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Ten Tips for Lawyer Well-Being in the Age of Coronavirus

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Ten Tips for Lawyer Well-Being in the Age of Coronavirus

BY: CHRIS RITTER *Director, Texas Lawyers Assistance Program, Austin, Texas*



I. INTRODUCTION.

For those practicing law, it may be no surprise that lawyers suffer from very high rates of mental health and substance use disorders. Lawyers are handed their clients' worst problems and are expected to solve them. They are supposed to be perfect, or their reputations dwindle. If they make a mistake, it can be career changing—or devastating to a client's life. There is little time to smell the roses, and when that opportunity comes, it is hard if not impossible to stop thinking about the fires which need putting out at the office. It is a tremendous understatement to say that the life of a lawyer can be very stressful and difficult.

Enter COVID. In a year when lawyers are already stressed to the hilt, the isolation, technological change, and sheer anxiety of crisis after crisis has left many lawyers at wits' end. It is no surprise that this year has been overwhelming for many of us.

In less dramatic years, experts have discovered extraordinary differences between the mental health and substance use of attorneys compared to people in the general population. A recent law review article noted that attorneys have the highest rate of depression of any occupational group in the United States.[1]

Another study showed that attorneys suffer depression 3.6 times as often as the general population.[2]

With regard to alcohol use, researchers have understood since a major study in 1990 that attorneys have much higher than usual rates of problem drinking and mental health issues.[3] the details of the extent of the legal world's woes are revealed in two major studies regarding the degree to which attorneys and law students suffer from such mental health and substance use disorders.

With regard to attorneys, in 2016 the American Bar Association Commission on Lawyer Assistance Programs and the Hazelden Betty Ford Foundation released a groundbreaking study of almost 13,000 employed attorneys. It showed that 21% of attorneys suffer from problematic drinking, defined as "hazardous, harmful, and potentially alcohol-dependent drinking" (some have referred to these people in the past as "alcoholics"), 28% suffer from depression, and 19% suffer from clinical anxiety.[4] Perhaps even more disturbing, 36% reported drinking alcohol in a quantity and frequency that would indicate "hazardous drinking or possible alcohol abuse or dependence," 46% felt they suffered depression in the past, and 61% reported concerns about anxiety.[5]

As a reference to how these numbers stack up to the norm, about 6% of adults over 26 years of age suffer from problematic drinking[6] (versus 21% of lawyers), and only 15% of doctors reported drinking alcohol in a quantity and frequency that would indicate hazardous drinking or possible alcohol abuse or dependence (versus 36% of lawyers).[7]

Likewise, a 2015 law school wellness study of nearly 4,000 participating law students at 15 law schools across the country showed similar results. In the study, 42% of respondents indicated that in the past year they had thought they needed help for emotional or mental health problems. Furthermore, 25% answered two or more of four questions that comprise the CAGE alcoholism assessment, indicating as many as one-quarter of the law students should be considered for further screening for alcohol use disorder. The study also showed that 43% of law students reported binge drinking in the past two weeks and 25% reported marijuana use in the past year.[8] Additionally, 14% reported using prescription drugs in the past year without a prescription, 27% reported having an eating disorder, and 21% percent reported that they had considered suicide.[9]

One law school study found that before law school, only 8% reported alcohol problems. By the third year of law school, 24% reported a concern about having a drinking problem.[10] Moreover, a 2014 Yale Law School study sent shockwaves across academia when it reported 70% of its law students had symptoms of depression.[11]

Regarding suicide, lawyers have consistently been at or near the top the list of all professionals in suicide rates.[12] They have

been found to be twice as likely as the average person to commit suicide.[13]

Obviously, these are major problems. No one wants to be troubled by thinking about these issues, but they demand real attention. This paper is an effort to provide some basic information and tools to help attorneys and others in contact the legal community understand and address the unique and substantial stress, mental health, and substance use issues from which so many attorneys suffer.

II. DEFINING THE ISSUES.

While there are a large number of hardships faced by attorneys, the following are some of the most common and most serious:

A. Anxiety Disorders.

Disorders relating to anxiety range from a general Panic Attack (which is Panic Disorder with or without Agoraphobia[14]) to specific phobias such as Social Anxiety Disorder (SAD), Obsessive-Compulsive Disorder (OCD), Posttraumatic Stress Disorder (PTSD), Acute Stress Disorder (ASD), Generalized Anxiety Disorder (GAD), Substance-Induced Anxiety Disorder, anxiety due to a medical condition, and anxiety disorder not otherwise specified.

GAD is prevalent in the legal community, although most lawyers would argue that its symptoms sound like what one experiences every day when practicing law:

1. Excessive anxiety and worry (apprehensive expectation) which occurs more days than not for at least six months regarding a number of events or activities (such as work or school performance);
2. Difficulty controlling 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 prior six months:

    a. restlessness or feeling keyed up or on edge;
    b. being easily fatigued;
    c. difficulty concentrating 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; and
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.[15]

B. Substance Use Disorders and Process Addictions.

Approximately 20% of the lawyers in the United States are affected by substance use disorders compared with about 10% of the general public.[16] The substances used to excess include: alcohol, amphetamines, methamphetamine, caffeine, club drugs, cocaine, crack cocaine, hallucinogens, heroin, marijuana, myriad prescription drugs, nicotine, sedatives, steroids and a combination of all of the above (polysubstance abuse/dependency).

Substance use disorders span a wide variety of problems arising from substance use. The following are the 11 different criteria for diagnosing a substance use disorder under the recently established *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5):[17]

1. Taking the substance in larger amounts or for longer than meant to;
2. Wanting to cut down or stop using the substance but not managing to;
3. Spending a lot of time getting, using, or recovering from use of the substance;
4. Experiencing ravings and urges to use the substance;
5. Not managing to do what should be done at work, home or school, because of substance use
6. Continuing to use, even when it causes problems in relationships;
7. Giving up important social, occupational or recreational activities because of substance use;
8. Using substances again and again, even when it puts one in danger;
9. Continuing to use, even when known that there is a physical or psychological problem that could have been caused or made worse by the substance;
10. Needing more of the substance to get the effect wanted (tolerance); and/or
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

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Chris Ritter graduated magna cum laude from Baylor University in 1994 with a B.A. Political Science and Philosophy and was elected Phi Beta Kappa. After law school at the University of Texas School of Law (J.D., 1998), he was a trial lawyer in West Texas for over 15 years until he joined TLAP in 2014. Most recently, Chris obtained a master's degree in Clinical Mental Health Counseling from Lamar University (M.Ed., 2018). He has been recognized by his peers for his legal accomplishments, including being named a Texas Monthly Super Lawyers' Rising Star three times. Chris is also in long-term recovery. During his career, his law practice has included being a solo practitioner, an Assistant Criminal District Attorney, and a partner in two prominent law firms. In his work at TLAP and in pursuit of his master's degree, he has gained significant knowledge and experience pertaining to mental health and substance use disorders and their treatment.

The DSM-5 further provides a measure for determining the severity of a substance use disorder as follows:

> MILD: Two or three symptoms indicate a mild substance use disorder
> MODERATE: four or five symptoms indicate a moderate substance use disorder, and
> SEVERE: six or more symptoms indicate a severe substance use disorder. Clinicians can also add "in early remission," "in sustained remission," "on maintenance therapy," and "in a controlled environment."[18]

Though they are not all classified as substance use disorders, lawyer assistance programs also work in increasing numbers with lawyers who also experience 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.). The DSM-5 does now recognize Gambling Disorder as a behavioral addiction.

C. Depressive Disorders.
Texas Lawyers often present with symptoms of depressive disorders, including Major Depression, Persistent Depressive Disorder (formerly referred to as Dysthymic Depression), Compassion Fatigue, and Depression Not Otherwise Specified.
1. Major Depressive Disorder: A major depressive episode is a period characterized by the symptoms of major depressive disorder when five or more of the following are present during the same two-week period:

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; and/or
i. recurrent thoughts of death, recurrent suicidal ideation without a plan, suicide attempt or a specific plan for completing suicide.[19]

2. Persistent Depressive Disorder: This is a disorder involving a depressed mood that occurs for most of the day, for more days than not, for at least 2 years with the presence of at least two of the following six symptoms:

a. poor appetite or overeating;
b. insomnia or hypersomnia;
c. low energy or fatigue;
d. low self-esteem;
e. poor concentration or difficulty making decisions; and/or
f. feelings of hopelessness.

Additionally, for Persistent Depressive Disorder to be diagnosed, the person must not have been without the symptoms above for more than two months at a time during the two-year period of the disturbance and must not have experienced a major depressive episode, manic episode or hypomanic episode in that time.
Finally, the disturbance must not occur exclusively during the course of a chronic psychotic disorder, must not be due to substance use or another medical condition, and must cause clinically significant distress or impairment in social, occupational or other important areas of functioning.[20]
3. Compassion Fatigue and Burnout. Compassion fatigue has been defined as "a combination of physical, emotional, and spiritual depletion associated with caring for persons in significant emotional pain and physical distress."[21] Its components are the presence of Secondary Traumatic Stress (STS) in combination with a condition commonly referred to by lawyers as "Burnout":

a. Secondary Traumatic Stress. STS is the presence of traumatic symptoms caused by indirect exposure to the traumatic material. The following are characteristics of this kind of trauma:
(1) Symptoms are similar to PTSD except the information about the trauma is acquired indirectly from communicating with the person who personally experienced the traumatic event.
(2) 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.
3) Persistent avoidance of the stimuli associated with the trauma (the client, the case, the deposition, specific facts, etc.) and numbing of general responsiveness..
(4) Persistent symptoms of increased arousal such as difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance, or exaggerated startle response.

(*If you are concerned about suffering from Compassion Fatigue, you may be interested in taking the self-assessment test at http://www.compassionfatigue.org/pages/cfassessment.html*).

b. Burnout. Burnout is the term used by many lawyers to describe the psychological syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment. Burnout 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.

D. Suicide. There is no need to define suicide, but because it is such a serious matter and so prevalent among lawyers, it deserves further discussion. A 2010 study by the Air Force found that suicide prevention curricula included in all military training reduced the mean suicide rate within the population studied by an unprecedented 21%.[22] In light of this recognition of the major impact training and education can have on suicide, it is appropriate that Lawyer Assistance Programs have made it a priority to inform lawyers about this issue. If you want to know how to carry on a conversation about suicide, how and when to get a client, friend or colleague to professional help, or how to handle a suicide emergency, explore the resources on TLAP's website at tlaphelps.org.[23]

Lawyers are slow to utilize professional assistance, perhaps due to fear of what people might think, how it might affect their practice, or being ashamed of not being able to figure it out alone. It has been said that people cannot think their way out of bad thinking. Of all people, lawyers know that using a professional who specializes in solving a particular problem is wise.

III. TEN HELPFUL TIPS FOR LAWYERS DEALING WITH STRESS, MENTAL HEALTH, OR SUBSTANCE USE ISSUES.

When dealing with the spectrum of problems faced by attorneys, there is no single solution which will take care of everything, but many tools are useful for both mental health and substance abuse issues. The following are ten practical tools which any affected attorney should consider using for preventing or helping to solve a problem:

1. Take Action! Whether a lawyer is living in the darkness of depression or lost in a routine of substance abuse, there is a solution but it depends on *action*. Taking action requires courage. By expressing the need for help to someone, the process to peace begins. LAPs are available for any lawyer to confidentially share a desire to change the way he or she is living and to assist the person in getting the help needed. Once an attorney is able to take even the smallest action toward solving their problem, life gets better quickly.

a. Get Professional Help. Lawyers are slow to utilize professional assistance, perhaps due to fear of what people might think, how it might affect their practice, or being ashamed of not being able to figure it out alone. It has been said that people cannot think their way out of bad thinking. Of all people, lawyers know that using a professional who specializes in solving a particular problem is wise. If what you are doing is not working and you would like to confidentially get professional help but do not already know a suited professional, a LAP can help guide you to licensed professionals who are a good fit for you and who are experienced in working with lawyers.

b. Take the Suggested Steps. Having discovered and accepted the fact that a problem exists, it is important to accept help from people who have experience in solving that problem. Once a plan is made, it is important to accept and follow the steps suggested for getting better. Professionals and doctors may prescribe certain actions to address your problem, and which may bring about major changes in the way you function and feel. Likewise, there are many 12 Step programs[24] which provide guidance for recovery from a variety of problems and which suggest specific actions which bring about change in the way a person thinks and lives so as to overcome the "problem."

c. Be 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. Act now, do not wait to address your burnout, sense of dread, lingering grief, daily fear, or excessive substance use intended to numb all of the above.

d. Call Your LAP. The only way to ensure that the situation changes for you is to take action. It may be hard to figure out what action to take. If you are wondering what to do, you LAP's experienced and professional staff is available to answer your questions about substance abuse, mental health and wellness issues. Your calls will be to attorneys with resources and helpful ideas to better your life. LAP services most often include confidential support, referrals, peer assistance, customized CLE and education, mandated monitoring, and volunteer opportunities. Without proper intervention and treatment, substance abuse and mental illness are both

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chronic health conditions that worsen over time. Please call and find out how your LAP can help. You can find your LAP in the directory here: www.americanbar.org/groups/lawyer_assistance/.

2. Set Boundaries. Boundaries are important for a person practicing 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 take care 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.

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, do not be afraid to ask for what you want, what you need and what actions to take if your wishes are not respected. Recognize that others' 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. Do not let others make decisions for you. Healthy boundaries allow you to respect your strengths, your abilities and your individuality as well as those of others. [25]

Boundaries are important for a person practicing 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 take care 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.

3. Connect with Others. Connecting with others who know first-hand what you are going through can help reduce the fear and hopelessness that is often connected to mental health and substance use disorders. A growing body of research shows that the need to connect socially with others is as basic as our need for food, water and shelter.[26] Fortunately, there are support groups available for lawyers. Contact your LAP to find connection to others who have been through what you are experiencing and find one-on-one and group peer support.

4. Practice Acceptance. Acceptance is a big, meaningful word which encompasses a variety of important tools for a person seeking a positive life change. First, being able to honestly accept the place where you are at present is an important step in making a change. Until a person is able to accept that the future is not here yet and that the past is gone, he or she cannot be present to focus on what is within grasp that day.

Furthermore, accepting that something is wrong is a step many lawyers resist. Perfectionism and pride play a role in learning to be a good lawyer, but the effects of those traits can be limiting on a person who needs to get honest about a difficulty.[27] Acceptance of the fact that you have an issue for which help is needed is a major part of solving the problem.

5. Learn to Relax. For attorneys, relaxing can seem almost impossible. The mind is an instrument, but sometimes it seems that the instrument has become the master. Breathing exercises, meditation, and mindfulness[28] practices have been very effective for attorneys who need to relax, or "quiet the mind." Much has been written to express how impactful these tools can be to bring about peace in the life of an attorney.[29]

There are countless variations of breathing exercises and resources to learn how to build control of your thoughts and worries.[30] TLAP's website includes links to several of these wellness resources at www.tlaphelps.org .

Suggestion: Calendar what you want to do. Wishing and wanting to change are important ingredients for change but action is important. If there is something that you want to do, what would be the first thing to accomplish to move toward that goal? Calendar it. First things really do come first. Try it!

Finally, in order to relax, cultivate interests 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.

6. Practice Positive Thinking. There is a growing body of research showing the powerful positive effects of positive thinking and positive psychology.[31] The goal of this movement is to help people change negative styles of thinking as a way to change how they feel.

Suggestion: Make a Gratitude List. One way to practice positive thinking is to focus your attention on what is right

in your life. This is a proven and effective way to escape the sometimes overwhelming thoughts of all of the things that may seem to be wrong. Become conscious of your gratitude. Studies have shown that taking the time to make a list of things for which you are grateful can result in significant improvement in the way you feel and the amount of happiness you experience.[32] Try making a list of three to five things for which you are grateful each morning for a week and see what happens.

7. Help Others. Service work sounds like just one more thing to add to the list of things you do not have time for, and it may not be easy to do during the COVID age, but this is something that helps us a lot. Consider really making time to do, even if its online. Obviously, until you secure your oxygen mask, you should not attempt to rescue others, but lawyers have been found to gain "intense satisfaction" from doing service work,[33] and studies show it helps improve mental health and happiness.[34]

For example, a researcher named Dr. Martin Seligman highlighted this theory in an experiment called "Philanthropy versus Fun," Seligman divided up his psychology students into two groups. The first partook in pleasurable past times such as eating delicious food and going to the movies. The second group participated in philanthropic activities, volunteering in feeding the homeless or assisting the physically handicapped. What Seligman found was that the satisfaction and happiness that resulted from volunteering was far more lasting than the fleeting reward of food or entertainment.[35] Even if you feel that it is being done for your own selfish gain, try it anyway and before long you will experience a heightened sense of peace, joy and satisfaction in life.

Service Work Suggestions: Try to do something kind for someone at least once a week. Try something small. If you have the time, volunteer your time to help another. Do not 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.[36]

8. Live in the Present. This cliché phrase may be one of the most under-appreciated tools for the legal profession of any listed here. As lawyers, this sounds like a joke. Deadlines loom. Trials approach. How can this work?

Try it. Consider during your day the things which you are able to do that day. Live it "only for today." If nothing can be done about something on your mind in the day you are in, return your focus to the things you can do that day. If you are not happy with your circumstance, what incremental thing can you do today about it? Nothing? Then move on and enjoy your today. As one attorney put it, "Be where your feet are." The Serenity Prayer is something which can serve as a means to practice this "one day at a time" method: "God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

9. Expand Your Spirituality or Consciousness. Whatever the variety, research has shown that expanding this area of life makes a major impact of the wellbeing of people, and particularly lawyers.[37] Spirituality has many definitions, but at its core spirituality brings context to our lives and the struggles within them. For many lawyers dealing with the legal world and its many issues, expanding the spiritual life is invaluable. Other lawyers who do not prefer religion or traditional spiritual practices often find great benefit to expanding their consciousness by means of an expansion of an involvement in natural, philosophical, or other pursuits which bring about the contemplation of the reality of existence.

10. Keep it Real. Recovering from a mental health or substance abuse problem requires honesty. If you begin to feel like you should be better than you are, but you are embarrassed to let others down by admitting your true condition, you are doing yourself a major disservice. Commit to "keeping it real." Be honest with someone about how you are doing so that you do not lose touch with those who can help.

One way to develop or ensure honesty with ourselves is to do an inventory. We all know that any business that fails to take inventory is bound to fail. People are no different. Assessing your life by 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 is 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 is 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?[38]

IV. HELP AND HOPE: LAPS ARE A SAFE PLACE TO GET HELP

Why a LAP Program?

As you know, practicing law can be an awesome adventure, a wonderful walk, a paralyzing fear factory, a sea of depressing doldrums, or all of the above in the same week, depending on your circumstances, lifestyle and perspective. Research shows that perspective and mental wellbeing are paramount to lawyer happiness.[39] Mark Twain once said, "There has been much

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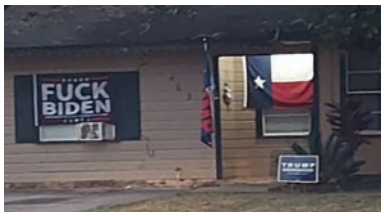
Profanity *cont'd from page 13*

to confuse people who were trying to pronounce the name of his streetwear/skater brand design company.[38] The Court held that "There are a great many immoral and scandalous ideas in the world (even more than there are swearwords) and the Lanham Act covers them all. It therefore violates the First Amendment.[39]

In 1982, The Clash sang "You have the right to free speech, as long as you're not dumb enough to actually try it."[40] As this brief article illustrates, the Supreme Court has consistently attempted to prevent that statement from being accurate. What remains in play are the parameters of the Free Speech clause. "'Your right to swing your arms ends just where the other man's nose begins.'"[41] In the case of free speech and drawing the line between what is said and what is heard, the preservation of individual liberty can and must favor the person who speaks over the person who listens.[42]

Notes

1. Bob Seger, Turn The Page (Capitol Records 1972).
2.



3. Cohen v. California, 403 U.S. 15 (1971).
4. *Id.* at 16.
5. Chaplinsky v. New Hampshire, 315 U.S. 568, 572 (1942); *Cohen*, 403 U.S. at 20 (paraphrasing *Chaplinsky*).
6. *Chaplinsky*, 315 U.S. at 573-74.
7. *Cohen*, 403 U.S. at 20-21; *see also* Rowan v. U.S. Post Office, 397 U.S. 728, 738 (1970) (explaining that resident's statutory right to use postmaster to help exclude objectional materials from home does not violate mailer's right to communicate); *see also* Frisby v. Schultz, 487 U.S. 474, 487 (1988) (explaining that targeted picketing of one residence holds resident captive, leaving no means of avoiding unwanted speech).
8. *Cohen*, 403 U.S. at 20.
9. *Id.* at 21.
10. *Id.*
11. Miller v. California, 413 U.S. 15, 23 (1973).
12. *Id.* at 24.
13. I do not intend for this sentence to be a challenge for my readers to think of such a word.
14. *Cohen*, 403 U.S. at 20.
15. *Id.*
16. U.S. Const. amend. I; Cox v. Louisiana, 379 U.S. 536, 551 (1965).
17. Terminiello v. City of Chicago, 337 U.S. 1, 3 (1949).
18. *Id.* at 4; *Cox*, 379 U.S. at 551-52.
19. *Cox*, 379 U.S. at 557-58.
20. Erznoznik v. City of Jacksonville, 422 U.S. 205, 206-07 (1975).
21. *Id.* at 206 n.1, 207 (the movie was *Class of '74*).
22. *Id.* at 211; *see also* Fowler v. Rhode Island, 345 U.S. 67, 69-70 (1953) (stating that government cannot prevent specific religions from holding services in public park).
23. *Erznoznik*, 422 U.S. at 211.
24. Anthony Burgess, A Clockwork Orange, 116-17 (W.W. Norton and Company, Inc. 1963) ("they put clips on the skin of my forehead, so that my top glazzlids were pulled up and I could not shut my glazzies"); *see also* Hill v. Colorado, 530 U.S. 703, 708-09 (2000) (casually agreeing that signs containing images of bloody fetuses are protected).
25. *Hill*, 530 U.S. at 718 (discussing listeners that cannot avoid unwanted sights or sounds).
26. *Id.* at 710 n.7, 715.
27. *Id.*
28. *Id.* at 711.
29. *Id.* at 707.
30. *Id.* at 730.
31. Matal v. Tam, 137 S.Ct. 1744, 1764 (2017).
32. 15 U.S.C. §1052(a) (2006).
33. *Tam*, 137 S.Ct. at 1751; *see also* Simon "Young" Tam, *The Story of the Slants*, http://www.theslants.com/biography/ (last visited Feb. 18, 2021).
34. *Tam*, 137 S.Ct. at 1751.
35. *Tam*, 137 S.Ct. at 1751, 1764; *see also* Iancu v. Brunetti, 139 S.Ct. 2294, 2297 (explaining *Tam)*.
36. 15 U.S.C. §1052(a) (2006); *Brunetti*, 139 S.Ct. at 2302.
37. *Brunetti*, 139 S.Ct. at 2297 (**F**riends **U** **C**an't **T**rust).
38. Samuel Hine, *How O.G. Streetwear Brand FUCT Took a Free Speech Case All the Way to the Supreme Court*, https://www.gq.com/story/fuct-erik-brunetti-supreme-court-case (last visited Feb. 24, 2021).
39. *Brunetti*, 139 S.Ct. at 2302.
40. The Clash, Know Your Rights (Epic Records 1982).
41. Zechariah Chafee, Jr., *Freedom of Speech in War Time*, 32 Harv. L. Rev. 932, 957 (June 1919) (quoting fictional judge).
42. *Id.*

TEN TIPS *cont'd from page 11*

tragedy in my life; at least half of it actually happened." This sort of disconnection between perspective and reality is common for attorneys. LAPs are powerful tools for lawyers, law students, and judges to restore or keep wellness to have a hopeful and happy life practicing law.

Currently, approximately half of all assistance provided by LAPs is directed toward attorneys suffering from anxiety, depression, or burnout. Additionally, LAPs helps lawyers, law students, and judges suffering problems[40] such as prescription and other drug use, cognitive impairment, eating disorders, gambling addictions, codependency, and many other serious issues. These problems are very treatable, and LAP staffs of experienced attorneys can connect a person-in-need to a variety of life-changing resources.

If you need help or know someone who does and would like support, click here to you're your local LAP program: https://www.americanbar.org/groups/lawyer_assistance/resources/lap_programs_by_state/

What LAPs Offer.
Once a lawyer, law student, or judge is connected to a LAP, the resources which can be provided directly to that person include:

- direct peer support from staff attorneys;
- self-help information;
- connection to a trained peer support attorney who has overcome the particular problem at hand and who has signed a confidentiality agreement;
- information about attorney-only support groups such as Lawyers Concerned for Lawyers (LCL)–offering weekly meetings for alcohol, drug, depression, and other issues, and monthly Wellness Groups (providing professional speakers on various wellness topics in a lecture format) which take place in major cities across the state;
- referrals to lawyer-friendly and experienced therapists, medical professionals, and treatment centers; and
- assistance with financial resources needed to get help.

Lawyers suffering from mental health and substance use disorders must take action to get better. As Mahatma Gandhi (a lawyer in his younger years) said, "The future depends on what you do today." If you or a lawyer, law student, or judge you know needs help, your state LAP is available to provide guidance and support: https://www.americanbar.org/groups/lawyer_assistance/resources/lap_programs_by_state/

Notes

1. *See* Lawrence S. Krieger and Kennon M. Sheldon, *What Makes Lawyers Happy? Transcending the Anecdotes with Data from 6200 Lawyers*, 83 Geo. Wash. U. L. Rev. 554 (2015), also published as FSU College of Law, Public Law Research Paper No. 667(2014); see also Rosa Flores & Rose Marie Arce, *Why are lawyers killing themselves*?, CNN (Jan. 20, 2014, 2:42 PM), http://www.cnn.com/2014/01/19/us/lawyer-suicides/.
2. *See* William Eaton et al., *Occupations and the Prevalence of Major Depressive Disorder, 32* J. Occ. Med. 1079, 1085 tbl. 3 (1990).
3. *See* Justin J. Anker, Ph.D., *Attorneys and Substance Abuse*, Butler Center for Research(Hazelden 2014)(available at http://www.hazelden.org/web/public/document/bcrup_attorneyssubstanceabuse.pdf)
4. *See* Patrick Krill, Ryan Johnson, and Linda Albert, *The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys,* J. Add. Med., Feb. 2016, Vol. 10, Issue 1, pp. 46-52, http://journals.lww.com/journaladdictionmedicine/Fulltext/2016/02000/The_Prevalence_of_Substance_Use_and_Other_Mental.8.asp
5. *Id.*
6. Behavioral Health Trends in the United States: Results from the 2015 National Survey on Drug Use and Health, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, September 2015,

Continued on page 16

PiPR INDEX

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TEN TIPS *cont'd from page 15*

http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf
7. *Id.*
8. *See* Jerome M. Organ, David B. Jaffe, and Katherine M. Bender, *Helping Law Students Get the Help They Need: An Analysis of Data Regarding Law Students' Reluctance to Seek Help and Policy Recommendations for a Variety of Stakeholders*, The Bar Examiner, Dec. 2015, Vol. 4, Issue 4, http://www.ncbex.org/pdfviewer/?file=%2Fassets%2Fmedia_files%2FBar-Examiner%2Fissues%2F2015- December%2FBE-Dec2015-HelpingLawStudents.pdf
9. *Id.*
10. *See* G.A. Benjamin, E.J. Darling, and B. Sales, *The Prevalence of Depression, Alcohol Abuse, and Cocaine Abuse Among United States Lawyers,* Int'l J. Law & Psych., 1990, Vol. 13, pp. 233-246.
11. *See* Yale Law School Mental Health Alliance, *Falling Through the Cracks: A Report on Mental Health at Yale Law School*, December 2014, http://www.scribd.com/doc/252727812/Falling-Through-the-Cracks
12. According to a 1991 Johns Hopkins University study of depression in 105 professions, lawyers ranked number one in the incidence of depression. *See* William Eaton et al., *Occupations and the Prevalence of Major Depressive Disorder,* 32 J. Occ. Med. 11, Page 1079(1990).
13. A 1992 OSHA report found that male lawyers in the US are two times more likely to commit suicide than men in the general population. *See* http://www.lawpeopleblog.com/2008/09/the-depression-demon-coming-out-of-the-legalcloset/.
14. This is a type of anxiety disorder in which you fear and often avoid places or situations that might cause you to panic and make you feel trapped, helpless, or embarrassed.
15. *See* www.depression-screening.org for self-assessment screening tests for anxiety disorders.
16. *See Benjamin et al, supra* note 10.
17. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, abbreviated as DSM-5, is the 2013 update to the American Psychiatric Association's (APA) classification and diagnostic tool. In the United States, the DSM serves as a universal authority for psychiatric diagnosis. See Am. Psych. Ass'n, *Diagnostic & Statistical Manual Of Mental Disorders* (5th ed. text rev. 2013) (hereinafter "DSM-5").
18. *Id. See also* http://www.alcoholscreening.org/ for an alcohol use disorder self-assessment test.
19. *See* www.depression-screening.org for a self-assessment screening test for depression.
20. *See DSM-5*, *supra* note 17.
21. Barbara Lombardo & Carol Eyre, *Compassion Fatigue: A Nurse's Primer*, 16 Online Issues In Nursing 1 (2011).
22. *See* Eric D. Caine, *Suicide Prevention Is A Winnable Battle*, 100 Am. J. Pub. Health S1 (2012).
23. If you or anyone you know is in need, the National Suicide Prevention Hotline is available 24/7 at 1(800)273- 8255(TALK).
24. The following are some of the many 12 Step Programs: AA - Alcoholics Anonymous; ACA - Adult Children of Alcoholics; Al-Anon/Alateen, for friends and families of alcoholics; CA - Cocaine Anonymous; Co-Anon, for friends and family of addicts; CoDA - Co-Dependents Anonymous, for people working to end patterns of dysfunctional relationships and develop functional and healthy relationships; DA - Debtors Anonymous; EA - Emotions Anonymous, for recovery from mental and emotional illness; FA - Food Addicts in Recovery Anonymous; FAA - Food Addicts Anonymous; GA - Gamblers Anonymous; Gam-Anon/Gam-A-Teen, for friends and family members of problem gamblers; MA - Marijuana Anonymous; NA - Narcotics Anonymous; NicA - Nicotine Anonymous; OA - Overeaters Anonymous; OLGA - Online Gamers Anonymous; PA - Pills Anonymous, for recovery from prescription pill addiction; SA - Smokers Anonymous; SAA - Sex Addicts Anonymous; and WA - Workaholics Anonymous.
25. *This section along with many resources herein were originally included in a paper written* by Ann D. Foster, JD, LPC-Intern entitled *Practicing Law and Wellness: Modern Strategies for the Lawyer Dealing with Anxiety, Addiction and Depression*, which is available online at www.texasbar.com/AM/Template.cfm?Section=Wellness1&Template=/CM/ContentDisplay.cfm&ContentID=15158 , and is inlcuded herein with her permission. 26. *See* Matthew Lieberman, *Social: Why Our Brains Are Wired To Connect* (Crown Publishers 2013).
27. *See* Brené Brown's Ted Talk on "*The price of invulnerability*": https://www.youtube.com/watch?v=_UoMXF73j0c&list=PLvzC42i6_rJJkyzWp1hyqUytxBBvNKgI6. Dr. Brown is a research professor at the University of Houston Graduate College of Social Work where she has spent the past 10 years studying courage, shame, and authenticity.
28. *See* Rhonda V. Magee, *Making the Case for Mindfulness and the Law*, 86 NW Lawyer 3 at p. 18 (2014)(available online at: http://nwlawyer.wsba.org/nwlawyer/april_may_2014/?pg=20#pg20).
29. *See* e.g., Steven Keeva, *Transforming Practices: Finding Joy and Satisfaction in the Legal Life* (1999); Leonard L. Riskin, *The Contempla-*

tive Lawyer: On the Potential Contributions of Mindfulness Meditation to Law Students, Lawyers, and Clients, 7 Harv. Negot. L. Rev. 1 (2002); Rhonda V. Magee, *Educating Lawyers to Meditate?*, 79 UMKC L. Rev. 535 (2010).

30. Guided breathing exercises and meditations: http://marc.ucla.edu/body.cfm?id=22; Meditate at your desk: https://www.youtube.com/watch?v=n-QjMJpQyj8E&feature=youtu.be

31. *See* http://www.ppc.sas.upenn.edu/publications.htm.

32. *See* Steven Toepfer, *Letters of Gratitude: Improving Well-Bring through Expressive Writing,* J. Of Writing Res. 1(3) (2009).

33. *See* Lawrence S. Krieger and Kennon M. Sheldon, *What Makes Lawyers Happy? Transcending the Anecdotes with Data from 6200 Lawyers*, Geo. Wash. U. L. Rev. 83 (2015 Forthcoming), FSU College of Law, Public Law Research Paper No. 667(2014) (citing Bruno Frey & Alois Stutzer, *Happiness And Economics: How The Economy And Institutions Affect Human Well-Being*, at 105 (2002)).

34. *See also* the following video of Dr. Charles Raison, the Assistant Professor of the Department of Psychiatry and the Director of the Mind/Body Program at Emory University, in which Dr. Raison talks about happiness and what causes it: http://www.youtube.com/watch?v=0orvsH07zeg

35. *See* Karen Salmansohn, *The Bounce Back Book* (Workman Publ'g 2008), partially available online at http://www.psychologytoday.com/blog/bouncing-back/201003/the-world-taking-it-outta-you-seligman-studyshows-how-you-can-cheergivin. See also Martin E. P. Seligman, *Authentic Happiness* (Simon & Schuster 2002).

36. Ann D. Foster, JD, LPC-Intern entitled *Practicing Law and Wellness: Modern Strategies for the Lawyer Dealing with Anxiety, Addiction and Depression*, which is available online at www.texasbar.com/AM/Template.cfm?Section=Wellness1&Template=/CM/ContentDisplay.cfm&ContentID=15158.

37. *See* Leonard L. Riskin, *The Contemplative Lawyer: On the Potential Contributions of Mindfulness Meditation to Law Students, Lawyers, and Clients*, 7 Harv. Negot. L. Rev. 1 (2002).

38. *See Foster*, *supra* note 36.

39. *See Krieger & Sheldon, supra* note 33.

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