## Houston, We Have a Problem<sup>1</sup>

## By Tish Vincent

For too long, the legal profession has turned a blind eye to widespread health problems. Many in the legal profession have behaved, at best, as if their colleagues' well-being is none of their business. At worst, some appear to believe that supporting well-being will harm professional success. Many also appear to believe that lawyers' health problems are solely attributable to their own personal failings for which they are solely responsible.<sup>2</sup>



magine that you're worried about a family member who smokes two packs of cigarettes every day. He complains to

you about a nagging cough and not having enough money. You're quite certain he needs to stop smoking.

On a day when you're spending time together and feeling relaxed, the subject of smoking arises. With trepidation, you decide to share your concerns. Much to your surprise and dismay, your family member tells you he doesn't think smoking is a problem. In fact, he credits it with helping him cope with anxiety and can't imagine life without smoking. In no uncertain terms, he tells you he does not wish to discuss it.

What explains the discrepancy between the two perceptions of smoking? Therapists talk about the Stages of Change model, which outlines five stages of change for individuals and groups who need to address problem behaviors: precontemplation, contemplation, preparation, action, and maintenance.<sup>3</sup> People don't start working on solving a problem they don't believe they have. In my hypothetical scenario, you think your family member has a problem with smoking. He doesn't see a problem. You won't be able to convince him to stop smoking, but you might encourage him to wonder if smoking may be a problem. Maybe.

In my January column, I discussed the report published in August 2017 by the National Task Force on Lawyer Well-Being— *The Path to Lawyer Well-Being: Practical Recommendations for Positive Change.*<sup>4</sup> The report observes that the culture of the legal profession encourages mentally and emotionally unhealthy behaviors and lays out a road map for changing the culture.

How will lawyers respond to the invitation to change if they don't recognize that the current culture needs changing? Perhaps as you read these columns about the Lawyer Well-Being Task Force, you can contemplate how practices within the legal culture contribute to a lack of well-being. Maybe.

The task force's report recommendations include the following changes to the legal culture:

- Acknowledge the problems and take responsibility.
- Use the report as a launch pad for a profession-wide action plan.
- Leaders should demonstrate a personal commitment to well-being.
- Facilitate, destigmatize, and encourage help-seeking behaviors.
- Build relationships with lawyer well-being experts.

- Foster collegiality and respectful engagement throughout the profession.
- Enhance lawyers' sense of control.
- Provide high-quality educational programs and materials about lawyer well-being.
- Guide and support the transition of older lawyers.
- Deemphasize alcohol at social events.
- Use monitoring to support recovery from substance-use disorders.
- Begin a dialogue about suicide prevention.
- Support a lawyer well-being index to measure the profession's progress.

The report prescribes change. But does the legal profession think there's a problem? Do the law students, attorneys, and judges who are members of this culture think there's a problem?

What factors encourage a culture to cling to the status quo and reject change? On a personal level, catastrophic occurrences can force us to change. The same is true for cultures. Consider the sexual abuse scandals in some of our churches and universities. Many members of those cultures thought everything was fine until the headlines showed otherwise.

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Everyone reading this column has a stake in the legal culture. Ask yourself where you are in the Stages of Change. Do you think there's a problem? Do you think the problem is serious enough to warrant considering these suggestions? Have you accepted that there's a problem and think it would be wise to try implementing one of the recommendations? Are you ready to advocate for implementing one or more of the recommendations?

The recommendations in this column are for all stakeholders. In the coming months, columns will be targeted toward specific groups of stakeholders. In 2005, the Society for Mental Health Law, a student organization at Michigan State University College of Law, hosted an event and screened 186 law students for depression. Afterward, there were conversations in the halls and library about depression. Some students shared their scores. Some asked for referrals to therapists. Some approached the students working the event to ask about others who seemed debilitated by depression.

One individual complained to the workers: "You are making people depressed by having this screening," he said. "You should not be talking about it!" He voiced a common misconception—that talking about emotional health troubles is harmful. He was mistaken. Communication is the beginning of a solution.

We're talking about it now. Please join us.

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## ENDNOTES

- Wikipedia, Houston, we have a problem <a href="https://en.wikipedia.org/wiki/Houston,\_we\_have\_a\_problem">https://en.wikipedia.org/wiki/Houston,\_we\_have\_a\_problem</a>. This is a misquote of John Swiget's communication to NASA Mission Control during the Apollo 13 mission. All websites cited in this article were accessed February 15, 2018.
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- Prochaska, DiClemente & Norcross, In search of how people change: Applications to addictive behaviors, 47(9) Am Psychol 1102 (September 1992).
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