

Reading Guide to Issues in Lawyer Assistance Programs

By Janice Selberg

“Yes, it is a tough, competitive, wounding profession, but we look after our wounded.”¹

Assistance programs for lawyers began in the 1970s in Minnesota, California, Maryland, and a few other states. Most of these early programs were staffed by voluntary attorneys and unfunded by the state bars. By 1980, half of all state bar associations had a formal or informal referral program for lawyers with substance abuse problems. At the end of the 1980s, the American Bar Association established the Commission on Impaired Attorneys, which became the Commission on Lawyer Assistance Programs in 1996.² The name change reflected the growing recognition that lawyers are susceptible to *all* types of addictions and mental health concerns—often to the detriment of their work, their own lives, and the lives of their families.

This guide is a brief introduction to the issues surrounding the difficult and important work undertaken by lawyer assistance programs. Background readings on the changing nature of diagnosis, treatment, and intervention are also included.

There is no shortage of books outlining the characteristics of the legal profession that lead to increasing dissatisfaction among lawyers and the incidence of addictive behavior and mental distress. One of the most comprehensive is Susan Daicoff's *Lawyer, Know Thyself*.³ It is a review of decades of research into the personality traits of lawyers and law students. Daicoff's thesis—that the common personality attributes held by lawyers have led to incivility, unethical behavior, and self-contempt—is not a new one. However, she then proposes a 10-vector movement to humanize the legal profession. In another book, *Why Lawyers Behave as They Do*,⁴ the author reviews the

Model Rules of Professional Conduct and arrives at a similar conclusion. Finally, perhaps the most readable of the examinations of the current legal climate is *The Destruction of Young Lawyers: Beyond One L*.⁵ In this book, the unhappy lawyer begins his career as an enthusiastic first-year law student, and is transformed by law school, the bar exam, and law practice into a “cog within a corrupt and unbalanced system.” Clear of hyperbole, this book should be seen along with the other two as an appeal to reform a profession that can wound its brightest and most gifted members.

There are several books on the topic of substance abuse and the treatment of professionals. Representative of this type of book, useful in the identification and understanding of addiction and the current treatments, is *Drug Impaired Professionals*.⁶ By detailing the stories of 91 “pedestal professionals,” the author gives insight into some of the behavior and rationalization common to those charged with the welfare of so many others. Similarly, *Alcohol and Drug Abuse in the Affluent*⁷ contains a chapter titled “Lawyers’ Alcoholism” in which a group of 12 attorneys treated in a six-week stay unit were compared to non-attorneys for characteristics and success rate in the program. The report is interesting, although written 24 years ago, and the demographics of the studied group of attorneys would probably be more diverse if done today. The social isolation of the members of the group examined is a striking contrast to the “control group” of non-attorneys who, it is reported, have more family and other social support. Another book, *Rethinking Substance Abuse*,⁸ is a collection of essays reflecting the newest research in neurobiology, behavioral therapies, and the treatment of comorbidities (the presence of more than one condition to be treated). It has a clear

and constructive approach, which concludes with the following 10 recommendations, titled “Implications for Intervention Social Policy” and discussed in detail in the book:

(1) Intervention is not a specialist problem, but a broad social responsibility which should be shared by public and private sectors.

(2) Screen for and address the full range of drug problems, and not just the most severe.

(3) Understand drug use and problems in a larger life context, and provide comprehensive care.

(4) Look beyond the individual for the causes of and solutions to drug use and problems.

(5) Enhancing motivation for and commitment to change should be an early goal and key component of intervention.

(6) Changing a well-established pattern of drug use usually begins by interrupting the pattern to produce an initial period of abstinence.

(7) Enhance positive reinforcement for nonuse and enrich access to alternative sources of positive reinforcement.

(8) Diminish the rewarding aspects of drug use.

(9) Make services easily accessible, affordable, welcoming, helpful, potent, rapid, and attractive.

(10) Use evidence-based approaches. Most, if not all, of these might be adopted by the legal profession as a whole to improve the success of intervention and prevention efforts.

For those interested and unfamiliar with the typical diagnostic tools used in therapy and treatment, one book to consult is *DSM-IV Made Easy*.⁹ Although of limited value to non-clinicians, a guide to the description of medical disorders can be of use if it is understood that the medical

model of illness is a single part of the whole effort to heal.

It is important to mention a few books that may help the lawyer looking for a way to deal with stress and cope with the unsatisfactory aspects of modern law practice. The first of these is a small volume, titled *How Lawyers Lose Their Way*.¹⁰ This is an unusual book centered around the lives of Ezra Pound and Archibald MacLeish; how they met, how they approached life and creativity. The authors saw Pound and MacLeish at two extremes: Pound out of control in the direction of license, and MacLeish, the poet and corporation lawyer, too cautious and compromised. The blending of these traits, along with a more autonomous, less rule-driven profession, it is argued, would make happier lawyers. Among the hundreds of books written about lawyer and President Abraham Lincoln is *Lincoln's Melancholy*,¹¹ an exploration of the record of several episodes of depression in his life, the forthright acceptance of "melancholy" in the community of the time, and Lincoln's own ability to talk about his pain and to use humor, insight, and the support of understanding friends to grow as a leader and an individual.

In its third edition, *Stress Management for Lawyers*¹² has been highly praised as an effective guide in helping lawyers manage stress and live more balanced lives. The first section of the book summarizes the costs of today's legal practice, citing many of the research studies referred to in several of the books discussed above. There is a section on the nature of stress and its management, followed by one on improving the work environment, taking care of yourself, and goal setting. "Advice for Impaired Lawyers" is the last substantive section of the book, and should be reprinted and distributed to all members of the Bar.

There has been a more concerted effort in the past few years to raise awareness of the high incidence of substance abuse, anxiety, and depression in law schools. One of the reports cited frequently is *Anxiety and Depression Among Law Students*.¹³ This and other articles and reports,¹⁴ like the ABA task force in the mid-1990s, have led to proposals such as the new ABA Model Rule on Conditional Admission to Practice

Law, passed by the ABA House of Delegates in February 2008.¹⁵ ■

Janice K. Selberg, AMLS, JD, is a graduate of the University of Michigan School of Library Science (now School of Information) and Detroit College of Law (now Michigan State University College of Law). She is currently the director of the Law Library and Information Technology at Ave Maria School of Law in Ann Arbor, and a member of the State Bar Libraries, Legal Research, and Legal Publications Committee.

FOOTNOTES

1. Carroll, *Lawyer's Guide to Healing: Solutions for Addiction and Depression* (Center City, Minn: Hazelden, 2006), p 1.
2. American Bar Association, Commission on Lawyer Assistance Programs, *Highlights* (Chicago, Ill, ABA, Summer, 1996), p 7.
3. Daicoff, *Lawyer, Know Thyself: A Psychological Analysis of Personality Strengths and Weaknesses* (Washington, D.C.: American Psychological Association, 2004).
4. Haskell, *Why Lawyers Behave As They Do* (Boulder, Colo.: Westview Press, 1998).
5. Litowitz, *The Destruction of Young Lawyers: Beyond One L* (Akron, Ohio: The University of Akron Press, 2006).
6. Coombs, *Drug Impaired Professionals: How Physicians, Dentists, Pharmacists, Nurses, Attorneys, and Airline Pilots Get Into and Out of Addiction* (Cambridge, Mass.: Harvard University Press, 1997).
7. Stimmel, ed., *Alcohol and Drug Abuse in the Affluent* (New York: Haworth Press, 1984), pp 59–66.
8. Miller & Carroll, eds., *Rethinking Substance Abuse: What the Science Shows and What We Should Do About It* (New York: Guilford Press, 2006).
9. Morrison, *DSM-IV Made Easy: The Clinician's Guide to Diagnosis* (New York: Guilford Press, 1995).
10. Stefancic & Delgado, *How Lawyers Lose Their Way: A Profession Fails Its Creative Minds* (Durham, NC: Duke University Press, 2005).
11. Shenk, *Lincoln's Melancholy: How Depression Challenged a President and Fueled His Greatness* (New York: Houghton-Mifflin, 2005).
12. Elwork, *Stress Management for Lawyers: How to Increase Personal & Professional Satisfaction in the Law* (North Wales, Pa: Vorkell Group, 2007).
13. Dammeyer & Nunez, *Anxiety and depression among law students: Current knowledge and future directions*, 23 *Law and Hum Behav* 55 (1999).
14. *Report of the AALS special committee on problems of substance abuse in the law schools*, 44 *J Legal Educ* 35 (1994).
15. American Bar Association, *New ABA Model Rule on Conditional Admission to Practice Law* <<http://www.abanet.org/legalservices/colap/>> (accessed March 30, 2008).