California Lawyers Association

presents

Better Lawyering Through Mindfulness

1.25 Hours MCLE; 1.25 Competence Issues

Saturday, September 23, 2023

10:00 AM - 11:15 AM

Speakers:

Jeena Cho

Conference Reference Materials

The California Lawyers Association is an approved State Bar of California MCLE provider.

Better Lawyering Through Mindfulness
Timed Agenda

1. Living with and recovering from chronic and overwhelming anxiety — one lawyer's journey (10 minutes)
2. The Numbers (5 minutes)
    - Lawyers are 3.6 times as likely to be depressed as people in other jobs.
    - 28% of lawyers suffer from depression
    - 19% have symptoms of anxiety
    - 21% are problem drinkers
    - Lawyers working in law firms had the highest rates of alcohol abuse
    - Consequences of lawyer burnout and other related mental health issues on competency
3. Understanding the why (10 minutes)
    - Adversarial system
    - Financial pressure
    - Tendency toward perfectionism
    - High stakes
    - Hyper-competitive environment
    - Focus on winning
4. Stress & Anxiety (20 minutes)
    - The competent lawyer - Must have stress and anxiety management strategies
    - Understanding the physiological reaction to stress
    - Impact of acute stress and its impact on decision making
    - Understanding the stress response
    - Understanding anxiety
    - Consequences of stress and anxiety on lawyer competency
5. Mindfulness and meditation as tools for better lawyering (15-20 minutes)
    - Mindfulness can reduce lawyer stress and anxiety
    - Science and research behind mindfulness/meditation
    - How lawyers can incorporate mindfulness in difficult situations
    - Concrete strategies for using mindfulness to calm work related stress and anxiety
6. Improving focus and concentration (10 minutes)

7. Self-Care (5 minutes)
    - Basics/ Foundational Practices
    - Sleep, breaks, connecting with allies, yoga, healthy meals, exercise, letting go and laughter
8. Q&A (5-10 minutes)

Better Lawyering Through Mindfulness

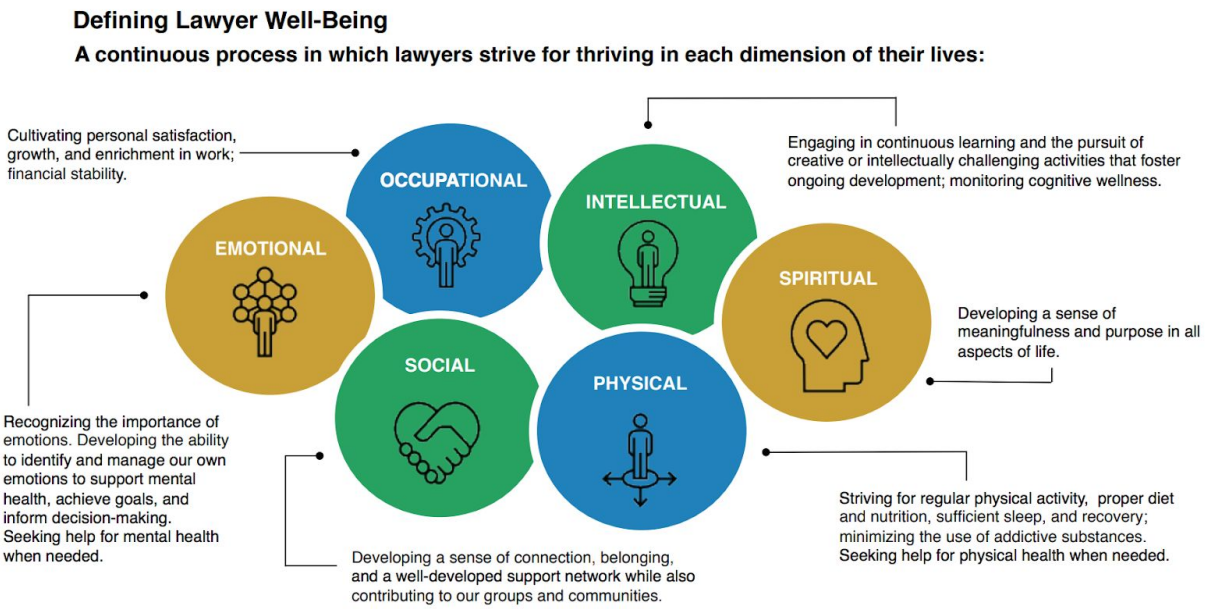
Recent studies have demonstrated that deliberate practices, paying attention to one's moment-to-moment experiences, compassion, resiliency and self-care behaviors can reduce the many unintended consequences of lawyering such as burnout, vicarious trauma, and compassion fatigue.

To be a good lawyer, one has to be a healthy lawyer.

1. The Numbers
    - Review the findings of the ABA Study: Depression, anxiety, stress, problem drinking
    - According to ABA Study, released Feb, 2016:
      Surveyed 13,000 attorneys
      Experiencing:
      — Depression: 28%
      — Anxiety: 19%
      — Stress: 23%
      — Problem drinkers: 21%

Attorneys experience problematic drinking that is hazardous, harmful, or otherwise generally consistent with alcohol use disorders at a rate much higher than other populations. These levels of problematic drinking have a strong association with both personal and professional characteristics, most notably sex, age, years in practice, position within firm, and work environment. Depression, anxiety, and stress are also significant problems for this population and most notably associated with the same personal and professional characteristics.

The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys (Krill, Patrick R. JD, LLM; Johnson, Ryan MA; Albert, Linda MSSW)



2. Understanding Why? *Why* are lawyers suffering from such a high rate of stress, anxiety, depression, substance/alcohol abuse?
    - Adversarial system, lack of civility, lack of collaboration, low resilience
    - Fear of making a mistake and being on guard — Must master statutory law, case law, rules of evidence and rules of procedure – to name but a few areas of knowledge
    - Time pressure — pressure to bill more time, lack of work-life balance
    - Financial pressure — high student loan debt, keeping up with the Joneses, measuring sense of success with external
    - Difficult to maintain emotional and cognitive balance in the practice of law

3. Stress and Anxiety (What is it and why do lawyers struggle?)
    - Immense pressures and stresses
        - Preparing for deposition, hearings, and trial
        - Constant distractions including telephone messages and email
        - Pressure to keep up with the latest case law, technology, the business of practicing law
        - Difficult clients
        - Difficult opposing counsel, judges, co-workers

        - Balancing family obligations with work
        - The demands on attorneys to stay "tuned in," to be focused on work, respond to issues more rapidly and manage a growing number of complex matters increases
    - Stress and Anxiety
        - Loss of appetite, or overeating
        - Use of alcohol/ drugs to self-soothe
        - Headaches, stomach aches, other physical symptoms
        - Increased blood pressure
        - Burnout
        - Vicarious Trauma
        - Compassion Fatigue
    - Common signs of impairment are:
        - A change in work habits or patterns
        - Forgetfulness or lapses in judgment
        - Lateness or leaving work early
        - Failure to meet deadlines or to be accountable
        - Failure to appear for meetings, court dates, depositions
        - Diminished quality of work product
        - Personal use of trust account funds or trust account overdrafts
        - Personal credit problems, tax problems, liens
        - Difficulties working with clients, colleagues or staff
        - Emotional unevenness, irritability or impulsivity
        - Signs of intoxication, smell of alcohol or marijuana
        - Increased isolation or secrecy
4. Example: Telephone with difficult person
    - Imagine yourself sitting at the office. The phone rings. On the caller ID, you see it is someone you have great difficulties with. How does it impact your mind? What do you notice in the body?
    - The practice of mindfulness — noticing what is happening in the present moment can help to keep you calm in the fight-or-flight response
    - Understanding the Fight-or-Flight Response:

To produce the fight-or-flight response, the hypothalamus activates two systems: the sympathetic nervous system and the adrenal-cortical system. The sympathetic nervous system uses nerve pathways to initiate reactions in the body, and the adrenal-cortical system uses the bloodstream. The

combined effects of these two systems are the fight-or-flight response.

When the hypothalamus tells the sympathetic nervous system to kick into gear, the overall effect is that the body speeds up, tenses up and becomes generally very alert. If there's a burglar at the door, you're going to have to take action -- and fast. The sympathetic nervous system sends out impulses to glands and smooth muscles and tells the adrenal medulla to release epinephrine (adrenaline) and norepinephrine (noradrenaline) into the bloodstream. These "stress hormones" cause several changes in the body, including an increase in heart rate and blood pressure.

5. Mindfulness: *Why* is this conversation with your opposing counsel, client, judge, etc triggering stress and anxiety reaction?

Letting go of unproductive, unhelpful thoughts.

- Get off the phone with an opposing counsel then replay what she said to you over and over again in your mind
- Ever have a judge criticize you or fumble over a question at a hearing and replay that in your mind like a broken record?
- After the opposing counsel makes a snarky comment, you come up with the perfect clever comeback, and then proceed to beat your up for not thinking of it on the spot

  These types of thoughts, what are referred to as "unproductive, unhelpful thoughts." Mindfulness allows you to identify these thoughts then choose your response.

- Calm the anxious mind — Ever wish you can just press the "power off" button for your mind and get your brain to shut down? Do you suffer from regular insomnia because you're stuck in looping thought patterns?

  Mindfulness practice allows you to recognize that your mind's job is to constantly produce thoughts and not to get so caught up in your thoughts. The metaphor often used is to learn to observe your thoughts like looking at clouds in the sky. Thoughts will come and go.

You learn to watch your thoughts without getting emotionally triggered. Instead of constantly having your mind racing at 150 mph, worrying about your hearing that's 6-months away, you can slow it down so that you can gain clarity and focus. It's the "off button" for your brain for shutting off unproductive, unhelpful thoughts. An obviously valuable skill for lawyers.

6. Mindfulness Can Reduce Lawyer Anxiety
    - Mindfulness as a place to retreat.

Lawyering is difficult. We all have days where it feels as though the ground beneath us is about to give and we're spiraling out of control. When you feel this way, what coping mechanism do you use to feel grounded again? Practicing mindfulness allows us to pause, reflect, and respond from a place of calm rather than reacting.

Most of us have had a situation where we immediately regret hitting the send button on an email or said something we shouldn't have said. What we are training our brain to do is to reduce the activities in the part of the brain responsible for fight or flight response and activate the parts of our brain responsible for executive functioning so that we can respond appropriately in difficult situations.

7. Work/Life Balance
    - Using mindfulness as corrective measure.

Each day, we're given 1,440 minutes. Not a single minute more. Work-life balance is all about allocating those precious minutes. How do you start your day? Do you start by checking your email? Or do you align your day with what is important to you – eating right, exercise, connecting with people you love, practicing self-care? Are you clear about what really matters to you and are you consistently orienting your life towards those values?

With the constant demand on our time, the ever growing to-do lists, the constant distractions, it's easy to go about your day with your mind in a state of constant fog, not really aware of what you're

spending your time on. Ever have an experience where you look up and it's already 3:00 P.M. and you wonder where the day went? Being mindful is all about being present to each moment of your day.

It helps you to focus on what is truly important — for example, when working on a Motion, you can fully pay attention to the research assignment rather than ruminate.

8. Unintended consequences of lawyering

Lawyers are in the suffering business. Clients *rarely* come to us with happy news. This has an impact on us. Here are some of the "unintended consequences" of lawyering.

- Burnout
- Compassion Fatigue
- Vicarious Trauma

9. Burnout

- Occupational burnout is thought to result from long-term, unresolvable job stress.
- Set of symptoms that includes exhaustion resulting from work's excessive demands as well as physical symptoms such as headaches and sleeplessness, "quickness to anger," and closed thinking.
- Burned out lawyers "looks, acts, and seems depressed".
- Risk Factor for Burnout:
- Evidence suggests that the etiology of burnout is multifactorial, with dispositional factors playing an important, long-overlooked role. Cognitive dispositional factors implicated in depression have also been found to be implicated in burnout. One cause of burnout includes stressors that a person is unable to cope with fully. For example, not having control over an outcome of a case, how the judge will rule, what the witness will say on the stand, etc.
- Occupational burnout often develops slowly and may not be recognized until it has become severe. When one's expectations about a job and its reality differ, burnout can begin.

10. Vicarious Trauma

- The symptoms of vicarious trauma align with the symptoms of primary, actual trauma. When lawyers attempt to connect with their clients/victims emotionally, the symptoms of vicarious trauma can create emotional disturbance such as feelings of sadness, grief, irritability and mood swings.
- Example: Client loses a case, gets an unfair result, experiences tragedy, suffering, etc.
- The signs and symptoms of vicarious trauma parallel those of direct trauma, although they tend to be less intense.
- Common signs and symptoms include, but are not limited to, social withdrawal; mood swings; aggression; greater sensitivity to violence; somatic symptoms; sleep difficulties; intrusive imagery; cynicism; sexual difficulties; difficulty managing boundaries with clients; and core beliefs and resulting difficulty in relationships reflecting problems with security, trust, esteem, intimacy, and control.

- **Contributing factors**
  Interaction between lawyers and their situations/ cases. This means that the lawyer's personal history (including prior traumatic experiences), coping strategies, and support network, among other things, all interact with his or her situation (including work setting, the nature of the work s/he does, the specific clientele served, etc.), to give rise to individual expressions of vicarious trauma. This in turn implies the individual nature of responses or adaptations to VT as well as individual ways of coping with and transforming it.

11. Compassion Fatigue

- Compassion fatigue, also known as secondary traumatic stress (STS), is a condition characterized by a gradual lessening of compassion over time
- Common among lawyers that work directly with trauma victims — prosecutors, public defenders, family lawyers, bankruptcy lawyers, etc.
- Lawyers exhibit several symptoms including hopelessness, a decrease in experiences of pleasure, constant stress and anxiety, sleeplessness or nightmares, and a pervasive negative attitude. This can have detrimental effects on individuals, both professionally and personally,

including a decrease in productivity, the inability to focus, and the development of new feelings of incompetency and self-doubt.

12. Understanding the mind
    - Focus, moderately distracted and distracted states
    - How to have more focus

13. Self-Care
    - Key to decreasing stress/anxiety, avoiding lawyer burnout
    - **Relaxation exercises** are one of the most effective techniques for reducing tension and the physical effects of stress. In studies conducted at Harvard Medical School, researchers monitored subjects who achieved a relaxed state through meditation and noted that relaxation stimulates biochemical responses in the body which are nearly the opposite of stress, the fight-or-flight response. Relaxation gives the body an opportunity to rest and rebuild its resources. Relaxation is particularly helpful in managing stress when practiced regularly. Methods of relaxation are as individual as what constitutes stress. The key is to find and participate in those activities which create a feeling of relaxation.
    - This can be as simple as deep breathing exercises for a few minutes or as involved as regular programs of exercise, meditation or biofeedback.

14. Basics/ Foundational Practices
    - Sleep, breaks, connecting with allies, yoga, healthy meals, exercise, letting go and laughter

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SUMMARY

Attorney, best-selling author, speaker and legal mindfulness consultant with over 17 years of experience. An expert in the field of lawyer wellness. Through her presentations and training, she leaves lawyers with actionable change strategies through mindfulness.

- Co-author of best-selling book, *The Anxious Lawyer: An 8-Week Guide to a Joyful and Satisfying Law Practice Through Mindfulness and Meditation*
- Over 17 years of legal practice experience in counseling clients who are experiencing life trauma and financial distress
- Expert in teaching mindfulness and meditation, especially to lawyers and other professionals
- Knowledge and understanding of diversity and inclusion issues
- Extensive experience with developing and leading workshops

EXPERIENCE

Jeena Cho Consulting (January 2011 – Current)
Legal Mindfulness Consultant and Coach

- Work one-on-one with lawyers who are in transition; experiencing overwhelming stress and anxiety
- Collaboratively work with law firms to design and implement mindfulness programs
- Conduct trainings at law firms, in-house legal departments and bar associations on using mindfulness and meditation to reduce stress and anxiety while increasing productivity
- Collaborate with organizations for implementing wellness, mindfulness and meditation programs
- Teach continuing legal education workshops on elimination of bias; diversity and inclusion
- Facilitate workshops and retreats

JC Law Group PC San Francisco, CA (1/2009 – 10/2020)
Bankruptcy Attorney

- Worked with over 200 bankruptcy clients in collaboratively finding the best solutions to their debt issues
- Counsel clients in personal finance
- Empathetically listen to clients who are in deep distress and experiencing trauma
- Work with diverse clients from all socioeconomic status
- Counsel clients in finding solutions to credit card, student loan, mortgage, SBA, and other overwhelming debt. Assist debtors in filing Chapter 7 and Chapter 13 bankruptcy
- Negotiate and litigate contested matters

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AIDS Legal Referral Panel San Francisco, CA (1/2009 – 1/2014)
Volunteer Bankruptcy Attorney

- Worked with clients with AIDS and related illnesses who are also experiencing overwhelming debt issues
- Represent clients in Chapter 7, Chapter 13 and debt settlement
- Navigate the multi-dimensional issues related to clients who are on social security, receiving government assistance, as well as complications due to AIDS

ABA Journal (January 2018 – Current)
Columnist

- Monthly columnist for the American Bar Association Journal covering topics related to lawyers and mental health issues, well-being, and mindfulness

Forbes.com (July 2016 – February 2017)
Columnist

- Columnist for Forbes Pharma and Healthcare section covering how the mind can be trained for optimal performance in the workplace

Above the Law (March 2015 – October 2018)
Columnist

- Weekly columnist covering the intersection of legal practice and lawyer well-being. Exploring how mindfulness and meditation can help the legal profession be more diverse and inclusive

USF School of Law San Francisco, CA (August 2014 – January 2015)
Adjunct Professor

- Teaching The Ethics of Solo Practice. Law school class designed to teach students practical skills for starting and operating a solo law practice. Covering a broad range of topics from client management, negotiation, law office technology, marketing and ethics

Hillsborough County State Attorney's Office Tampa, FL
(11/2005 – 7/2007) Assistant State Attorney

- Prosecuting attorney in and for the Thirteenth Judicial Circuit
- Managed over 100 cases at once
- Represented victims of domestic violence
- Responsibilities include conducting depositions, witness interviews, discovery, and negotiating plea agreements
- Experience includes extensive jury trials and bench trials

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EDUCATION

Juris Doctor, State University of New York at Buffalo Law, May 2003
B.A. Psychology, University at Buffalo, May 2000

COURSE WORK AND TRAINING

2/25/2017 – 3/25/2017 Month-long Silent Meditation Retreat, Spirit Rock Woodacre, CA

1/14/2015 - 3/4/2015 Compassion Cultivation Training
(The Center for Compassion and Altruism Research and Education (CCARE)), Stanford University

9/19/2014 – 9/21/2014 Mission Be: Mindful Educator Training. Certification for Grade Pre-K – 12th, San Francisco, CA

3/20/2014 – 5/29/2014 Mindfulness Based Stress Reduction Teacher Practicum, El Camino Hospital, Mountain View, CA
(Certified Program through Center for Mindfulness, University of Massachusetts Medical School)

9/24/2013 – 11/12/2013 Mindfulness Meditation Course, Mark Abramson, Stanford University, Stanford, CA

ACHIEVEMENTS AND ACTIVITIES

California Bar – (Admitted May 2009)
Florida Bar – (Admitted May 2004, inactive)
AIDS Legal Referral Panel - Volunteer attorney
Fastcase 50 award recipient (2015)

PUBLICATIONS

The Anxious Lawyer , ABA (June 2016)

- 8-week guide on managing and reducing anxiety and stress related to law practice. Focuses on mindfulness meditation and resiliency training

How to Manage Your Law Office, LexisNexis (2013)

- Practical guide that provides cutting-edge information about effective techniques in law office administration.

Mindfulness and Legal Practice: A Preliminary Study of the Effects of Mindfulness Meditation and Stress Reduction in Lawyers

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Acknowledgements: This work was supported by an Insight Development grant awarded to J.P. Minda by the Social Sciences and Humanities Research Council of Canada, #RES000162

Abstract

Research has shown that lawyers often experience symptoms of depression, anxiety, and stress in their lives. Mindfulness meditation may be an effective way to reduce the many negative effects associated with work stress. We asked a group of 46 lawyers to participate in an eight week mindfulness meditation program that was designed for lawyers. The mindfulness program was based on *The Anxious Lawyer* by Cho and Gifford (2016) and guided audio meditations were made available online. Participants were assessed before beginning the program and again when the program was completed. The results indicated that the mindfulness meditation program significantly reduced self-described depression, anxiety, stress, and negative mood. The meditation program also increased positive mood and psychological resilience. As well, participants in the program viewed themselves as being more effective at their work. Despite the strong effects observed in this study, we argue that much more research is needed to understand these benefits.

Keywords: mindfulness, stress reduction, psychological well-being, meditation, lawyers

Mindfulness and Legal Practice: A Preliminary Study of the Effects of Mindfulness Meditation and Stress Reduction in Lawyers

One of the most interesting developments in psychology over the past 20 years has been the mainstream embrace of mindfulness meditation. Although mindfulness practice has its roots in Buddhist traditions, many of the ideas and techniques from this practice have been adapted to contemporary secular life. In particular, there has been widespread interest in the benefits of mindfulness in the workplace (Glomb, Duffy, Bono, & Yang, 2011). This is a natural extension of mindfulness practice because most adults spend considerable time and effort at work. Workplace identity and culture is an integral part of who people are. As mindfulness becomes more widespread and more well known, it is only natural that it becomes part of the fabric of working life. This paper describes the results of a preliminary investigation into how a group of highly-trained professionals (in this case, lawyers) can learn to practice mindfulness and can benefit from a mindfulness program that is delivered online. We describe an eight-week program designed for lawyers and discuss how certain benefits of mindfulness practice can be measured and assessed. Our results, though tentative, suggest that there may be several clear mental health benefits that are associated with mindfulness meditation training. We also consider several ways to generalize and extend our research.

STRESS AND ANXIETY IN THE LEGAL PROFESSION

Lawyers, like other highly trained professionals, often experience high levels of stress and anxiety. As a result, lawyers report engaging in a variety of coping behaviours to deal with the stress and anxiety associated with their positions. In many cases, these may not always be healthy coping behaviors. For example, lawyers dealing with work-related stress may engage in alcohol and drug use and may experience sleep disturbances and relationship problems. Only a handful of research has examined this systematically, however. A pivotal study by Benjamin and colleagues (Benjamin, Darling, & Sales, 1990) surveyed 1148 attorneys from Washington and Arizona and found evidence of depression that was much higher than the population at large (19% in the lawyers compared to 3-9% in the general population). They also noted that approximately 18% of their sample were described as problem drinkers. A more recent and much larger study (Krill, Johnson, & Albert, 2016) surveyed over 12,000 practicing attorneys in the United States about their rates of stress, anxiety, depression and substance use abuse. They found an even higher rate depression stress and anxiety (20% or more scoring outside the normal range as measured by the DASS-21 (Lovibond & Lovibond, 1995). As well, fully 20.6% of their participants scored at a level consistent with problem drinking on a substance abuse scale. The conclusion from these two studies, even 25 years apart, is that negative emotions, stress, and anxiety are still very much a problem for lawyers. Negative emotions and stress could lead to these problematic coping mechanisms like alcoholism, and the problem has not decreased since 1990. This is one of the motivations behind this current study. If lawyers are dealing with elevated levels of depression, anxiety, and stress, one possible solution is the consideration of mindfulness meditation.

MINDFULNESS IN THE WORKPLACE

Mindfulness is a psychological state that involves paying purposeful attention to the present moment in a non judgemental way (Kabat-Zinn, 2009). This requires open awareness to internal and external stimuli (Brown & Ryan, 2003). A state of mindfulness can be achieved in several ways but the the most common way is through the practice of meditation. Mindfulness meditation takes many forms but one of the most prevalent forms of meditation stems from the influential work of Kabat-Zinn, who developed the Mindfulness Based Stress Reduction (MBSR) program in the 1970s (Kabat-Zinn, 2003, 2009). MBSR has since become one of the standard forms of mindfulness practice and is the basis for many other mindfulness programs.

Clinical work has suggested that (among other things) mindfulness reduces stress and anxiety (Miller, Fletcher, & Kabat-Zinn, 1995), boosts immune function (Davidson et al., 2003) and even enhances the effectiveness of phototherapy as a treatment for psoriasis (Kabat-Zinn et al., 1998). Mindfulness has also been shown to be useful in the management of symptoms associated with depression (Ramel, Goldin, Carmona, & McQuaid, 2004) and post traumatic stress disorder (Kearney, McDermott, Malte, Martinez, & Simpson, 2012). Of particular interest to the broader public, however, are reports that mindfulness meditation is beneficial for everyday cognitive functioning: mindfulness practice has been associated with improved attention (Moore & Malinowski, 2009), cognitive flexibility (Greenberg, Reiner, & Meiran, 2012), insight problem solving ability (Ostafin & Kassman, 2012), and general decision making (Hafenbrack, Kinias, & Barsade, 2014; Kiken & Shook, 2011).

Given the numerous clinical and non-clinical psychological benefits associated with mindfulness meditation, it is not surprising that meditation programs have been introduced in many companies as an employee wellness option (Gelles, 2015). Within this context, meditation has been shown to reduce negative reactions to stress and to improve reactions to depression and overall workplace satisfaction (Aikens et al., 2014; Glomb et al., 2011; Reb, Narayanan, & Chaturvedi, 2012). Company-based mindfulness meditation programs, however, are relatively novel. As a result, few studies have been conducted to assess their effectiveness.

One such study, administered to employees of Dow Chemical Company, noted increases in workplace satisfaction and decreases in stress (Aikens et al., 2014). In this study, Aikins et al. recruited 89 participants from Dow: 44 were randomly assigned to a mindfulness meditation program and 45 were assigned to a wait list control group. The mindfulness intervention was a seven week program that was delivered online via a series of webinar meetings and a custom designed set of basic meditations based on MBSR but tailored to Dow. Participants first completed five assessments of psychological well being: the Five Facet Mindfulness Questionnaire, the Perceived Stress Scale, the Connor-Davidson Resilience Scale, the Shirom Vigor Scale, and a series of lifestyle questions. Analyses showed that, compared to the group of wait listed controls, participants in the mindfulness group showed significant post intervention reductions in perceived stress, as well as improvements in resilience, vigor, and mindfulness (measured by the Five Facet Mindfulness Questionnaire).

THE PRESENT STUDY

Research suggests that high levels of stress, anxiety, and depression are common among those who work in the legal profession (Krill, Johnson, & Albert, 2016). Consequently, this study sought to examine the use of mindfulness meditation as a strategy for improving the psychological and emotional well being of lawyers. Using convenience sampling, we selected a group of lawyers and asked them to participate in an online, eight-week mindfulness meditation program. Participants were asked to complete a series of self assessments prior to the eight-week program and again at the end of the eight-week program. The pre/post design allowed us to measure changes in behaviour as a result of the mindfulness program. Based on prior studies that have adapted MBSR programs for use in the workplace (Aikens et al., 2014), our hypothesis was that participants would show increases in positive affect, resilience, and mindful cognition, as well decreases in negative affect, depression, anxiety, and stress. We also predicted that participants would show improvements in self reported indices of job competency.

We designed this study as part of a preliminary investigation into the effectiveness of mindfulness meditation programs for different kinds of professionals and leaders. In particular, this study was designed to evaluate the practicality of using online methods to disseminate a comprehensive and fulfilling mindfulness program and to collect data in a way that would allow us to detect measurable changes in behaviour. This study has several clear caveats, such as the lack of a randomized control group. This precludes us from drawing strong conclusions, the implications of which will be discussed in the General Discussion.

Method

PARTICIPANTS

Participants were recruited from the National Association of Women Lawyers (NAWL) via a virtual book club meeting in the fall of 2016. The club arranged to read and discuss *The Anxious Lawyer* by Cho and Gifford (2016) and to discuss how mindfulness meditation can be applied within the context of a legal practice. *The Anxious Lawyer* contains an eight-week program that includes weekly guided meditations and mindfulness practices.

The book club was sponsored by the NAWL and by Seyfarth Shaw LLP, a law firm with over 900 attorneys across in United States, Europe, and Asia. Participants were asked to attend three webinars for Continuing Legal Education (CLE) credit. The first webinar took place on September 7, 2016 and featured a representative from NAWL, a partner from Seyfarth and two of the study authors. The webinar was primarily a discussion about what mindfulness is, how to practice mindfulness, and how to integrate meditation into a legal practice. Attendees were presented with the option to participate in the present study and those that indicated an interest were contacted by a research assistant from the first author's lab.

Out of several hundred webinar attendees, 89 indicated interest in the study. Of these, 46 enrolled in and completed the study. The demographic information of these participants is presented in Table 1.

MATERIALS

Meditation guide. The primary guide for participants was Cho and Gifford's *The Anxious Lawyer* (2016). Participants were encouraged to buy the book or the ebook for the study, though this was not required. It was possible for participants to be enrolled in the study and not read the corresponding book.

Guided meditation audio. Weekly guided meditations were provided to registered participants via email and were also accessible on *The Anxious Lawyer* website (http://theanxiouslawyer.com/syllabus/). These meditations varied in length from 2-24 minutes and were narrated by the book's authors. The guided meditations are described in Table 2 and links to the audio are provided. These meditations were comparable to meditations that are used in other MBSR courses, though some of the surrounding context was specifically relevant to lawyers.

Self report assessments. Self reports included a short questionnaire about personal demographic information, five psychological inventories, and a set of questions about workplace effectiveness. The five, primary measures (i.e. the psychological inventories) were selected based on their use in prior mindfulness-based studies. All measures were transcribed by the first author into Qualtrics, which is a platform that allows for rapid online data collection. Questionnaires that were designed specifically for this study (i.e. the demographic and job effectiveness questionnaires) are available in Appendix A.

Perceived Stress Scale. The Perceived Stress Scale (PSS, Cohen, Kamarck, & Mermelstein, 1983) is a short questionnaire designed to ascertain one's perceived occurrence of stressful events. Participants read the following instructions:

> *"The questions in this scale ask you about your feelings and thoughts during the last MONTH. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate*."

Participants then read 14 items such as "How often have you been upset because of something that happened unexpectedly?" Each item was rated on a five-point scale ranging from 1 ("Never") to 5 ("Very Often"). Items were presented on a single screen.

Positive and Negative Affect Schedule. The Positive and Negative Affect Schedule (Watson, Clark, & Tellegen, 1988) consists of 20 mood descriptors (10 positive and 10 negative) that ultimately provide a measure of both positive and negative affect. Participants first read the following instructions:

"This scale consists of a number of words that describe different feelings and emotions. Read each item and then use the scale to indicate the extent you have felt this way over the past month, on average."

Participants then saw 20 words like "Excited" or "Upset" and rated their feelings as directed by the instructions on a scale of 1 ("Very slightly or not at all") to 5 ("Extremely"). All items were presented on the same screen and positive and negative words were intermixed.

Brief Resilience Scale. The Brief Resilience Scale (BRS; Smith et al., 2008) is a six item index of psychological resilience. Participants were instructed to simply answer all six items. These items, such as "I tend to bounce back quickly after hard times" were rated on a five-point scale ranging from 1 ("Strongly Disagree") to 5 ("Strongly Agree"). All items were presented on the same screen.

Five Facet Mindfulness Questionnaire. The Five Facet Mindfulness Questionnaire (FFMQ; Baer et al., 2008) is a 24 item scale that measures changes in thinking related to five aspects of mindfulness: observation ability, descriptive ability, acting with awareness, nonjudging of inner experience, and nonreactivity to inner experience. Participants read the following instructions:

"Below is a collection of statements about your everyday experience. Using the scale below, please indicate how frequently or infrequently you have had each experience in the last month. Please answer according to what really reflects your experience rather than what you think your experience should be."

Participants then read items such as "I'm good at finding the words to describe my feelings." Items were rated on a five-point scale from 1 ("Never or very rarely true") to 5 ("Very often or always true"). All items were presented on the same screen.

Depression, Anxiety, and Stress Scale. The Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond, 1995) is a 21 item non-clinical scale for measuring thoughts and attitudes related to depression, anxiety, and stress. Participants read the following instructions:

"Please read each statement and indicate how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement."

Following the instructions, participants read 21 items related depression, anxiety and stress, such as "I found it hard to wind down," "I was aware of dryness of my mouth," and "I couldn't

seem to experience any positive feeling at all." Items were rated on a four-point scale from 0 ("Never") to 3 ("Almost Always"). All items were presented on the same screen.

Job effectiveness questionnaire. After the psychological assessments, participants were asked to complete a series of questions designed to measure their perceived ability to effectively display or demonstrate various job-related competencies. This questionnaire was designed specifically for this intervention; it is not part of a standardized psychological assessment. Participants first read the following instructions.

"Carefully read the definition of each job-related competency below and select the rating, from 1 to 7, that best represents your judgment of how effectively you perform this work behavior. Keep in mind the following: It is important to be as accurate as possible with your ratings. There can be a tendency to want to use only the top end of the rating scale. Please reflect carefully on the accuracy of your ratings and consider the whole scale when you rate each behavior."

Following the instructions, participants read items such as "Decisiveness. The ability to make clear-cut and timely decisions with the appropriate amount of information." Participants then rated themselves on a scale of 1 ("low") to 7 ("high"). There was also an option for "not observed" if they did not observe this behaviour at all. Items were presented in sets of three to a screen. Items were presented on the screen three at a time.

PROCEDURE

The procedure took place according to the following schedule: recruitment, pretest, mindfulness practice, and posttest.

Recruitment phase. Initial recruitment was carried out at the end of the first webinar on October 5th, 2016. The first author described the nature of the study, what would be tested, and how long the study would take. Potential participants were then provided with a study email address and were informed that, if they were interested in being recruited for the study, they should contact the first author to indicate this interest. A research assistant or graduate student in the first author's research lab then sent a link for the secure study site to the participant. The link to the study provided potential participants with a letter of informed consent. Participants were asked to read this letter and to click an "accept" button if they agreed and accepted the terms and conditions of the study. Upon accepting the letter, they were formally enrolled in the study and were asked to provide an email address to which study material could be sent. Email addresses were not stored with the collected data for confidentiality reasons.

Pretest phase. Upon providing informed consent, participants were asked to complete the pretest. The first set of questions related to demographic items such as age, sex, level of education, what kind of law firm they were employed in, and for how long they had been employed in their current position. The second set of questions asked about prior personal

experience with meditation, yoga, and any other contemplative practices. After answering these questions, participants completed the previously described self assessment measures in the following order: PSS, PANAS, BRS, FFMQ, DASS-21, job effectiveness questionnaire. The order of tests was selected randomly prior to the study and the same order was used for all participants.

Mindfulness practice phase. After completing the pretest, participants began the mindfulness program. They were encouraged to read a section of *The Anxious Lawyer* each week and were provided with a link to a guided meditation audio file (see Table 2). Instructions on how often to meditate were not overly prescriptive but participants were encouraged to find a time that allowed them to practice as often as they could. Weekly e-mail correspondence from the researchers reminded participants to make a note of when and for how long they meditated each week. At the 4-week mark, a second webinar was conducted and participants who were enrolled in the study were encouraged to attend. At the end of the 8 weeks, a final webinar was conducted.

Posttest phase. After the final week of the mindfulness program, participants were contacted by the first author via email and were provided with a link to the posttest survey. The posttest was nearly identical to the pretest except that we did not include questions about demographics or prior contemplative experience; instead, the posttest survey included several questions about how many days per week participants meditated and how many minutes, on average, that they meditated each time they practiced.

Results

The results section is organized into two subsections. First, we examine psychological changes in participants as a function of the mindfulness manipulation on each of the primary dependent measures. The second analysis examines the relationship between participant scores on each measure and how many minutes, on average, participants meditated per week.

SCORING

Each psychological assessment was scored according to the method described by the authors in each corresponding original article. For each participant, we calculated a single pretest score and a single posttest score for every measure. These pre and posttest measures were submitted to paired samples t-tests. In cases where the assessment has multiple subscales (e.g. the DASS-21) we used a Bonferroni correction to adjust the alpha level to account for the number of comparisons being done. This was done in an effort to reduce the probability of Type I errors. Where m is the number of comparisons, the new alpha level ($\overline{\alpha}$) is given by: $\overline{\alpha} = \frac{\alpha}{m}$. Both the exact *p* values (unless they are less than .001) and effect sizes (Cohen's *d*) are reported.

PRE- AND POSTTEST COMPARISONS

Refer to Table 3 for the pre and posttest descriptive statistics of each measure, as well as the associated t-test statistics.

Perceived Stress Scale. Pre- and posttest PSS scores were compared with a paired-samples t-test using α = .05. This analysis revealed a significant decrease in PSS scores between the pretest and posttest phases. This decrease amounted to a 22.73% reduction in the scores.

Positive and Negative Affect Schedule. For both the Positive and Negative affect subscales, pre- and posttest PANAS scores were compared with a paired-samples t-test using α = .025. This analysis revealed a significant increase in scores on the Positive affect subscale (a 13.65% change) and a significant decrease in scores on the Negative affect subscale (a 17.78% change) between the pretest and posttest phases.

Brief Resilience Scale. Pre- and posttest BRS scores were compared with a paired-samples t-test using α = .05. This analysis revealed a significant increase in BRS scores between the pretest and posttest phases, or a 10.36% change.

Five Facet Mindfulness Questionnaire. For each of the five subscales, pre and posttest FFMQ scores were compared with a paired-samples t-test using α = .01 . This analysis revealed a significant increase in scores on every subscale (i.e. Observing, Describing, Acting with Awareness, Nonjudging of Inner Experience, and Nonreactivity to Inner Experience) between the pretest and posttest phases. This was an average change of 15.61% across the five subscales.

Depression, Anxiety, and Stress Scale. For each of the three subscales, pre- and posttest DASS-21 scores were compared with a paired-samples t-test using α = .02. This analysis revealed a significant decrease in scores on every subscale (i.e. Depression, Anxiety, and Stress) between the pretest and posttest phases. Depression scores decreased by 28.84%, anxiety scores decreased by 30.29%, and stress scores decreased by 32.45%.

Job effectiveness questionnaire. The job effectiveness questions were not designed to assess any specific psychological construct and they are not part of a published psychological test. Instead, these items were included for qualitative insight into how participants perceived their own ability to perform on the job. As such, there is no standard way to interpret the results. In order to obtain an overall idea of workplace effectiveness, we averaged across the items to obtain a mean job effectiveness score for each participant. Pre- and posttest effectiveness scores were compared with a paired-samples t-test using α = .05. This analysis revealed a significant increase in effectiveness scores between the pretest and posttest phases, or an increase of 6.15%.

MEDITATION DURATION

In the posttest phase, we asked participants about how many days per week they meditated and how many minutes, on average, they meditated each time that they practiced. From this, we calculated the number of minutes per week (approximately) that each participant meditated. It was calculated that, on average, participants meditated 57.98 minutes per week

(min = 0, max = 315, *SD* = 63.89)[1]. This is comparable to what has been observed in other studies (Aikens et al., 2014). Although we did not have an explicit prediction regarding the relationship between the amount of time that people spent meditating and their scores on the measures of interest, we examined the correlations between these variables to see if any relationships did, in fact, exist. These correlation scores are presented in Table 4. Although there were some modestly sized correlations, most were not significant. Those that were found to be significant possessed relatively high *p* values, suggesting that these relationships were not especially strong. Overall, there does not appear to be a systematic relationship between the number of minutes spent meditating per week and the outcomes on the measures that we considered.

Discussion

Results from this study provide preliminary evidence that an online mindfulness meditation program may be an effective strategy for improving the psychological and emotional well being of those who work in the legal profession. At the beginning of this study, participants scored fairly high on measures of depression, anxiety, and stress. Scores on each of these measures were significantly reduced following the eight-week mindfulness intervention. The intervention was also associated with decreases in negative mood and increases in both positive mood and psychological resilience. Importantly, pre and posttest comparisons revealed significant increases in five different facets of mindful cognition; this suggests that the observed changes are likely to be related to mindfulness, specifically, rather than general relaxation.

HIGHLIGHTS OF THE PRESENT STUDY

This is the first study of its kind looking at the possible benefits of mindfulness meditation in lawyers. As noted in the introduction, stress, anxiety, and depression occur at high levels among those in the legal profession (Krill et al., 2016). Consistent with earlier research by Krill and colleagues, we observed fairly high levels of depression, anxiety, and stress in our sample. In fact, our sample generally scored higher on these variables than the sample of lawyers assessed by Krill et al. Table 5 presents a comparison of the pre and posttest DASS-21 scores obtained from our sample with DASS-21 scores reported by Krill et al. Scores on this measure can be assigned to diagnostic categories of severity.[2] For each of the three subscales, we have listed the proportion of our respondents who fell within each of the five diagnostic categories: Normal, Mild, Moderate, Severe, and Extremely Severe. Compared to Krill et al.'s sample, our sample is characterized by a higher pretest proportion of participants falling in the Moderate, Severe, and Extremely Severe ranges. Table 5 also shows that the mindfulness intervention shifted our respondents from the more severe categories to the less severe categories.

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[1] The minimum of 0 hours is the result of a single participant who indicated that they never meditated. In order to determine if that one participant's data affected our results, all the analyses were run without that participant's data and the effects still held.

[2] It is important to note that these are not clinically diagnostic categories but are used for illustrative purposes. See (Lovibond & Lovibond, 1995) for detail on the DASS 21.

There are several reasons why our sample might have shown more severe scores relative to the participants in Krill et al. First, theirs was a very large sample (12,825) which implies that their observed scores will be closer to a true mean. Second, our sample was collected from a subset of lawyers who belonged to the National Association of Women Lawyers. Krill et al. found that women lawyers scored higher than men on the Anxiety and Stress (though not Depression) subscales of the DASS-21. As such, our sample of primarily female lawyers may have had elevated levels of anxiety and stress. Third, our study was conducted during the 2016 US presidential election, which was noted to be a stressful time for many Americans (American Psychological Association, 2016). In particular, our posttest concluded during the week of the election. Our sample comes from a group likely to be aligned with the Clinton candidacy. It is possible, therefore, that the rancour of the election may have elevated levels of stress and anxiety, though clearly not to a degree that would have prevented us from observing a reduction in these variables during the posttest. Finally, our sample was a convenience sample of participants who wanted to enroll in a mindfulness study. As such, it is possible that these individuals enrolled specifically because they were experiencing high levels of stress, anxiety, etc. This is a possible shortcoming of our design that future studies will address through the use of randomized controls.

A second key feature of this work is that supports the general idea that mindfulness meditation programs can be effectively delivered via a web-based platform. As such, this study provides support for the work of (Aikens et al., 2014). Our program was based on a popular book, *The Anxious Lawyer* by Cho and Gifford (2016), and the meditations were hosted on SoundCloud (see Table 2). Participants meditated on their own and were reminded to practice on a weekly basis. This differs from the gold-standard MBSR program which would have required a greater investment of both time and money from participants. In addition, MBSR programs have been designed to work most effectively with persons suffering from acute stress and anxiety. Our participants showed elevated levels of stress and anxiety but many others showed levels that were consistent with baseline levels that have been observed in lawyers. The use of a customized online platform, therefore, allowed for the development of a program that was context-specific and convenient yet, nevertheless, effective.

Finally, the fact that there was no clear relationship between the amount of meditation and scores on the outcome measures suggests that meditation, in general, may confer a benefit on psychological well being. Scores on our self report assessments improved regardless of how much time that participants spent meditating. What mattered was just that they meditated.

SHORTCOMINGS OF THE PRESENT STUDY

There are two clear shortcomings to this study that must be addressed in subsequent work. First, our study did not make use of a randomized control group. Because of the way our sample was recruited —as a part of a larger initiative to expose individuals to mindfulness and how it can be useful to lawyers — we were not able to recruit a comparable control group. This reduces our ability to attribute, with certainty, significant changes to our mindfulness intervention. Instead, changes may have been the result of a retest effect (i.e. completing the measures a second time) or happenstance (i.e. levels of depression, anxiety, and stress simply

happening to be higher at the time that the pretest was administered than when the posttest was conducted). The lack of a control group reduces our ability to make strong conclusions about the nature of these effects. However, there are two arguments that favour the experimental hypothesis and suggest that the lack of a control group is not necessarily problematic in this case. First, the effects that we observed were quite strong and robust and, based on prior research, all were in the predicted direction. This argument is especially compelling given that these directional predictions were confirmed despite the posttest being administered during the week of the presidential election when, presumably, levels of stress may have been higher than normal. Second, if some of the effects were simply due to chance, we might have observed some significant predictions in the opposite direction than what was expected. Given that all of our effects were in the predicted direction, these results should hold under a more rigorous design.

A second concern is that all of our participants enrolled in this study because they wanted to learn about the possible benefits of mindfulness meditation. This raises the possibility of expectancy effects whereby, because they expressed a desire to learn about mindfulness, changes may have occurred simply because participants expected to see improvements in these key areas. Consequently, we are not able to claim conclusively that the observed effects were a result of the mindfulness intervention. This issue is exacerbated by the fact that our primary dependent measures were self reports. Participants may have answered the questions differently between the pre and posttests because they expected their answers to change. Again, however, we counter these concerns by noting that the effects we observed were quite strong (with high Cohen's *d* values) and were consistent with other studies on mindfulness meditation (Aikens et al., 2014).

Clearly, there are some serious limitations to this study. Although we observed strong effects in only the predicted directions, our results should be interpreted with caution. We suggest that these be taken as preliminary results and that a fully randomized study be carried out to verify the results that were observed in this study. Ideally, a followup study would have high power (i.e. a large sample size) and would employ a randomized, delayed control group design. This would address both the concern associated with the lack of a proper control group and the possibility of expectancy effects.

CONCLUSIONS

Despite the limitations in our design, our study is the first to examine the possible psychological effects and benefits of an MBSR program for lawyers. We examined a sample of lawyers and found high levels of depression, anxiety, and stress. Following the completion of an eight-week mindfulness program, participants reported lower levels of depression, anxiety, stress, and negative mood, as well as increased levels of positive mood, resilience, and workplace effectiveness. Because we did not observe a strong relationship between how often our participants meditated and these observed changes, we suggest that these improvements are available with varying levels of meditation. What matters is that people simply engaged in the meditations. We also suggested several possible avenues for future research, namely a fully randomized, delayed control group design.

Compliance with Ethical Standards

Funding. This work was supported by an Insight Development grant awarded to the first author by the Social Sciences and Humanities Research Council of Canada, #RES000162.

Ethical approval. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. The research was approved by the lead author's Institutional Research Ethics Board.

Informed consent. Informed consent was obtained from all individual participants included in the study.

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Table 1. Participant characteristics.

Variable	Value
Total *N*	46
Females; *n* (%)	38 (83%)
Age; *M* (*SD*)	46.39 (11.25)
Years in Current Position; *M* (*SD*)	9.12 (9.21)
Hours/Week Worked; *M* (*SD*)	41.92 (11.03)
Highest Level of Education	
Doctoral Degree; *n* (%)	5 (11%)
Master's Degree; *n* (%)	1 (2%)
Professional Degree; *n* (%)	38 (83%)
3-4 Year University Degree; *n* (%)	1 (2%)
2-Year College Degree; *n* (%)	1 (2%)
Kind of Law Firm	
Am Law 200 or Similar; *n* (%)	9 (20%)
Small firm; *n* (%)	13 (28%)
In-house counsel; *n* (%)	5 (11%)
Solo practitioner; *n* (%)	12 (26%)
Other; *n* (%)	7 (15%)
Functional area	
Partner; *n* (%)	11 (24%)
Attorney - not partner; *n* (%)	20 (43%)
Other; *n* (%)	15 (33%)
Prior Meditative Experience	
20+ Years; *n* (%)	6 (13%)
1 - 3 Years; *n* (%)	8 (17%)
6 - 12 Months; *n* (%)	6 (13%)
3 - 6 Months; *n* (%)	2 (4%)
1 - 3 Months; *n* (%)	7 (15%)
None; *n* (%)	17 (37%)

Table 2. Guided meditations.

Week	Topic	Meditation
1	Beginning to Meditate	Body Scan (6 or 24 min)
2	Mindfulness	Breathing Focus (12 min)
3	Clarity	Following Your Thoughts (12 min)
4	Compassion Towards Others	Compassion Towards Others (12 min)
5	Self-Compassion	Self-Compassion (12 min)
6	Mantra Repetition	Mantra (two different 6 min)
7	Heartfulness	Heart Focused (two different 6 min)
8	Gratitude	Repeat Week 6 or 7

Table 3. Results from key measures.

	Pretest		Posttest					
Variable	*M*	*SD*	*M*	*SD*	*t*	*df*	*p-value*	*d*
Perceived Stress Scale (PSS)[a]								
Score	31.57	8.58	24.39	8.76	8.22	45	< .001	1.21
Positive and Negative Affect Schedule (PANAS)[b]								
Positive Affect	29.28	7.80	33.91	6.53	-4.92	45	< .001	-0.73
Negative Affect	28.37	8.26	23.33	8.09	4.98	45	< .001	0.73
Brief Resilience Scale (BRS)[a]								
Score	3.01	0.91	3.36	0.88	-3.48	45	.001	-0.51
Five Facet Mindfulness Questionnaire (FFMQ)[c]								
Observing	12.83	3.84	13.80	3.64	-3.01	45	0.004	-0.44
Describing	17.11	3.60	18.89	3.58	-3.78	45	< .001	-0.56
Awareness	13.17	4.36	16.33	3.40	-5.93	45	< .001	-0.88
Nonjudging	13.20	4.57	16.48	4.47	-5.19	45	< .001	-0.77
Nonreactivity	11.20	4.19	14.41	3.75	-6.03	45	< .001	-0.89
Depression, Anxiety, and Stress Scale (DASS-21)[d]								
Depression	11.61	9.49	8.26	8.33	3.27	45	0.002	0.48
Anxiety	9.04	7.05	6.30	5.08	2.90	45	0.006	0.43
Stress	19.57	8.91	13.22	8.78	5.93	45	< .001	0.87
Job Effectiveness Questionnaire[a]								
Score	5.10	0.77	5.43	0.79	-3.71	45	< .001	-0.55

Notes: [a] critical α = .05. [b] critical α = .025. [c] critical α = .01. [d] critical α = .02.

Table 4. Correlations between number of minutes spent meditating per week and scores on key measures.

Variable	*r-value*	*p-value*
Perceived Stress Scale (PSS)		
Score	-0.32	0.03
Positive and Negative Affect Schedule (PANAS)		
Positive Affect	0.30	0.05
Negative Affect	-0.26	0.08
Brief Resilience Scale (BRS)		
Score	0.22	0.14
Five Facet Mindfulness Questionnaire (FFMQ)		
Observing	0.15	0.34
Describing	0.08	0.61
Awareness	0.22	0.15
Nonjudging	0.08	0.59
Nonreactivity	0.15	0.34
Depression, Anxiety, and Stress Scale (DASS-21)		
Depression	-0.26	0.08
Anxiety	-0.06	0.69
Stress	-0.20	0.19
Job Effectiveness Questionnaire		
Score	0.17	0.25

Table 5. Comparison of the data from Krill et al. (2016) with the present pretest and posttest DASS-21 data.

Diagnostic Category	Depression			Anxiety			Stress		
	Krill et al	Pre	Post	Krill et al	Pre	Post	Krill et al	Pre	Post
Normal	71.7	50.0	65.2	80.7	41.3	65.2	77.3	32.6	67.4
Mild	9.5	17.4	13.0	8.6	8.7	15.2	8.8	13.0	8.7
Moderate	10.4	15.2	13.0	5.0	32.6	15.2	8.2	19.6	10.9
Severe	4.0	6.5	2.2	2.5	10.9	2.2	4.4	30.4	10.9
Extremely Severe	4.4	10.9	6.5	3.1	6.5	2.2	1.3	4.3	2.2

Note: Values in each cell represent the percentage of the total sample in each diagnostic category

Appendix: Questionnaires Designed for the Present Study

Demographic Questionnaire

Please indicate your responses to the following demographic items.

1) Gender
   Male
   Female
2) Age:
3) Highest level of education obtained
   Less than high school
   High school/GED
   Some college
   2-year college diploma
   3-4 year university degree
   Master's degree
   Doctoral degree
   Professional degree
4) How long (in years) have you been employed in your current position?
5) How many hours do you work per week (on average)?
6a) Are you in a formal leadership position?
   Yes
   No
6b) If yes, how many people directly report to you?
7) Indicate your job title:
8) Indicate your functional area
   Partner
   Attorney (not partner level)
   Other
9) Indicate the size of your firm or company
   Am Law 200 or similar
   Small Firm
   Boutique Firm
   Solo Practitioner
   In House Counsel
   Other

The items below ask you to provide some information about yourself and your experience with activities related to mindfulness. Please take a few minutes to answer the following:

10a) Do you have any prior meditative or contemplative practice experience?
   Yes
   No
10b) If yes, how long have you practiced?
   1 - 3 months

3 - 6 months
6 - 12 months
1 - 3 years
3+ years (please indicate number of years) _____

10c) If you practice currently, how often do you practice?
1 - 2 times per day
1 - 2 times per week
3 or more times per week
A few times a month
Other (please indicate how often) _____

10d) Do you use any of the following apps or technologies to assist with your meditation (check all that apply)?
Insight Timer
Headspace
Muse
Buddhify
Calm
Mindfulness App
Other _____

11a) Do you practice yoga regularly (e.g., one or more times weekly)?
Yes
No

11b) If yes, how long have you practiced?
1 - 3 months
3 - 6 months
6 - 12 months
1 - 3 years
3+ years (please indicate number of years) _____

12a) Do you practice tai chi or any other mind-body practice (e.g., Qigong, Aikido, etc)?
Yes
No

12b) If yes, how long have you practiced?
1 - 3 months
3 - 6 months
6 - 12 months
1 - 3 years
3+ years (please indicate number of years) _____

Job Effectiveness Questionnaire

Carefully read the definition of each job-related competency below and select the rating, from 1 to 7, that best represents your judgment of how effectively you perform this work behavior. Keep in mind the following: It is important to be as accurate as possible with your ratings. There can be a tendency to want to use only the top end of the rating scale. Please reflect carefully on the accuracy of your ratings and consider the whole scale when you rate each behavior.

EXAMPLE: Risk Taking: The willingness to take sound, calculated risks, based on good judgment, in situations where the outcome is uncertain.

How EFFECTIVE are you at performing each behavior?	1. Low	2.	3.	4. Moderate	5.	6.	7. High	Not Observed
				X				

In this example, the respondent has indicated that he or she is MODERATELY EFFECTIVE at Risk Taking.

Read the description below and rate how EFFECTIVE you are at performing the behavior.

1) Decisiveness: The ability to make clear-cut and timely decisions with the appropriate amount of information.

2) Creativity: Demonstrating the ability to initiate original and innovative ideas, products, and approaches.

3) Thoroughness: The ability to attend to detail and develop a comprehensive approach to problems.

4) Objectivity: The ability to maintain a realistic perspective and keep personal biases to a minimum.

5) Prioritizing: The ability to quickly identify critical tasks and manage time accordingly to complete these tasks without getting distracted by less important matters.

6) Mental Agility: Generating multiple solutions to problems quickly and demonstrating the ability to comfortably and easily change topics during conversation and continue to offer penetrating insights.

7) Intellectual Horsepower: Quickly grasping complex concepts and relationships.

8) Emotional Depth: Applying a depth of understanding and emotional maturity that allows the appropriate amount of emotion to guide decisions and actions.

9) Making Tough Calls: Making difficult decisions in a timely manner.

10) Open-Mindedness: A willingness to consider new ideas and approaches, as well as input from others.

11) Interpersonal Relations: Relating to others in an outgoing, friendly, warm, and personable manner in order to establish and maintain effective interpersonal relationships.

12) Social Astuteness: The ability to accurately read and respond diplomatically to organizational trends and norms, as well as effectively deal with organizational politics.

13) Conflict Management: The ability to mediate and resolve conflicts and disagreements in a manner best for all parties involved.

14) Communication: Keeping direct reports and leaders informed about decisions, events, and developments that affect them.

15) Persuasiveness: The ability to sell others on ideas, approaches, products, and services.

16) Negotiation: The ability to negotiate outcomes that further the interests of the organization, and when possible, also further the interests of opposing groups.

17) Listening: Taking the time to listen to others' questions, concerns, and viewpoints, identifying the relevant information, and conveying it to the other person.

18) Achievement and Motivation: Demonstrating the motivation to work hard, be successful, achieve difficult goals, and complete challenging tasks.

19) Independence: The ability to be self-starting and work independently of others when necessary.

20) Emotional Control: Maintaining personal composure during times of stress or pressure, when things are uncertain, or when faced with conflict or disagreement.

21) Dependability: The ability to be counted on to meet commitments and deadlines.

22) Integrity: Demonstrating a high quality of character including being honest, ethical, trustworthy, and sincere, and effectively representing and respecting company values.

23) Desire to Learn: Embracing new challenges and the opportunity to learn, as well as demonstrating the motivation to grow and develop by responding positively to constructive feedback.

24) Assuming Responsibility: The willingness to step forward and take charge of a difficult situation, without being asked to do so.

25) Vision: Seeing the "big picture" in the organization, industry, and economy, including having a clear sense of the company's ideal future state and communicating this to others in a compelling way.

26) Productivity: Accomplishing an above average quantity and quality of work.

27) Work/Life Balance: Maintaining a healthy and productive balance between work responsibilities and life outside of work.

Social and Personality Psychology Compass 4/2 (2010): 107–118, 10.1111/j.1751-9004.2009.00246.x

Self-Compassion, Stress, and Coping

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Abstract

People who are high in self-compassion treat themselves with kindness and concern when they experience negative events. The present article examines the construct of self-compassion from the standpoint of research on coping in an effort to understand the ways in which people who are high in self-compassion cope with stressful events. Self-compassionate people tend to rely heavily on positive cognitive restructuring and less so on avoidance and escape but do not appear to differ from less self-compassionate people in the degree to which they cope through problem-solving or distraction. Existing evidence does not show clear differences in the degree to which people who are low versus high in self-compassion seek support as a coping strategy, but more research is needed.

The degree to which people cope effectively with stressful life events is a primary determinant of their subjective well-being. Not surprisingly, researchers have devoted a great deal of effort toward understanding which coping strategies and processes are most effective under various circumstances and identifying individual differences in the ways in which people cope with negative events. The goal of this article is to explore the role of self-compassion in coping and well-being.

The Conceptualization and Measurement of Self-compassion

Although self-compassion has been discussed in Eastern philosophy—Buddhism in particular—for centuries, it appeared in the psychological literature only recently with Neff's (2003a,b) publication of two articles that described the construct of self-compassion and provided a self-report inventory for the measurement of individual differences in the tendency to be self-compassionate. In essence, self-compassion involves directing the same kind of care, kindness, and compassion toward oneself that one conveys toward loved ones who are suffering. According to Neff (2003a), self-compassion involves 'being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, non-judgmental attitude toward one's inadequacies and failures, and recognizing that one's experience is part of the common human experience' (p. 224).

Neff conceptualized self-compassion in terms of three primary features – self-kindness, common humanity, and mindfulness. The central aspect of self-compassion involves treating oneself kindly when things go wrong. For instance, when they fail or make a critical error, self-compassionate people tend to treat themselves with greater kindness, care, and compassion and with less self-directed criticism and anger than people who are low in self-compassion. Self-compassion also involves being reassuring rather than critical toward oneself when things go wrong (Gilbert, Clarke, Kemple, Miles, & Isons, 2004). Treating oneself kindly can manifest itself in overt actions such as taking time off to give oneself a break emotionally or in mental acts of kindness such as engaging in self-talk that is positive, encouraging, and forgiving.

The second feature of self-compassion, common humanity, involves recognizing that one's experiences, no matter how painful, are part of the common human experience. When people fail, experience loss or rejection, are humiliated, or confront other negative events, they often feel that their experience is personal and unique when, in reality, everyone experiences problems and suffering. Realizing that one is not alone in the experience reduces people's feelings of isolation and promotes adaptive coping (Neff, 2003a).

The third feature of self-compassion, according to Neff (2003b), involves taking a balanced perspective of one's situation so that one is not carried away with emotion. When faced with trials and tribulations, people who are low in self-compassion tend to dwell on the negativity of the situation and wallow in their emotions. In contrast, those who are able to maintain perspective in the face of stress and approach the situation with mindfulness (Brown & Ryan, 2003) cope more successfully. Neff (2003b) identified mindfulness as a core component of self-compassion and suggested that being mindful of one's feelings is essential to showing oneself compassion.

Self-compassion is typically measured with the Self-Compassion Scale (SCS; Neff, 2003a), a 26-item self-report scale that assesses six factors that reflect the positive and negative poles of the three components of self-compassion just described – self-kindness/self-judgment, common humanity/perceived isolation, and mindfulness/over-identification. Confirmatory factor analyses support the notion that these six subscales reflect three higher-order factors that comprise a single latent variable of self-compassion. The SCS has high internal reliability ($\alpha = 0.90$) and test–retest consistency (0.93, Neff, 2003a). The scale has also been shown to have convergent validity as it correlates highly with ratings of self-compassion by therapists and romantic partners (Neff, 2006; Neff, Kirkpatrick, & Rude, 2007b; Neff, Rude, & Kirkpatrick, 2007a) and predicts the degree to which people's thoughts are self-compassionate (Leary, Tate, Adams, Batts Allen, & Hancock, 2007). Additionally, Buddhist monks, who typically undergo training to promote their self-compassion, scored higher in self-compassion than the general population (Neff, 2003a).

Although most researchers have studied self-compassion as an individual difference variable, some have also examined the effects of inducing a self-compassionate mindset. For example, researchers have examined the effects of a brief self-compassion induction on self-relevant thoughts and emotion, as well as on maladaptive behaviors that may result from a lack of self-compassion (Adams & Leary, 2007; Leary et al., 2007). Furthermore, clinical psychologists are beginning to design interventions that rely heavily upon self-compassion (Gilbert & Irons, 2004; Gilbert & Procter, 2006).

Whether measured as a trait or induced as a state, self-compassion relates positively to indices of psychological well-being. People who score high in self-compassion tend to score lower on measures of neuroticism and depression, and higher on measures of life satisfaction, social connectedness, and subjective well-being (Leary et al., 2007; Neely, Schallert, Mohammed, Roberts, & Chen, 2009; Neff, 2003b; Neff et al., 2007a,b; Neff et al., 2007b). Furthermore, people who are self-compassionate are buffered against feelings of anxiety after experiencing a stressor, even after partialling out self-esteem (Neff et al., 2007b). These findings suggest that self-compassion can be conceptualized as a coping strategy that promotes well-being and positive psychological functioning. Thus, considering self-compassion in terms of theory and research on coping may illuminate the role that self-compassion plays in well-being and offer new directions for research.

Consensus does not exist regarding the best system for categorizing the many coping strategies that have been identified in research on stress and coping. In a synthesis of research on various coping strategies, Skinner, Edge, Altman, and Sherwood (2003)

identified 400 types of coping, showing little agreement among theorists in the best ways to conceptualize categories of coping strategies.

The most popular taxonomy of coping involves the distinction between problem-focused and emotion-focused coping. Lazarus and Folkman (1984) defined problem-focused coping as 'coping that is aimed at managing or altering the problem causing the distress' and emotion-focused coping as 'coping that is directed at regulating emotional responses to the problem' (Lazarus & Folkman, 1984, p. 150). However, studies have shown that most people use both problem-focused and emotion-focused coping when dealing with stressful events and that a particular action can often reflect either strategy (Lazarus, 1996). Not only is disentangling the nature and outcomes of each strategy difficult, but some actions are used both to solve the problem and regulate emotion, and some actions, such as seeking social support, do not clearly reflect either type of strategy. Similar problems arise with the distinction between approach versus avoidance coping. For example, help-seeking behaviors both orient the person away from the stressor (avoidant) and toward outside support (approach). Because help-seeking is positive to some extent, it could be classified as an approach behavior, yet the action itself avoids the stressor.

After reviewing and critiquing the literature, Skinner et al. (2003) identified five core categories of coping: positive cognitive restructuring, problem solving, seeking support, distraction, and escape/avoidance. This taxonomy is useful for considering the nature of self-compassion as a coping strategy.

Positive Cognitive Restructuring

Positive cognitive restructuring involves changing one's view of a stressful situation in order to see it in a more positive light. Cognitive restructuring includes lower-order actions such as being optimistic, engaging in positive thinking, and playing down negative consequences. In some taxonomies, it has often been couched within accommodative or secondary control strategies (to be discussed later).

Self-compassion involves a certain degree of positive restructuring as people who are high in self-compassion construe negative events in less dire terms than people low in self-compassion. After receiving a dissatisfying midterm grade, more self-compassionate students reported using the coping strategies of acceptance and positive reinterpretation to cope with the failure. Self-compassion was also negatively related to focusing on negative emotions (Neff, Hsieh, & Dejitterat, 2005).

In a study by Leary et al. (2007), participants reported about a negative event that they had experienced over the previous four days on four different occasions. Each time, participants described a recent negative event, rated how bad it was, and reported their thoughts and feelings about the event. Participants who were higher in self-compassion as measured by the SCS were less likely to have negative thoughts such as 'Why do these things always happen to me?' and 'I'm such a loser'. Furthermore, participants who were high in self-compassion were less likely to generalize the negative event to opinions about themselves than those who were low in self-compassion. For example, they were less likely to think that their lives were more 'screwed up' than other people's lives were.

Given the link between self-compassion and well-being, efforts have been made to lead research participants to use a self-compassionate mindset in thinking about their problems. Although only a handful of studies have looked at self-compassion inductions and therapeutic interventions, all have focused on helping people cognitively restructure their thoughts in a self-compassionate direction.

In one laboratory experiment, Leary et al. (2007) asked participants to recall a negative event that they had experienced and to answer three questions that led them to think about it in a self-compassionate way (coinciding with the three components of self-compassion identified by Neff, 2003a). In essence, this experimental manipulation focused on a cognitive reframing of the situation. The self-compassion induction led participants to take greater responsibility for the event yet to experience less negative affect and to report stronger feelings of similarity with other people.

In another laboratory experiment, Adams and Leary (2007) studied the effects of a very brief self-compassion induction on eating among women who scored high in eating guilt. After female participants were directed to eat a doughnut (a food that women high in eating guilt regard as taboo), the researcher led some participants to think about overeating in a self-compassionate manner. Highly restrictive eaters who were given the self-compassion induction were less distressed and subsequently ate less in a follow-up taste test compared with restrictive eaters who did not receive the self-compassion induction.

In a short-term intervention technique, Neff et al. (2007b) used a Gestalt two-chair technique that lowers feelings of self-criticism and helps people show themselves more compassion (Greenberg, 1983; Safran, 1998). The technique begins with the participant thinking about a time in which he or she was particularly self-critical. Then the therapist helps the participant identify both the self-critical 'voice' and the second 'voice' that responds to the criticism. The therapist coaches the two 'voices' until reaching a resolution. In this study, participants reported for the 'therapy' several times over a 1-month period during which their self-compassion was measured. As levels of self-compassion increased throughout the month, the participants criticized themselves less and experienced less depression, rumination, thought suppression, and anxiety.

Gilbert and Procter (2006) developed a group-based therapy intervention called compassionate mind training (CMT) that relies on cognitive restructuring to teach self-critical clients to develop the skills to be more self-compassionate. CMT involves twelve 2-hour sessions in which participants are taught about the qualities of self-compassion, encouraged to explore their fears about being too self-compassionate, and asked to reflect on their tendencies to be self-critical in a non-judgmental way. Results showed that CMT resulted in a significant decrease in depression, feelings of inferiority, submissive behavior, shame, and self-attacking tendencies. This research showed the most long-lasting effects of teaching people to be more self-compassionate.

Each of these intervention techniques focused primarily on positive cognitive restructuring to help participants view their situation with greater self-directed compassion. As the studies show, there are clear benefits to applying cognitive restructuring within a self-compassion induction. Merely telling people what it means to be self-compassionate may help them show more self-compassion in the future, but creating a self-compassionate mindset that is automatic will likely require a stronger and more involved self-compassion intervention. Further research is needed to assess the degree to which these effects continue after treatment has ended. Additionally, studies have yet to identify the specific length of treatment needed in order to have long-lasting effects.

Problem-Solving

The coping category of problem-solving, which resembles Lazarus and Folkman's (1984) problem-focused coping strategy, encompasses actions such as planning, strategizing, and applying effort that aim to correct the situation rather than passively allowing the stressor to continue (Skinner et al., 2003). Thus, problem-focused coping involves fixing the

problem at hand. Research suggests that problem-solving or problem-focused coping is extremely beneficial when people are able to take steps to correct the problem (Lazarus, DeLongis, Folkman, & Gruen, 1985). However, when the negative event cannot be fixed or changed, adopting a problem-solving strategy can be maladaptive because the person may continually try to correct something that cannot be fixed. For example, older adults encounter a host of unchangeable problems as they age, for which problem-focused coping may not be effective.

Research connecting self-compassion to problem-solving coping strategies is mixed. Self-compassion is positively associated with variables that predict action-oriented coping such as optimism, curiosity, exploration, and personal initiative (Neff et al., 2007a). These findings suggest that self-compassionate people may be more likely to actively engage with the environment rather than to be passive observers. The association with personal initiative supports the suggestion that self-compassion is related to taking responsibility for oneself and for attaining one's goals.

In educational psychology, researchers have distinguished between mastery-based and performance-based learning goals (Dweck, 1986). Mastery-based goals are related to intrinsic motivation for a genuine understanding of the material, whereas performance-based goals focus on evaluations of success and failure and are motivated by a desire to enhance one's self-worth or public image. Consistent with the notion that self-compassionate people are motivated to do things that help themselves, self-compassion is positively correlated with mastery-based goals and negatively associated with performance-based goals (Neff et al., 2005). To the extent that people high in self-compassion are more intrinsically motivated, they should be more motivated to continue to learn after receiving negative feedback than people who are low in self-compassion. A study by Neff et al. (2005) found that the relationship between self-compassion and mastery-based goals was mediated by lower fear of failure and greater perceived competence among self-compassionate individuals. Taken together, these findings provide support for self-compassion as a problem-solving strategy, but other results suggest otherwise.

For example, a second study by Neff et al. (2005) specifically tested the relationship between self-compassion and various coping strategies identified by the COPE scale (Carver, Scheier, & Weintraub, 1989). Self-compassion did not correlate significantly with the tendency to use any of the problem-focused strategies including active coping, planning, suppression of competing activities, restraint coping, and seeking instrumental support. Furthermore, in the study mentioned earlier in which participants reported on a negative event that had occurred during the past 4 days, self-compassion was not related to ratings on the problem-solving item, 'I took steps to fix the problem or made plans to do so' (Leary et al., 2007).

Thus, research on the relationship between self-compassion and problem-solving coping has yielded mixed results. Self-compassion is related to variables that reflect active and assertive approaches to problems, yet when tested directly, self-compassion has shown no significant relationship with problem-solving coping techniques. Perhaps, the relationship between self-compassion and problem-solving coping depends on whether people perceive that they have control in the situation. Self-compassionate people may be likely to engage in problem-solving techniques only when they perceive that the problem can be fixed by taking action.

Seeking Support

The third coping category encompasses a broad array of tactics that involve seeking help, advice, comfort, and support from parents, friends, professionals, spiritual figures, and

others. Although some taxonomies of coping suggest that seeking support should be considered a higher-order factor in its own right, other theorists have included it as a lower-order factor that can serve a variety of higher-order functions (Connor-Smith, Compas, Wadsworth, Thomsen, & Saltzman, 2000; Walker, Smith, Garber, & Van Slyke, 1997). For example, someone could seek support as either a problem-focused or emotion-focused strategy.

Although one might expect that people who desire to treat themselves caringly might turn to other people for support at times, available evidence suggests that self-compassion is not related to seeking instrumental support (a problem-solving tactic discussed earlier) or emotional support from other people (Neff et al., 2005). Additionally, following a negative event, self-compassionate individuals were no more likely to seek the company of other people (Leary et al., 2007). Although these findings suggest that self-compassion is not related to seeking support from other people, the data are admittedly thin on this question. Furthermore, evidence showing that securely attached people—who also tend to be higher in self-compassion—use others for social support (Gillath, Shaver, & Mikulincer, 2005) suggests that self-compassion and support-seeking may be related in some contexts.

Whether they seek support more than those who are low in self-compassion, people who are high in self-compassion may benefit from the indirect, implied support provided by the realization that other people share whatever problems they may have. As noted, a primary component of self-compassion involves recognition of one's common humanity. To the extent that people recognize and relate to the negative experiences of other individuals, they should realize that their own problems are not unique and also feel a greater sense of connection and empathy vis-à-vis other people. In a study asking participants to write an essay about their greatest weakness, self-compassionate individuals were more likely to use language that connoted social connections, such as 'we', that refers to relationships with family, friends, and people in general (Neff et al., 2007b). Thus, self-compassion may allow people to derive indirect social support from the knowledge that they are in the same boat as other people. Although self-compassion involves a heightened recognition of one's connection to other people, self-compassionate individuals are not necessarily more likely to seek support from others in times of need, and further research is needed to understand how self-compassion relates to people's perceptions of their connections with other people and the broader social world.

Distraction

Distraction involves using behaviors such as watching television, exercising, reading, or engaging in other pleasurable activities to distract oneself from the stressful event. Distraction is a passive coping strategy in that the person copes without directly confronting the situation or trying to solve the problem. Distraction is sometimes conceptualized as an accommodative or secondary control coping tactic (Connor-Smith et al., 2000; Skinner & Wellborn, 1994; Walker et al., 1997), which involve changing one's goals in order to accept failure, unpleasant circumstances, or other problems (Brandstadter, Rothermund, & Schmitz, 1997). For children attempting to cope with pain, for example, accommodative coping strategies help the child not to think about the pain rather than reducing the pain itself. In this situation, using a distraction technique is an accommodative strategy (Walker et al., 1997). Similarly, secondary control involves changing oneself and one's reactions in relation to the environment, whereas primary control involves controlling the environment itself (Bailis & Chipperfield, 2002; Heckhausen & Schulz, 1995). When

confronted with a situation in which a stressor is unavoidable, people may distract themselves from the situation, a secondary control strategy.

Whether distraction is adaptive and effective depends on the situation. To the extent that the situation cannot be changed, distraction may be helpful. For example, accommodative coping strategies appear to be more beneficial for people after the age of 70, possibly because fewer stressors are under people's control after that age (Brandstadter et al., 1997), and thus, people find it helpful to change their goals to match their situation. One of the ways in which people may take their mind off of pain, worries, or other difficult circumstances that are associated with aging is by using distraction techniques.

With the exception of one study that found that people high in self-compassion were no more likely to try to do things to take their mind off of negative events (Leary et al., 2007), research has not provided insight into how self-compassion might be related to the use of distraction as a means of coping with difficult and distressing events. One question to be addressed is whether distraction is more adaptive in the face of unchangeable stressors. Perhaps self-compassionate people are more likely to use distraction primarily when conditions cannot be changed.

Escape and Avoidance

The final coping category identified by Skinner et al. (2003) is escape-avoidance. This strategy involves disengaging cognitively or behaviorally from the stressful experience. Traditionally, researchers have viewed avoidant coping strategies as a variety of emotion-focused strategy in which people avoid the stressor to manage their emotions (Lazarus, 1993). However, research has distinguished two types of emotion-focused strategies—one involving disengagement, and the other involving efforts to explore and understand one's emotions (Zeidner, 1995). The latter category has been shown to be adaptive and positively related to psychological functioning (Stanton, Danoff-Burg, Cameron, & Ellis, 1994; Stanton, Kirk, Cameron, & Danoff-Burg, 2000). Avoidant coping strategies are often viewed as maladaptive because they are related negatively to psychological well-being (Carver et al., 1989), but these results suggest that avoidant coping may be linked only with the disengagement type of emotion-focused coping.

Research supports a negative relationship between self-compassion and avoidance-oriented coping strategies. In a study by Neff et al. (2005), participants were evaluated after receiving an unsatisfactory midterm grade. They were told to focus on their reactions to their poor test performance and complete the COPE scale (Carver et al., 1989). Self-compassion was negatively related to two of the three avoidance-oriented coping strategies, specifically denial and mental disengagement. Furthermore, in examining the link between Post-traumatic Stress Disorder (PTSD) and self-compassion, Thompson and Waltz (2008) found that self-compassion was negatively related to experiential avoidance, a symptom of PTSD.

The mindfulness component of self-compassion involves taking a balanced perspective in which one acknowledges and tries to understand one's emotions without either repressing them or becoming overwhelmed. Thus, as a coping strategy, self-compassion explicitly involves not running away from one's negative emotions but rather striving to understand one's reactions with equanimity (Neff, 2003b).

Viewed in one light, the reactions of highly self-compassionate people could also be interpreted as indifference, a refusal of accept responsibility (an avoidant or escape-oriented response), or as passivity (which could also be viewed as avoidance). However, self-criticism is probably more likely than self-compassion to lead people to avoid dealing

with problems and to repress painful feelings (Horney, 1950; Reich, 1949). Research clearly shows that people who are self-compassionate are more likely to accept responsibility for their mistakes and failures than those who are less self-compassionate (Leary et al., 2007). Treating themselves kindly despite their problems and failures allows people who are high in self-compassion to accept responsibility and to move on rather than engaging in defensiveness or denial.

Given that self-compassionate people are less judgmental and more likely to forgive their faults and inadequacies, they have less of a need to deny their failures and shortcomings. In fact, people who are high in self-compassion take greater responsibility for their failures and make needed changes while maintaining a loving, caring, and patient approach toward themselves. Being compassionate toward oneself instills a protective environment where it is safe to acknowledge one's inadequacies and seek ways to improve. Self-compassion implies wanting the best for oneself, and this desire naturally leads to positive self-changes.

Other Coping Strategies

In addition to the five coping categories that Skinner et al. (2003) found appeared most frequently in the literature, seven other categories were identified, two of which, rumination and self-pity, are directly relevant to self-compassion. As a coping strategy, rumination involves repetitively focusing on a stressor in a pessimistic and negative manner and has been shown to be associated with dysphoria and other psychological difficulties (Nolen-Hoeksema, 1991). One study found that self-compassion was negatively related to rumination (Neff et al., 2007b).

Likewise, self-compassion is probably negatively correlated with self-pity, which should be lowered by recognition of one's common humanity. Self-compassion should encourage people to accept negative life events as part of the common human experience rather than feel sorry for themselves. In addition, the mindfulness aspect of self-compassion should help prevent people from becoming overwhelmed with self-directed negativity.

Proactive Coping

Coping is typically viewed as a response to existing stressors or negative events. However, people sometimes begin to cope in preparation for anticipated negative events. Proactive coping, also termed preventative coping and anticipatory coping, involves making an effort to prepare for stressful events that could occur in the future (Aspinwall, 2005; Aspinwall & Taylor, 1997; Greenglass, 2002). Although relatively unexplored, proactive coping holds promise for understanding psychological variables that lead people to take care of themselves before problems arise. To the extent that self-compassion involves a desire to do what's best for oneself and to minimize one's future suffering, self-compassion may be related to proactive coping. When faced with the threat of future negative events, self-compassionate people may be more likely to deal with them proactively.

One promising area of proactive coping research involves how people prepare for and cope with aging. The many changes, losses, and declines that accompany aging can be considered a multitude of potential future stressors. Kahana and Kahana (2003) proposed a proactivity-based model of successful aging in which they suggested that people's internal resources can foster proactive adaptations, including traditional preventative adaptations (such as exercise), corrective adaptations (such as marshalling social support), and emergent adaptations (such as self-improvement). Proactive coping may help older people

avoid certain mental and physical problems that accompany aging (Greenglass, Fiksenbaum, & Eaton, 2006). If people who are high in self-compassion are more likely to cope proactively, they may fare better as they age.

Among other things, a proactive approach to life involves taking care of one's health through exercise and diet. However, such behaviors are not unequivocally healthy when they are motivated by judgment and criticism or by a desire to be accepted by other people. A few studies have looked at the connection between self-compassion and behaving in healthy ways. For example, women who were high in self-compassion were more intrinsically than extrinsically motivated to exercise, and their reasons for exercising were not related to ego concerns (Magnus, 2007). Another study looked at how self-compassion was related to how women coped after eating personally forbidden food (Adams & Leary, 2007). Typically highly restrictive eaters overeat after they break their diet, but in this study, highly restrictive eaters who were led to be self-compassionate did not exhibit dysregulated eating.

Although little research has evaluated the relationship between self-compassion and proactive coping, self-compassion could play an important role in this process. People who cope proactively begin to prepare themselves in advance for possible distressing situations in the future. Therefore, one would presume that when stressors arise, self-compassionate people are more prepared to deal with their effects. The act of proactively coping could also delay the stressor for a longer period of time, such as when exercise prevents physical decline. If self-compassion is related to proactive coping, teaching people to be more self-compassionate should be beneficial no matter people's current life situation.

Conclusion

Self-compassion may be a valuable coping resource when people experience negative life events. People who are self-compassionate are less likely to catastrophize negative situations, experience anxiety following a stressor, and avoid challenging tasks for fear of failure. Research suggests that self-compassion can play an important role in the coping process.

Among the five coping categories discussed here – positive cognitive restructuring, problem solving, seeking support, distraction, and escape/avoidance – self-compassion relates most strongly to positive cognitive restructuring. Most existing research on the relationship between self-compassion and coping suggests that self-compassion involves thinking about stressful situations in ways that enhance coping. In contrast, self-compassion did not relate strongly to problem-solving techniques, suggesting that people who are self-compassionate are not necessarily more likely to try to change their situation than people who are low in self-compassion. (However, the finding that self-compassion is associated with mastery-based goals qualifies this conclusion.) Although the existing evidence does not show differences in the degree to which people who are low versus high in self-compassion seek support, more research on this question is needed.

Little research has examined the connection between self-compassion and the use of distraction as a coping technique. On one hand, self-compassion may be negatively related to distraction because self-compassion involves being mindfully aware of one's situation and cognitively accepting it. On the other hand, both distraction and positive cognitive restructuring are accommodative and secondary control strategies. Perhaps treating oneself kindly sometimes requires people to distract themselves from the situation at hand.

The final coping strategy, escape-avoidance, shows a negative relationship with self-compassion. People who are more self-compassionate are more willing to accept responsibility for negative events, and they are less likely to use avoidant coping strategies. Escape-avoidance is perhaps the most maladaptive of the five primary coping techniques. Thus, its negative relationship with self-compassion reinforces the claim that self-compassion can be viewed as a more adaptive mindset.

Although some people are naturally more self-compassionate than others, people can be led to be more self-compassionate. Researchers have induced self-compassion by helping people cognitively reframe negative events, leading to a more positive and open acceptance of the event. Further work in this area should address the possible long-term benefits of self-compassion interventions. Another promising area of research involves proactive coping. The relationship between self-compassion and personal initiative suggests that self-compassionate people take a more proactive approach to life, and this relationship may have implications for how people prepare for and deal with negative events.

In conclusion, self-compassion appears to reflect a way of coping with negative events that is characterized primarily by positive cognitive reframing, although other coping tactics may also be more common among self-compassionate people. Future research should strive to identify the thought patterns that differentiate low and high self-compassionate people with an eye toward developing self-compassion interventions that improve coping.

Short Biographies

Ashley Batts Allen's research revolves around self-processes, specifically how people's feelings and beliefs about themselves influence their responses to the social world. She recently received funding from the National Institute of Health to support her research on self-compassion and well-being in older adults. She received her B. A. in psychology from Wake Forest University, her M. A. in social psychology from Duke University, and is now pursuing her doctoral degree in social psychology at Duke University.

Mark Leary is Professor of Psychology and Neuroscience and Director of the Duke Interdisciplinary Initiative in Social Psychology at Duke University. He received his Ph.D. in social psychology at the University of Florida and has taught at Denison University, the University of Texas, and Wake Forest University. His research focuses on social motivation and emotion, particularly the processes by which people think about and evaluate themselves, the effects of self-reflection on emotion and psychological well-being, and how behavior and emotion are influenced by people's concerns with how they are perceived and evaluated by others. He is a Fellow of the American Psychological Association, the Association for Psychological Science, and the Society for Personality and Social Psychology. He was the founding editor of the journal, Self and Identity, and is currently editor of Personality and Social Psychology Review.

Endnote

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OPEN

The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys

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Objectives: Rates of substance use and other mental health concerns among attorneys are relatively unknown, despite the potential for harm that attorney impairment poses to the struggling individuals themselves, and to our communities, government, economy, and society. This study measured the prevalence of these concerns among licensed attorneys, their utilization of treatment services, and what barriers existed between them and the services they may need.

Methods: A sample of 12,825 licensed, employed attorneys completed surveys, assessing alcohol use, drug use, and symptoms of depression, anxiety, and stress.

Results: Substantial rates of behavioral health problems were found, with 20.6% screening positive for hazardous, harmful, and potentially alcohol-dependent drinking. Men had a higher proportion of positive screens, and also younger participants and those working in the field for a shorter duration ($P < 0.001$). Age group predicted Alcohol Use Disorders Identification Test scores; respondents 30 years of age or younger were more likely to have a higher score than their older peers ($P < 0.001$). Levels of depression, anxiety, and stress among attorneys were significant, with 28%, 19%, and 23% experiencing symptoms of depression, anxiety, and stress, respectively.

Conclusions: Attorneys experience problematic drinking that is hazardous, harmful, or otherwise consistent with alcohol use disorders at a higher rate than other professional populations. Mental health distress is also significant. These data underscore the need for greater resources for lawyer assistance programs, and also the expansion of available attorney-specific prevention and treatment interventions.

Key Words: attorneys, mental health, prevalence, substance use

(*J Addict Med* 2016;10: 46–52)

From the Hazelden Betty Ford Foundation (PRK, RJ); Wisconsin Lawyers Assistance Program (LA).

Received for publication June 26, 2015; accepted October 25, 2015.

Funding: The study was funded by the Hazelden Betty Ford Foundation and the American Bar Association Commission on Lawyer Assistance Programs.

Conflicts of interest: Linda Albert is an employee of the State Bar of Wisconsin. Remaining authors are employees of the Hazelden Betty Ford Foundation. No conflicts of interest are identified.

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ISSN: 1932-0620/15/0901-0031

DOI: 10.1097/ADM.0000000000000182

Little is known about the current behavioral health climate in the legal profession. Despite a widespread belief that attorneys experience substance use disorders and other mental health concerns at a high rate, few studies have been undertaken to validate these beliefs empirically or statistically. Although previous research had indicated that those in the legal profession struggle with problematic alcohol use, depression, and anxiety more so than the general population, the issues have largely gone unexamined for decades (Benjamin et al., 1990; Eaton et al., 1990; Beck et al., 1995). The most recent and also the most widely cited research on these issues comes from a 1990 study involving approximately 1200 attorneys in Washington State (Benjamin et al., 1990). Researchers found 18% of attorneys were problem drinkers, which they stated was almost twice the 10% estimated prevalence of alcohol abuse and dependence among American adults at that time. They further found that 19% of the Washington lawyers suffered from statistically significant elevated levels of depression, which they contrasted with the then-current depression estimates of 3% to 9% of individuals in Western industrialized countries.

While the authors of the 1990 study called for additional research about the prevalence of alcoholism and depression among practicing US attorneys, a quarter century has passed with no such data emerging. In contrast, behavioral health issues have been regularly studied among physicians, providing a firmer understanding of the needs of that population (Oreskovich et al., 2012). Although physicians experience substance use disorders at a rate similar to the general population, the public health and safety issues associated with physician impairment have led to intense public and professional interest in the matter (DuPont et al., 2009).

Although the consequences of attorney impairment may seem less direct or urgent than the threat posed by impaired physicians, they are nonetheless profound and far-reaching. As a licensed profession that influences all aspects of society, economy, and government, levels of impairment among attorneys are of great importance and should therefore be closely evaluated (Rothstein, 2008). A scarcity of data on the current rates of substance use and mental health concerns among lawyers, therefore, has substantial implications and must be addressed. Although many in the profession have long understood the need for greater resources and support for attorneys struggling with addiction or other mental health concerns, the formulation of cohesive and informed strategies for addressing those issues has been handicapped by the

outdated and poorly defined scope of the problem (Association of American Law Schools, 1994).

Recognizing this need, we set out to measure the prevalence of substance use and mental health concerns among licensed attorneys, their awareness and utilization of treatment services, and what, if any, barriers exist between them and the services they may need. We report those findings here.

METHODS

Procedures

Before recruiting participants to the study, approval was granted by an institutional review board. To obtain a representative sample of attorneys within the United States, recruitment was coordinated through 19 states. Among them, 15 state bar associations and the 2 largest counties of 1 additional state e-mailed the survey to their members. Those bar associations were instructed to send 3 recruitment e-mails over a 1-month period to all members who were currently licensed attorneys. Three additional states posted the recruitment announcement to their bar association web sites. The recruitment announcements provided a brief synopsis of the study and past research in this area, described the goals of the study, and provided a URL directing people to the consent form and electronic survey. Participants completed measures assessing alcohol use, drug use, and mental health symptoms. Participants were not asked for identifying information, thus allowing them to complete the survey anonymously. Because of concerns regarding potential identification of individual bar members, IP addresses and geo-location data were not tracked.

Participants

A total of 14,895 individuals completed the survey. Participants were included in the analyses if they were currently employed, and employed in the legal profession, resulting in a final sample of 12,825. Due to the nature of recruitment (eg, e-mail blasts, web postings), and that recruitment mailing lists were controlled by the participating bar associations, it is not possible to calculate a participation rate among the entire population. Demographic characteristics are presented in Table 1. Fairly equal numbers of men (53.4%) and women (46.5%) participated in the study. Age was measured in 6 categories from 30 years or younger, and increasing in 10-year increments to 71 years or older; the most commonly reported age group was 31 to 40 years old. The majority of the participants were identified as Caucasian/White (91.3%).

As shown in Table 2, the most commonly reported legal professional career length was 10 years or less (34.8%), followed by 11 to 20 years (22.7%) and 21 to 30 years (20.5%). The most common work environment reported was in private firms (40.9%), among whom the most common positions were Senior Partner (25.0%), Junior Associate (20.5%), and Senior Associate (20.3%). Over two-thirds (67.2%) of the sample reported working 41 hours or more per week.

TABLE 1. Participant Characteristics

	n (%)
Total sample	12825 (100)
Sex	
Men	6824 (53.4)
Women	5941 (46.5)
Age category	
30 or younger	1513 (11.9)
31–40	3205 (25.2)
41–50	2674 (21.0)
51–60	2953 (23.2)
61–70	2050 (16.1)
71 or older	348 (2.7)
Race/ethnicity	
Caucasian/White	11653 (91.3)
Latino/Hispanic	330 (2.6)
Black/African American (non-Hispanic)	317 (2.5)
Multiracial	189 (1.5)
Asian or Pacific Islander	150 (1.2)
Other	84 (0.7)
Native American	35 (0.3)
Marital status	
Married	8985 (70.2)
Single, never married	1790 (14.0)
Divorced	1107 (8.7)
Cohabiting	462 (3.6)
Life partner	184 (1.4)
Widowed	144 (1.1)
Separated	123 (1.0)
Have children	
Yes	8420 (65.8)
No	4384 (34.2)
Substance use in the past 12 mos*	
Alcohol	10874 (84.1)
Tobacco	2163 (16.9)
Sedatives	2015 (15.7)
Marijuana	1307 (10.2)
Opioids	722 (5.6)
Stimulants	612 (4.8)
Cocaine	107 (0.8)

*Substance use includes both illicit and prescribed usage.

Materials

Alcohol Use Disorders Identification Test

The Alcohol Use Disorders Identification Test (AUDIT) (Babor et al., 2001) is a 10-item self-report instrument developed by the World Health Organization (WHO) to screen for hazardous use, harmful use, and the potential for alcohol dependence. The AUDIT generates scores ranging from 0 to 40. Scores of 8 or higher indicate hazardous or harmful alcohol intake, and also possible dependence (Babor et al., 2001). Scores are categorized into zones to reflect increasing severity with zone II reflective of hazardous use, zone III indicative of harmful use, and zone IV warranting full diagnostic evaluation for alcohol use disorder. For the purposes of this study, we use the phrase ''problematic use'' to capture all 3 of the zones related to a positive AUDIT screen.

The AUDIT is a widely used instrument, with well established validity and reliability across a multitude of populations (Meneses-Gaya et al., 2009). To compare current rates of problem drinking with those found in other populations, AUDIT-C scores were also calculated. The AUDIT-C is a subscale comprised of the first 3 questions of the AUDIT

TABLE 2. Professional Characteristics

	n (%)
Total sample	12825 (100)
Years in field (yrs)	
0–10	4455 (34.8)
11–20	2905 (22.7)
21–30	2623 (20.5)
31–40	2204 (17.2)
41 or more	607 (4.7)
Work environment	
Private firm	5226 (40.9)
Sole practitioner, private practice	2678 (21.0)
In-house government, public, or nonprofit	2500 (19.6)
In-house: corporation or for-profit institution	937 (7.3)
Judicial chambers	750 (7.3)
Other law practice setting	289 (2.3)
College or law school	191 (1.5)
Other setting (not law practice)	144 (1.1)
Bar Administration or Lawyers Assistance Program	55 (0.4)
Firm position	
Clerk or paralegal	128 (2.5)
Junior associate	1063 (20.5)
Senior associate	1052 (20.3)
Junior partner	608 (11.7)
Managing partner	738 (14.2)
Senior partner	1294 (25.0)
Hours per wk	
Under 10 h	238 (1.9)
11–20 h	401 (3.2)
21–30 h	595 (4.7)
31–40 h	2946 (23.2)
41–50 h	5624 (44.2)
51–60 h	2310 (18.2)
61–70 h	474 (3.7)
71 h or more	136 (1.1)
Any litigation	
Yes	9611 (75.0)
No	3197 (25.0)

focused on the quantity and frequency of use, yielding a range of scores from 0 to 12. The results were analyzed using a cut-off score of 5 for men and 4 for women, which have been interpreted as a positive screen for alcohol abuse or possible alcohol dependence (Bradley et al., 1998; Bush et al., 1998). Two other subscales focus on dependence symptoms (eg, impaired control, morning drinking) and harmful use (eg, blackouts, alcohol-related injuries).

Depression Anxiety Stress Scales-21 item version

The Depression Anxiety Stress Scales-21 (DASS-21) is a self-report instrument consisting of three 7-item subscales assessing symptoms of depression, anxiety, and stress. Individual items are scored on a 4-point scale (0–3), allowing for subscale scores ranging from 0 to 21 (Lovibond and Lovibond, 1995). Past studies have shown adequate construct validity and high internal consistency reliability (Antony et al., 1998; Clara et al., 2001; Crawford and Henry, 2003; Henry and Crawford, 2005).

Drug Abuse Screening Test-10 item version

The short-form Drug Abuse Screening Test-10 (DAST) is a 10-item, self-report instrument designed to screen and quantify consequences of drug use in both a clinical and research setting. The DAST scores range from 0 to 10 and are categorized into low, intermediate, substantial, and severe-concern categories. The DAST-10 correlates highly with both 20-item and full 28-item versions, and has demonstrated reliability and validity (Yudko et al., 2007).

RESULTS

Descriptive statistics were used to outline personal and professional characteristics of the sample. Relationships between variables were measured through χ^2 tests for independence, and comparisons between groups were tested using Mann-Whitney *U* tests and Kruskal-Wallis tests.

Alcohol Use

Of the 12,825 participants included in the analysis, 11,278 completed all 10 questions on the AUDIT, with 20.6% of those participants scoring at a level consistent with problematic drinking. The relationships between demographic and professional characteristics and problematic drinking are summarized in Table 3. Men had a significantly higher proportion of positive screens for problematic use compared with women (χ^2 [1, N = 11,229] = 154.57, $P < 0.001$); younger participants had a significantly higher proportion compared with the older age groups (χ^2 [6, N = 11,213] = 232.15, $P < 0.001$); and those working in the field for a shorter duration had a significantly higher proportion compared with those who had worked in the field for longer (χ^2 [4, N = 11,252] = 230.01, $P < 0.001$). Relative to work environment and position, attorneys working in private firms or for the bar association had higher proportions than those in other environments (χ^2 [8, N = 11,244] = 43.75, $P < 0.001$), and higher proportions were also found for those at the junior or senior associate level compared with other positions (χ^2 [6, N = 4671] = 61.70, $P < 0.001$).

Of the 12,825 participants, 11,489 completed the first 3 AUDIT questions, allowing an AUDIT-C score to be calculated. Among these participants, 36.4% had an AUDIT-C score consistent with hazardous drinking or possible alcohol abuse or dependence. A significantly higher proportion of women (39.5%) had AUDIT-C scores consistent with problematic use compared with men (33.7%) (χ^2 [1, N = 11,440] = 41.93, $P < 0.001$).

A total of 2901 participants (22.6%) reported that they have felt their use of alcohol or other substances was problematic at some point in their lives; of those that felt their use has been a problem, 27.6% reported problematic use manifested before law school, 14.2% during law school, 43.7% within 15 years of completing law school, and 14.6% more than 15 years after completing law school.

An ordinal regression was used to determine the predictive validity of age, position, and number of years in the legal field on problematic drinking behaviors, as measured by the AUDIT. Initial analyses included all 3 factors in a model to predict whether or not respondents would have a clinically significant total AUDIT score of 8 or higher. Age group predicted clinically significant AUDIT scores; respondents 30 years of age or younger were significantly more likely to have a higher score than their older peers ($\beta = 0.52$, Wald [$df = 1$] = 4.12, $P < 0.001$). Number of years in the field

TABLE 3. Summary Statistics for Alcohol Use Disorders Identification Test (AUDIT)

	AUDIT Statistics				
	n	M	SD	Problematic %*	P**
Total sample	11,278	5.18	4.53	20.6%	
Sex					
Men	6012	5.75	4.88	25.1%	<0.001
Women	5217	4.52	4.00	15.5%	
Age category (yrs)					
30 or younger	1393	6.43	4.56	31.9%	
31–40	2877	5.84	4.86	25.1%	
41–50	2345	4.99	4.65	19.1%	<0.001
51–60	2548	4.63	4.38	16.2%	
61–70	1753	4.33	3.80	14.4%	
71 or older	297	4.22	3.28	12.1%	
Years in field (yrs)					
0–10	3995	6.08	4.78	28.1%	
11–20	2523	5.02	4.66	19.2%	
21–30	2272	4.65	4.43	15.6%	<0.001
31–40	1938	4.39	3.87	15.0%	
41 or more	524	4.18	3.29	13.2%	
Work environment					
Private firm	4712	5.57	4.59	23.4%	
Sole practitioner, private practice	2262	4.94	4.72	19.0%	
In-house: government, public, or nonprofit	2198	4.94	4.45	19.2%	
In-house: corporation or for-profit institution	828	4.91	4.15	17.8%	<0.001
Judicial chambers	653	4.46	3.83	16.1%	
College or law school	163	4.90	4.66	17.2%	
Bar Administration or Lawyers Assistance Program	50	5.32	4.62	24.0%	
Firm position					
Clerk or paralegal	115	5.05	4.13	16.5%	
Junior associate	964	6.42	4.57	31.1%	
Senior associate	938	5.89	5.05	26.1%	<0.001
Junior partner	552	5.76	4.85	23.6%	
Managing partner	671	5.22	4.53	21.0%	
Senior partner	1159	4.99	4.26	18.5%	

*The AUDIT cut-off for hazardous, harmful, or potential alcohol dependence was set at a score of 8.
**Comparisons were analyzed using Mann-Whitney *U* tests and Kruskal-Wallis tests.

approached significance, with higher AUDIT scores predicted for those just starting out in the legal profession (0–10 yrs of experience) ($\beta = 0.46$, Wald $[df = 1] = 3.808$, $P = 0.051$). Model-based calculated probabilities for respondents aged 30 or younger indicated that they had a mean probability of 0.35 (standard deviation [SD] = 0.01), or a 35% chance for scoring an 8 or higher on the AUDIT; in comparison, those respondents who were 61 or older had a mean probability of 0.17 (SD = 0.01), or a 17% chance of scoring an 8 or higher.

Each of the 3 subscales of the AUDIT was also investigated. For the AUDIT-C, which measures frequency and quantity of alcohol consumed, age was a strong predictor of subscore, with younger respondents demonstrating significantly higher AUDIT-C scores. Respondents who were 30 years old or younger, 31 to 40 years old, and 41 to 50 years old all had significantly higher AUDIT-C scores than their older peers, respectively ($\beta = 1.16$, Wald $[df = 1] = 24.56$, $P < 0.001$; $\beta = 0.86$, Wald $[df = 1] = 16.08$, $P < 0.001$; and $\beta = 0.48$, Wald $[df = 1] = 6.237$, $P = 0.013$), indicating that younger age predicted higher frequencies of drinking and quantity of alcohol consumed. No other factors were significant predictors of AUDIT-C scores. Neither the predictive model for the dependence subscale nor the harmful use subscale indicated significant predictive ability for the 3 included factors.

Drug Use

Participants were questioned regarding their use of various classes of both licit and illicit substances to provide a basis for further study. Participant use of substances is displayed in Table 1. Of participants who endorsed use of a specific substance class in the past 12 months, those using stimulants had the highest rate of weekly usage (74.1%), followed by sedatives (51.3%), tobacco (46.8%), marijuana (31.0%), and opioids (21.6%). Among the entire sample, 26.7% (n = 3419) completed the DAST, with a mean score of 1.97 (SD = 1.36). Rates of low, intermediate, substantial, and severe concern were 76.0%, 20.9%, 3.0%, and 0.1%, respectively. Data collected from the DAST were found to not meet the assumptions for more advanced statistical procedures. As a result, no inferences about these data could be made.

Mental Health

Among the sample, 11,516 participants (89.8%) completed all questions on the DASS-21. Relationships between demographic and professional characteristics and depression, anxiety, and stress subscale scores are summarized in Table 4. While men had significantly higher levels of depression ($P < 0.05$) on the DASS-21, women had higher levels of anxiety ($P < 0.001$) and stress ($P < 0.001$). DASS-21 anxiety,

TABLE 4. Summary Statistics for Depression Anxiety Stress Scale (DASS-21)

	DASS Depression				DASS Anxiety				DASS Stress			
	n	M	SD	P^*	n	M	SD	P^*	n	M	SD	P^*
Total sample	12300	3.51	4.29		12277	1.96	2.82		12271	4.97	4.07	
Sex												
Men	6518	3.67	4.46	<0.05	6515	1.84	2.79	<0.001	6514	4.75	4.08	<0.001
Women	5726	3.34	4.08		5705	2.10	2.86		5705	5.22	4.03	
Age category (yrs)												
30 or younger	1476	3.71	4.15		1472	2.62	3.18		1472	5.54	4.61	
31–40	3112	3.96	4.50		3113	2.43	3.15		3107	5.99	4.31	
41–50	2572	3.83	4.54	<0.001	2565	2.03	2.92	<0.001	2559	5.36	4.12	<0.001
51–60	2808	3.41	4.27		2801	1.64	2.50		2802	4.47	3.78	
61–70	1927	2.63	3.65		1933	1.20	2.06		1929	3.46	3.27	
71 or older	326	2.03	3.16		316	0.95	1.73		325	2.72	3.21	
Years in field												
0–10 yrs	4330	3.93	4.45		4314	2.51	3.13		4322	5.82	4.24	
11–20 yrs	2800	3.81	4.48		2800	2.09	3.01		2777	5.45	4.20	
21–30 yrs	2499	3.37	4.21	<0.001	2509	1.67	2.59	<0.001	2498	4.46	3.79	<0.001
31–40 yrs	2069	2.81	3.84		2063	1.22	1.98		2084	3.74	3.43	
41 or more yrs	575	1.95	3.02		564	1.01	1.94		562	2.81	3.01	
Work environment												
Private firm	5028	3.47	4.17		5029	2.01	2.85		5027	5.11	4.06	
Sole practitioner, private practice	2568	4.27	4.84		2563	2.18	3.08		2567	5.22	4.34	
In-house: government, public, or nonprofit	2391	3.45	4.26		2378	1.91	2.69		2382	4.91	3.97	
In-house: corporation or for-profit institution	900	2.96	3.66	<0.001	901	1.84	2.80	<0.001	898	4.74	3.97	<0.001
Judicial chambers	717	2.39	3.50		710	1.31	2.19		712	3.80	3.44	
College or law school	182	2.90	3.72		188	1.43	2.09		183	4.48	3.61	
Bar Administration or Lawyers Assistance Program	55	2.96	3.65		52	1.40	1.94		53	4.74	3.55	
Firm position												
Clerk or paralegal	120	3.98	4.97		121	2.10	2.88		121	4.68	3.81	
Junior associate	1034	3.93	4.25		1031	2.73	3.31		1033	5.78	4.16	
Senior associate	1021	4.20	4.60	<0.001	1020	2.37	2.95	<0.001	1020	5.91	4.33	<0.001
Junior partner	590	3.88	4.22		592	2.16	2.78		586	5.68	4.15	
Managing partner	713	2.77	3.58		706	1.62	2.50		709	4.73	3.84	
Senior partner	1219	2.70	3.61		1230	1.37	2.43		1228	4.08	3.57	
DASS-21 category frequencies	n	%			n	%			n	%		
Normal	8816	71.7			9908	80.7			9485	77.3		
Mild	1172	9.5			1059	8.6			1081	8.8		
Moderate	1278	10.4			615	5.0			1001	8.2		
Severe	496	4.0			310	2.5			546	4.4		
Extremely severe	538	4.4			385	3.1			158	1.3		

*Comparisons were analyzed using Mann-Whitney *U* tests and Kruskal-Wallis tests.

depression, and stress scores decreased as participants' age or years worked in the field increased ($P < 0.001$). When comparing positions within private firms, more senior positions were generally associated with lower DASS-21 subscale scores ($P < 0.001$). Participants classified as nonproblematic drinkers on the AUDIT had lower levels of depression, anxiety, and stress ($P < 0.001$), as measured by the DASS-21. Comparisons of DASS-21 scores by AUDIT drinking classification are outlined in Table 5.

Participants were questioned regarding any past mental health concerns over the course of their legal career, and provided self-report endorsement of any specific mental health concerns they had experienced. The most common mental health conditions reported were anxiety (61.1%), followed by depression (45.7%), social anxiety (16.1%), attention deficit hyperactivity disorder (12.5%), panic disorder (8.0%), and bipolar disorder (2.4%). In addition, 11.5% of the participants reported suicidal thoughts at some point during their career, 2.9% reported self-injurious behaviors, and 0.7% reported at least 1 prior suicide attempt.

Treatment Utilization and Barriers to Treatment

Of the 6.8% of the participants who reported past treatment for alcohol or drug use (n = 807), 21.8% (n = 174) reported utilizing treatment programs specifically tailored to legal professionals. Participants who had reported prior treatment tailored to legal professionals had significantly lower mean AUDIT scores (M = 5.84, SD = 6.39) than participants who attended a treatment program not tailored to legal professionals (M = 7.80, SD = 7.09, $P < 0.001$).

Participants who reported prior treatment for substance use were questioned regarding barriers that impacted their ability to obtain treatment services. Those reporting no prior treatment were questioned regarding hypothetical barriers in the event they were to need future treatment or services. The 2 most common barriers were the same for both groups: not wanting others to find out they needed help (50.6% and 25.7% for the treatment and nontreatment groups, respectively), and concerns regarding privacy or confidentiality (44.2% and 23.4% for the groups, respectively).

TABLE 5. Relationship AUDIT Drinking Classification and DASS-21 Mean Scores

		Nonproblematic M (SD)	Problematic* M (SD)	P**
DASS-21 total score		9.36 (8.98)	14.77 (11.06)	<0.001
DASS-21 subscale scores	Depression	3.08 (3.93)	5.22 (4.97)	<0.001
	Anxiety	1.71 (2.59)	2.98 (3.41)	<0.001
	Stress	4.59 (3.87)	6.57 (4.38)	<0.001

AUDIT, Alcohol Use Disorders Identification Test; DASS-21, Depression Anxiety Stress Scales-21.

*The AUDIT cut-off for hazardous, harmful, or potential alcohol dependence was set at a score of 8.

**Means were analyzed using Mann-Whitney *U* tests.

DISCUSSION

Our research reveals a concerning amount of behavioral health problems among attorneys in the United States. Our most significant findings are the rates of hazardous, harmful, and potentially alcohol dependent drinking and high rates of depression and anxiety symptoms. We found positive AUDIT screens for 20.6% of our sample; in comparison, 11.8% of a broad, highly educated workforce screened positive on the same measure (Matano et al., 2003). Among physicians and surgeons, Oreskovich et al. (2012) found that 15% screened positive on the AUDIT-C subscale focused on the quantity and frequency of use, whereas 36.4% of our sample screened positive on the same subscale. While rates of problematic drinking in our sample are generally consistent with those reported by Benjamin et al. (1990) in their study of attorneys (18%), we found considerably higher rates of mental health distress.

We also found interesting differences among attorneys at different stages of their careers. Previous research had demonstrated a positive association between the increased prevalence of problematic drinking and an increased amount of years spent in the profession (Benjamin et al., 1990). Our findings represent a direct reversal of that association, with attorneys in the first 10 years of their practice now experiencing the highest rates of problematic use (28.9%), followed by attorneys practicing for 11 to 20 years (20.6%), and continuing to decrease slightly from 21 years or more. These percentages correspond with our findings regarding position within a law firm, with junior associates having the highest rates of problematic use, followed by senior associates, junior partners, and senior partners. This trend is further reinforced by the fact that of the respondents who stated that they believe their alcohol use has been a problem (23%), the majority (44%) indicated that the problem began within the first 15 years of practice, as opposed to those who indicated the problem started before law school (26.7%) or after more than 15 years in the profession (14.5%). Taken together, it is reasonable to surmise from these findings that being in the early stages of one's legal career is strongly correlated with a high risk of developing an alcohol use disorder. Working from the assumption that a majority of new attorneys will be under the age of 40, that conclusion is further supported by the fact that the highest rates of problematic drinking were present among attorneys under the age of 30 (32.3%), followed by attorneys aged 31 to 40 (26.1%), with declining rates reported thereafter.

Levels of depression, anxiety, and stress among attorneys reported here are significant, with 28%, 19%, and 23% experiencing mild or higher levels of depression, anxiety, and stress, respectively. In terms of career prevalence, 61% reported concerns with anxiety at some point in their career and 46% reported concerns with depression. Mental health concerns often co-occur with alcohol use disorders (Gianoli and Petrakis, 2013), and our study reveals significantly higher levels of depression, anxiety, and stress among those screening positive for problematic alcohol use. Furthermore, these mental health concerns manifested on a similar trajectory to alcohol use disorders, in that they generally decreased as both age and years in the field increased. At the same time, those with depression, anxiety, and stress scores within the normal range endorsed significantly fewer behaviors associated with problematic alcohol use.

While some individuals may drink to cope with their psychological or emotional problems, others may experience those same problems as a result of their drinking. It is not clear which scenario is more prevalent or likely in this population, though the ubiquity of alcohol in the legal professional culture certainly demonstrates both its ready availability and social acceptability, should one choose to cope with their mental health problems in that manner. Attorneys working in private firms experience some of the highest levels of problematic alcohol use compared with other work environments, which may underscore a relationship between professional culture and drinking. Irrespective of causation, we know that co-occurring disorders are more likely to remit when addressed concurrently (Gianoli and Petrakis, 2013). Targeted interventions and strategies to simultaneously address both the alcohol use and mental health of newer attorneys warrant serious consideration and development if we hope to increase overall well being, longevity, and career satisfaction.

Encouragingly, many of the same attorneys who seem to be at risk for alcohol use disorders are also those who should theoretically have the greatest access to, and resources for, therapy, treatment, and other support. Whether through employer-provided health plans or increased personal financial means, attorneys in private firms could have more options for care at their disposal. However, in light of the pervasive fears surrounding their reputation that many identify as a barrier to treatment, it is not at all clear that these individuals would avail themselves of the resources at their disposal while working in the competitive, high-stakes environment found in many private firms.

Compared with other populations, we find the significantly higher prevalence of problematic alcohol use among attorneys to be compelling and suggestive of the need for tailored, profession-informed services. Specialized treatment services and profession-specific guidelines for recovery management have demonstrated efficacy in the physician population, amounting to a level of care that is quantitatively and qualitatively different and more effective than that available to the general public (DuPont et al., 2009).

Our study is subject to limitations. The participants represent a convenience sample recruited through e-mails and

news postings to state bar mailing lists and web sites. Because the participants were not randomly selected, there may be a voluntary response bias, over-representing individuals that have a strong opinion on the issue. Additionally, some of those that may be currently struggling with mental health or substance use issues may have not noticed or declined the invitation to participate. Because the questions in the survey asked about intimate issues, including issues that could jeopardize participants' legal careers if asked in other contexts (eg, illicit drug use), the participants may have withheld information or responded in a way that made them seem more favorable. Participating bar associations voiced a concern over individual members being identified based on responses to questions; therefore no IP addresses or geolocation data were gathered. However, this also raises the possibility that a participant took the survey more than once, although there was no evidence in the data of duplicate responses. Finally, and most importantly, it must be emphasized that estimations of problematic use are not meant to imply that all participants in this study deemed to demonstrate symptoms of alcohol use or other mental health disorders would individually meet diagnostic criteria for such disorders in the context of a structured clinical assessment.

CONCLUSIONS

Attorneys experience problematic drinking that is hazardous, harmful, or otherwise generally consistent with alcohol use disorders at a rate much higher than other populations. These levels of problematic drinking have a strong association with both personal and professional characteristics, most notably sex, age, years in practice, position within firm, and work environment. Depression, anxiety, and stress are also significant problems for this population and most notably associated with the same personal and professional characteristics. The data reported here contribute to the fund of knowledge related to behavioral health concerns among practicing attorneys and serve to inform investments in lawyer assistance programs and an increase in the availability of attorney-specific treatment. Greater education aimed at prevention is also indicated, along with public awareness campaigns within the profession designed to overcome the pervasive stigma surrounding substance use disorders and mental health concerns. The confidential nature of lawyer-assistance programs should be more widely publicized in an effort to overcome the privacy concerns that may create barriers between struggling attorneys and the help they need.

ACKNOWLEDGMENTS

The authors thank Bethany Ranes, PhD, and Valerie Slaymaker, PhD, of the Hazelden Betty Ford Foundation for their contributions to the analyses (BR) and overall manuscript (VS).

The authors also thank the Hazelden Betty Ford Foundation and The American Bar Association for their support of this project.

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