malpractice investigation and considerations;
- ~ Insurance coverage, related MH parity issues and financial responsibility for course of treatment;
- ~ Leave of absence or use of leave time for course of treatment;
- ~ Re-entry, re-location, re-assignment, out-placement or termination;
- ~ Monitoring of recovery and cases after re-entry or re-assignment; and
- ~ Consequences of relapse/continued performance issues.

11. Law Students and Law Schools: TLAP has worked to have a continuing and active presence in the nine Texas law schools since 1989. TLAP has delivered consultation and coaching to law school management and has made presentations at first year orientations, end of first exam periods and a variety of PR and litigation classes. TLAP has developed specialized materials suitable for distribution in the law schools and remains open to fresh and innovative ideas – especially in the area of prevention. For example, in 2009, TLAP worked with the three Houston law schools to create a unique 3 venue stress management course open to law students and

staff at the three schools. Most recently in 2010, TLAP invited the Deans of Students of each law school for a brainstorming and networking session that resulted in a renewed connection with the schools and concrete ideas for collaboration in the future.

12. Local and Specialty Bar Resources: TLAP volunteers and staff are able to make presentations at CLE functions to local and specialty bars around the state. TLAP provides these services free of charge to the local and specialty bar associations and is willing to create a presentation that fits the bars' needs. Often, MCLE participatory and ethics credit is granted to TLAP presentations. TLAP also makes available its previously published stories and articles for use in local and specialty bar association publications. Please contact TLAP for electronic PDF versions of these articles and 1st person narratives.

13. Medical Check-Ups: Poor physical health can have an impact on mental health. Conversely, individuals with enduring mental health problems are likely to develop physical health issues. There are also positive interactions between mental and physical health as well.

14. Mental Health Experts: It's also wise to build a team of mental health experts who are on your side when it comes to combating stress, anxiety, burnout, depression or substance abuse. Why not engage the services of a mental health professional before there are issues? You already do that with a primary care physician. Consider having a support team consisting of a psychiatrist, therapist, in addition to your primary care physician, makes good preventative sense. You may never need the doctor or therapist, but if you do, you're already an established patient and can easily access help from a known resource.

15. Monitors and Monitoring: TLAP provides monitors and monitoring services for the Board of Law Examiners, the Chief Disciplinary Counsel's Office and the Commission on Lawyer Discipline, the Commission for Judicial Conduct and on occasion, private firms. These entities contact the Texas Lawyers' Assistance Program seeking a recommendation of a TLAP volunteer attorney to serve as a Monitor for another attorney whose license is on a probationary status and whose substance abuse, chemical dependency or mental health is an issue. The Monitor's job is to have personal contact with the monitored attorney once a week or as dictated by the terms of the individual agreement; call for drug screens if applicable; determine to the extent possible whether the person has complied with the conditions relating to substance abuse, chemical dependence or mental health recovery and file a monthly or quarterly report with the monitoring entity/concerned party. The Monitor is not a sponsor of the monitored attorney, does not monitor the lawyer's law practice and is not expected to insure that the person complies with the conditions. The Monitor is duty bound to report any violations to the appropriate monitoring entity. In developing and implementing its monitoring services, TLAP uses the guidelines outlined in *The American Bar Association Commission on Lawyer Assistance*

Programs' Planning Guide for Designing and Implementing Lawyer Recovery Monitor Programs (2007).

16. Peer assistance: TLAP's resources include a dedicated and passionate group of volunteers numbering over 650. These volunteers are lawyers, judges and law students who are committed to providing peer assistance to their colleagues. Most volunteers are individuals who have experienced their own challenges, demonstrated recovery, and are interested in helping others in the same way they were helped. TLAP volunteers uniquely know how important confidentiality is to the lawyer in crisis and are trained to help in a variety of ways: providing one-on-one peer support and assistance, participating in interventions, introducing others to the local support groups and other lawyers in recovery, monitoring, speaking and making presentations and a host of other activities. Without a doubt, the TLAP volunteers are the heart and soul of the program.

17. Professional Help: If what you're doing isn't working and you need professional help but don't already know a psychiatrist, therapist or mental health professional, TLAP can help guide you to competent professionals and resources in your community who may be familiar with lawyers and the lawyer lifestyle. Credentialing and licensing may be important factors to consider. In order to practice independently in Texas, a therapist must be licensed by their professional board, such as an LCDC (Licensed Chemical Dependency Counselor, LCSW (Licensed Clinical Social Worker), LPC (Licensed Professional Counselor) or licensed psychologist (Ph.D.) (Please note that if someone has a Ph.D., that does not necessarily mean he or she is licensed as a clinician) and MD/DO/Psychiatrist. A therapist or psychiatrist may also have specific interests and training that are important to consider. For example, an LCSW may have specialized training in trauma, an LPC may be interested in addictions, a PhD may specialize in anxiety disorders or clinical assessments only and the Psychiatrist may limit her practice to mood disorders. Again, TLAP may be able to help you in choosing a mental health professional who is a good fit for you.

18. Stress Management: Stress is a fact of life and a reality when practicing law. Positive stress can invigorate but negative and chronic stress can enervate, maim and destroy. In order to thrive, it is critical to learn about stress, what it is and what it's not, the sources, your triggers, the biological reactions of parasympathetic and sympathetic nervous systems as well as explore the ways to build resiliency and anticipate, reduce, handle, manage or dissipate your individual stress reactions.

19. Solo & Small Firm Practitioners: A significant number of Texas attorneys practice alone or in small firms. Most likely, they are not thinking about what would happen to the practice in the event a crisis occurs (sudden illness, substance abuse, severe depression, death, etc). But it's best to be proactive. Simple steps can be taken to ensure that the clients are protected during

these tough times. The extent of what should be done is beyond the scope of this brief article but suffice it to say that a few hours of your time should be spent in research and planning for these contingencies. To start, take a look at the Texas Rules of Disciplinary Procedure, Part XII, (Cessation of Practice). Consider the restrictions on an attorney who wants to take over the file, how to deal with the clients files and other property, what office procedures should be in place to provide protection for the client. At the very least, a solo practitioner should find another lawyer who could be designated as a “backup attorney” in the event of the solo’s disability, illness or death and put procedures in place to ethically allow that attorney to take over in an emergency. An additional significant risk the solo practitioner faces to his/her mental health is isolation. Be aware and position yourself in professional groups and friend/family activities to promote positive mental health.

20. The State Bar of Texas Disability Issues Committee: The DIC’s purpose is to study the concerns of Texas lawyers with disabilities, as well as clients and members of the public, and make recommendations to the Board of Directors of the State Bar of Texas concerning ways in which the role of the disabled in Texas can be enhanced by improvement in programs and initiatives sponsored by the State Bar. Its recent Mental Health Project has been focused on finding additional methods to promote and broaden mental health awareness among State Bar of Texas members.

21. Suicide Prevention: It’s been well documented that lawyers are at significant risk for addiction, anxiety, depression and suicide. A recent study by the Air Force (2010) found that suicide prevention training included in all military training (how and when to use mental health services, encouraging early help seeking behavior, promoting coping skills, fighting the stigma associated with receiving mental health care and the absence of negative career consequences for seeking and receiving treatment) reduced the mean suicide rate within the population studied by an unprecedented 21%. Research shows that an individual will turn to his/her support system before seeking help from professionals. TLAP has been actively advocating for and teaching about suicide prevention since 1997. Capitalize on the successes of these educational efforts: Sign up to take a Suicide Prevention Course from a local provider or from TLAP and learn the signs and symptoms; how to carry on a conversation about suicide and how and when to get your client, friend or colleague to professional help. What you learn and what you do with that knowledge will save lives.

22. The Texas Lawyers Assistance Program (TLAP): The nationally acclaimed Texas Lawyers' Assistance Program (TLAP) has evolved from helping lawyers with substance abuse disorders and alcoholism to assisting lawyers, judges and law students with mental health issues. The Texas Lawyers' Assistance Program (TLAP) was created to provide for the identification, peer intervention and rehabilitation of any Texas attorney or law student whose professional

performance is impaired because of substance abuse, dependency or mental health disorders. Current estimates indicate that anywhere from 10,000 to 15,000 lawyers in Texas suffer from substance use disorders or mental health issues affecting their law practices. TLAP can help save the lives of these attorneys. Our work also contributes to the protection of the public, the improvement of the integrity and reputation of the legal profession, and, because assistance to an affected lawyer often prevents future ethical violations, the reduction of disciplinary actions.

23. The Texas Lawyers' Assistance Program – State Bar of Texas Standing Committee: The TLAP Committee is appointed each year by the incoming State Bar President. The TLAP Committee provides consistent and valuable leadership, direction, consultation and guidance for the TLAP staff and volunteers in their work. The TLAP Committee is a critical component of the services provided through TLAP and aids with the ongoing development and implementation of TLAP policies, procedures, and the resolution of specific issues and concerns as they may arise. In accordance with every Committee member's individual expertise and interest, each may act as an influential and key contact in his or her specific geographic location or area of interest.

24. The Texas Lawyers' Assistance Program Staff: The State Bar employs a full-time professional staff at TLAP who has a variety of training and experience to help lawyers and those concerned about the behavior of lawyers. Ann D. Foster (JD, LPC-Intern, Mediator) and Cameron Vann (JD, Mediator) are the current TLAP staff and are available during regular business hours and "on-call" during evening hours and weekends. [The TLAP Hotline \(800-343-8527\)](tel:800-343-8527) and [the Judges' Assistance Hotline \(800-219-6474\)](tel:800-219-6474) are available 365/24/7 and monitored only by TLAP staff members.

25. Texas Lawyers Concerned for Lawyers (TLCL): TLCL is TLAP's grass roots sister organization. TLCL is a Texas non-profit 501 (c)(3) corporation, independent of TLAP and the State Bar of Texas, whose mission and purpose closely resembles that of TLAP. TLCL is governed by a Board of Directors and runs support group and peer assistance services throughout the state. TLCL has also put on a statewide convention each year to provide TLCL and TLAP volunteers with cutting edge CLE and networking opportunities. TLCL also created and maintains the Patrick Sheeran & Michael J. Crowley Memorial Trust, which helps indigent lawyers defray certain financial obligations related to treatment for substance use and mental health disorders.

26. Wellness – A steadfast commitment to, and participation in, a personal wellness program is prevention *per se*. When we take good care of ourselves and feel good, our health improves and everything we do improves, including our work. Taking care of ourselves first allows us to be of maximum service to family, friends, clients, colleagues, community and profession. Life and the practice of law are hard but if we've been participating in a wellness program, we should be in better shape to weather life's inevitable storms.

We're not just whistling Dixie. In 2006, a State Bar of Texas Presidential Task Force was convened to study the status of lawyer mental health in Texas. Concerned with the high rate of depression and suicide within the law profession and tasked with identifying problems and solutions, the Task Force set to work. Recognizing that the demands of the legal profession can make it very hard to take good care of ourselves and that the stress of our jobs can become overwhelming for even the healthiest among us, the Task Force concluded that a strong antidote to substance use, anxiety, stress and depression is wellness. Good leadership starts at the top and so the Task Force concluded that a first step to highlight the importance of wellness was for the State Bar to adopt a Wellness Resolution (January 2007). Additionally, lawyers, law firms, corporate legal departments, courts, government offices, employers of lawyers and the law schools were urged to adopt a Commitment to Wellness.

The Wellness Resolution and the Commitment to Wellness are a great start. Now it's time to for you to put these suggestions and ideas into concrete action. What actions will you take to design and follow your own personal wellness plan?

Solutions Outside The Box

There are many approaches to self-care and adjunctive solutions for anxiety, addiction and depression that are outside the realm of conventional practices in the United States. Often falling under the rubric of complementary and alternative medicine, we should not dismiss these until investigating further. Some are ancient practices; some are 21st century ideas. Listed below are some solutions for consideration¹:

Acupuncture is a method of healing developed in China at least 2,000 years ago. Today it involves a family of procedures involving stimulation of anatomical points on the body by a variety of techniques. American practice of acupuncture incorporates medical practices from China, Japan, Korea and other countries and is widely used. Acupuncture is commonly used to help in treating pain, anxiety, depression and substance use disorders.

Ayurveda is a type of medical system that has been practiced primarily in the Indian subcontinent for 5,000 years. It includes diet and herbal remedies and emphasizes the use of body, mind and spirit in disease prevention and treatment.

Biofeedback is the technique of using monitoring devices to furnish information regarding an autonomic bodily function, such as heart rate or blood pressure, in an attempt to gain some voluntary control over that function. In addition to helping treat certain medical conditions, biofeedback can be instrumental in treating anxiety, stress, ADD/ADHD and depression.

Homeopathic Medicine is a medical system that is premised on the idea that “like cures like,” meaning that small, highly diluted quantities of medicinal substances are given to cure symptoms, when the same substances given at higher or more concentrated doses would actually cause those symptoms (sounds like allergy shots, yes?).

Hypnosis, also known as hypnotic suggestion, is a trance-like state in which you have heightened focus, concentration and insight. Hypnosis is intended to help you gain more control over undesired behaviors or emotions or to help you cope better with a wide range of medical conditions. Hypnosis isn't considered a treatment or a type of psychotherapy. Rather, it's a procedure typically used along with certain treatments and therapies to help a wide variety of conditions or issues including pain, stress, anxiety, mental health disorders and substance/process use.

¹ Much of this information is from the National Center for Complementary and Alternative Medicine, a component of the National Institutes of Health at www.ncam.nih.gov

Journaling is an accepted and researched technique that works to create a mind-body connection that can be cathartic and insightful. Personal self-disclosure thru writing can help prevent illness, protect the immune system, work thru traumas, help with coping with grief, life changes, and generally affect emotional and physical health.

Manipulative and Body-Based Practices (Chiropractic, Osteopathic and Massage): Chiropractic focuses on the relationship between body structure (primarily the spine) and function and how that relationship affects health. Osteopathic medicine is a form of conventional medicine that emphasizes diseases arising in the musculoskeletal system and incorporates the belief that all the body's systems work together and disturbances in one system may affect function elsewhere in the body. Osteopathic manipulation is one technique that is used to alleviate pain, restore function and promote health and well-being. Massage therapists manipulate muscle and connective tissue to enhance function of those tissues and promote relaxation and well-being.

Meditation, Mindfulness and Mindfulness Based Stress Reduction are well researched practices that aid in stress reduction and wellness. Meditation practices include disciplines which guide the practitioner beyond the reflexive thinking mind to state of greater relaxation and awareness. It is practiced both within and outside religious practices. Different meditative disciplines encompass a wide range of goals—from achievement of a higher state of consciousness, compassion and kindness, to greater focus, creativity or self-awareness, or simply a more relaxed and peaceful frame of mind. Mindfulness is a type of meditation that essentially involves focusing your mind on the present. To be mindful is to be aware of your thoughts and actions in the present, without judging yourself. Research suggests that mindfulness meditation may improve mood, decrease stress, and boost immune function. Mindfulness Based Stress Reduction (MBSR) is a particular meditation practice that aids participants in managing and coping with stress. It teaches skills, habits and new patterns of behavior that can allow for a greater sense of control and increased capacity for coping effectively with stress, pain and illness.

Naturopathic medicine proposes that there is a healing power in the body that establishes, maintains and restores health. Practitioners work with the patient with a goal of supporting this power through treatments such as nutrition and lifestyle counseling, dietary supplements, medicinal plants, exercise, homeopathy and treatments from traditional Chinese medicine.

Qi gong is a component of traditional Chinese medicine that combines movement, meditation and regulation of breathing to enhance the flow of qi (vital energy) in the body, improve blood circulation and enhance immune function.

Tai Chi, which originated in China as a martial art, is a mind-body practice in complementary and alternative medicine (CAM). Tai chi is sometimes referred to as "moving meditation:" practitioners move their bodies slowly, gently and with awareness, while breathing deeply. In the United States, people practice tai chi for various health-related purposes, such as for benefits associated with low-impact, weight-bearing, aerobic exercise; to improve physical condition, muscle strength, coordination, and flexibility; to improve balance and decrease the risk of falls, especially in elderly people; to ease pain and stiffness—for example, from osteoarthritis; to improve sleep and for overall wellness.

Traditional Chinese Medicine is the current name for an ancient system of health care from China. It is based on the concept of balanced qi, or vital energy, which is believed to flow throughout the body. Qi is believed to regulate a person's spiritual, emotional, mental and physical balance and to be influenced by the opposing forces of yin (negative energy) and yang (positive energy). Disease is proposed to result from disrupted qi and the imbalance of yin and yang. Practitioners include herbal and nutritional therapies, restorative physical exercises, meditation, acupuncture and massage.

Yoga is a mind-body practice with origins in ancient Indian philosophy. The various styles of yoga that people use for health purposes typically combine physical postures, breathing techniques and meditation or relaxation. There are numerous schools of yoga. Hatha yoga, the most commonly practiced in the United States and Europe, emphasizes postures and breathing exercises. Some of the major styles of hatha yoga in the US include Iyengar, Ashtanga, and Kundalini and Bikram yoga. People use yoga to help with a variety of conditions and to achieve fitness and relaxation.

New on the Horizon

1. Neurotransmitter testing, remediation and brain wellness:

New research indicates that individuals facing recovery from anxiety, substance abuse and dependence and depression may benefit from neurotransmitter testing and remediation.

The primary neurotransmitters known today are [serotonin \(S\)](#), [dopamine \(D\)](#), [norepinephrine \(NE\)](#), [epinephrine \(E\)](#), [GABA](#), [glutamate \(Glu\)](#) and [histamine](#).

[Neurotransmitters](#) are the chemicals that communicate information throughout the brain and body. Neurotransmitters are classified as either excitatory (increase certain cell activity or function) or inhibitory (decrease certain cell activity or function). Scientific research suggests that 86% of Americans may have suboptimal neurotransmitter levels. Both the level of each neurotransmitter and the ratio relative to other neurotransmitters can affect functioning. Age, stress, trauma, medications, lifestyle (sleep, caffeine, drugs, alcohol and exercise), poor diet, poor protein assimilation, genetic predisposition and toxic substances can also affect neurotransmitter levels and ratios.

Adequate [serotonin](#) levels contribute to stable mood and help to balance any excessive excitatory signaling in the brain. Out of range serotonin levels can result in anxiety, depression, obsessive thoughts and behaviors, carbohydrate cravings, PMS, difficulty with pain control and sleep cycle disturbances.

[Dopamine](#) is involved in the reward center and focus. When not in proper ratio to serotonin, there are typically issues relating to focus relating to memory. Depleted levels can also lead to emotional lows, lack of motivation, extreme behavior and addictive disorders.

[Norepinephrine](#) is an excitatory neurotransmitter responsible for the stimulatory processes of the brain. Concentration and focus are affected when the sympathetic nervous system is activated by NE and by Epinephrine. Elevated NE can result in mood dampening effects, impulsive thoughts and actions, extreme fatigue and anxiety and nervousness. Low levels can result in low energy, depression and decreased ability to focus.

[Epinephrine](#) is converted from NE and is involved in the fight, flight response. E regulates brain function such as metabolism, heart rate and blood pressure. Elevated E levels are associated with hyperactivity, anxiety and low adrenal function. Lower E levels may cause decreased energy, fatigue, depression, insufficient cortisol production, chronic stress, burnout, poor recovery from illness, dizziness and persistent adrenal stimulation (leading to depletion, low energy and weight gain).

[GABA](#) is an inhibitory neurotransmitter is often referred to as nature's valium like substance. High GABA levels indicate excitatory overload (demand for GABA increases to balance surplus

excitatory neurotransmitters such as Glutamate). Low levels are associated with adrenal distress and hypothalamus-pituitary dysfunction.

Glutamate (Glu) is an excitatory neurotransmitter that plays an important role in learning and memory. High levels of Glu can indicate excitatory toxicity as seen in senile dementia and Alzheimer's disease and are associated with panic attacks, anxiety, excess adrenal function, impulsivity and depression. Low levels have been associated with agitation, memory loss, sleeplessness, low energy, insufficient adrenal function and depression.

Histamine is an excitatory neurotransmitter that helps with the sleep-awake cycle. Elevated histamine is associated with allergic reaction and inflammation and may be an indicator of adrenal dysfunction. Low levels are associated with disruption, adrenal deficiency and lethargy.

Research indicates that remediation through amino acid therapy and other supportive therapies (nutrition, massage, talk therapy, etc) can promote recovery of neurotransmitter levels and provide continued support for optimal balance.

2. Brain SPECT imaging in Treatment and Recovery:

Single Photon Emission Computed Tomography (SPECT) imaging is nuclear medicine and high resolution imagery that measures cerebral blood flow and activity patterns in the brain. It creates 3D images of brain function. In short, it enables us to see areas of the brain that work well, that work too hard, or don't work hard enough. "Seeing" the areas of the brain that are contributing to symptoms can motivate individuals to comply with treatment recommendations. Along with clinical history, interviews, neuropsychological tests, a SPECT Image can help shape a treatment plan tailored to the individual's specific needs. SPECT Imaging has been used to help with identifying and treating ADD, depression, anxiety, brain trauma, memory loss and substance use.

3. Micro-current Therapy:

Micro-current electrical stimulation treatments are being used as solutions for anxiety, depression, insomnia and chronic and acute pain management. Research over the last 25 years indicates that micro-current therapy complements almost all other treatments and that results are residual and cumulative. The micro-current is applied via clips that attach on the ear lobes. Used just 20 to 40 minutes every day, every other day, or on an as-needed basis, the treatment will induce a pleasant, relaxed feeling of well being. Anxiety reduction is usually experienced during treatment. Insomnia and depression control are generally experienced after two to three weeks of daily treatment. Treatment can also help treat the underlying mood disorders brought on by chronic pain. Micro-current therapy may be used as an adjunct to medication and/or psychotherapy. After treatment, there are usually no physical limitations imposed so you can resume normal activities immediately. Maintenance of a relaxed, yet alert state is generally achieved with treatments one to three times per week. Devices that deliver the micro-current are only available by prescription from a licensed healthcare professional.

4. Transcranial Magnetic Stimulation:

Transcranial Magnetic Stimulation is one of the newer types of brain-stimulation methods designed to treat depression when standard treatment hasn't worked. According to the National Alliance on Mental Illness, TMS is an outpatient intervention which could be an option for individuals diagnosed with major depression who have failed trials of antidepressants at an adequate dose and duration. TMS is not indicated for individuals who have bipolar disorder, depression with psychosis or individuals with a high risk of suicide.

TMS is approximately a 40-minute procedure conducted in an outpatient office using a specific technology. The procedure, given daily, occurs over a four-to-six-week period. The TMS device sends magnetic pulses to the frontal left side of the brain which generates weak electrical currents. These magnetic pulses are similar to what one would experience in getting a magnetic resonance image (MRI) of the brain.

The theory of the treatment is that the resulting electrical currents activate neurotransmitters implicated in the symptoms of depression—serotonin, norepinephrine and dopamine. Studies have shown that the frontal left side of the brain is the area that can be underactive in individuals with major depression, hence the rationale for the site of the stimulation.

In a randomized, controlled clinical trial with individuals who had not adequately benefited from prior antidepressant medication, patients treated with TMS experienced a significantly greater improvement in symptoms than patients treated with placebo. In an open-label trial, which is most like real-world clinical practice, 54 percent of individuals treated with TMS experienced a significant improvement in symptoms.

TMS requires no anesthesia or sedation, has a low rate (about 5 percent) of discontinuation due to adverse effects (most commonly headache) and has no systemic side effects typically with oral antidepressant therapy (such as sexual side effects, weight gain, nausea, constipation or dry mouth). Medical devices such as pacemakers or metal objects in one's head prevent the use of TMS. Seizure risk can be raised by TMS. There are no long-term studies of the effects of TMS.

Conclusion

If there is a take-away message from *Practicing Law and Wellness: Modern Strategies for the Lawyer Dealing with Anxiety, Addiction and Depression*, it is this:

There is a solution.

Why not read through these pages, find something that might work for your particular situation and give it a try? Do some additional research on your own or call TLAP, a friend, a colleague or a mental health professional.

Explore the possibilities!

Selected Additional Reading

Authentic Happiness (2002), Martin Seligman, PhD

Banishing Burnout - Six Strategies for Improving Your Relationship with Work (2005), Michael P. Leiter

Coping with Anxiety – 10 simple ways to relieve anxiety, fear and worry (2003), Edmund Bourne, Ph.D & Lorna Garano

Flow – The Psychology of Optimal Experience - Steps Toward Enhancing The Quality of Life (1990), Mihaly Csikszentmihalyi

Lawyers at Midlife: Laying the Groundwork for the Road Ahead – A Personal & Financial Retirement Planner for Lawyers (2008), Michael Long, John Clyde, Pat Funk

The Lawyer's Guide to Balancing Life & Work (2006), George W. Kaufman

The Mindful Way through Depression – Freeing Yourself from Chronic Unhappiness (2007), Mark Williams, John Teasdale, Zindel Segal and Jon Kabat-Zinn

Mindfulness in Plain English (2002), Bhante Henepola Gunaratana

Opening Up - The Healing Power of Expressing Emotions (1990), James W. Pennebaker, PhD

The Contemplative Lawyer: On the Potential Contributions of Mindfulness Meditation to Law Students, Lawyers and their Clients (2002), Leonard L. Riskin, Harvard Negotiation Law Review, Volume 7, pp 1-65

The How of Happiness (2007), Sonja Lyubomirsky

The Miracle of Mindfulness - An Introduction to the Practice of Meditation (1975), Thich Nhat Hanh

The Relaxation Response (1975), Herbert Benson, MD

The Relaxation & Stress Reduction Workbook (1995), Martha Davis PhD, Elizabeth Eshelman and Matthew McKay, PhD

Why Zebras Don't Get Ulcers. An Updated Guide to Stress, Stress-Related Diseases and Coping (1998), Robert M. Sapolsky