

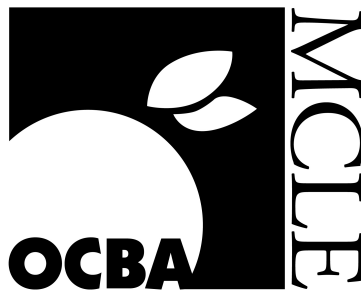
*The Orange County Bar Association  
COVID-19 Task Force Presents*

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# **Staying Mentally Safe, Sound and Sober During COVID-19**

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Wednesday, June 10, 2020



## Speakers

**Shirin Forootan, Esq.**

*Workplace Justice Advocates*

**Sue Bright**

*Executive Director, New Directions for Women*

## Moderator

**Hon. Gail A. Andler, Ret.**

*JAMS*

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# Seminar Materials

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### **Warning Signs of a Lawyer in Distress**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Performance Issues</b></p> <ul style="list-style-type: none"><li>✓ Odd, unpredictable or erratic behavior</li><li>✓ Last-minute requests for extensions</li><li>✓ Missed deadlines or appointments</li><li>✓ Diminished quality of work product</li><li>✓ Not returning calls timely or at all</li><li>✓ Improbable excuses</li><li>✓ Inadequate follow-through</li><li>✓ Poor concentration &amp; inattention to details</li><li>✓ Isolating from or hostile to co-workers</li><li>✓ Unable to be located</li><li>✓ Diminished memory or recall of details &amp; conversations</li></ul> | <p><b>Financial Issues</b></p> <ul style="list-style-type: none"><li>✓ Disorganized, inconsistent record-keeping</li><li>✓ Personal use of trust account funds</li><li>✓ Attorney trust account overdrafts</li><li>✓ Failure to timely disburse from trust</li><li>✓ Credit problems, writing bad checks</li><li>✓ Judgments, tax liens, bankruptcy</li></ul> |
| <p><b>Health Issues</b></p> <ul style="list-style-type: none"><li>✓ Frequent illnesses</li><li>✓ Drastic change in appearance</li><li>✓ Appears exhausted</li><li>✓ Easily overwhelmed</li><li>✓ Irritable, impatient, angry</li><li>✓ Unpredictable, rapid mood swings</li><li>✓ Over/under reacts to situations</li><li>✓ Insomnia</li><li>✓ Sudden weight gain or loss</li></ul>                                                                                                                                                                                                             | <p><b>Personal Issues</b></p> <ul style="list-style-type: none"><li>✓ Estrangement from spouse or children</li><li>✓ Legal separation or divorce</li><li>✓ Frequent accidents and/or injuries</li><li>✓ Arrests or warnings from police</li><li>✓ No-show at scheduled social events</li></ul>                                                                |

**Source:** Lawyers Concerned for Lawyers Pennsylvania (<https://www.lclpa.org/help-for-lawyers/help-for-a-colleague/warning-signs-of-an-impaired-lawyer/>) (last visited June 5, 2020)

OPEN

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

Patrick R. Krill, JD, LLM, Ryan Johnson, MA, and Linda Albert, MSSW

**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

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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  $\chi^2$  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 ( $\chi^2$  [1, *N* = 11,229] = 154.57,  $P < 0.001$ ); younger participants had a significantly higher proportion compared with the older age groups ( $\chi^2$  [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 ( $\chi^2$  [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 ( $\chi^2$  [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 ( $\chi^2$  [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%) ( $\chi^2$  [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 |      |      | Problematic %* | P**    |
|--------------------------------------------------|------------------|------|------|----------------|--------|
|                                                  | n                | M    | SD   |                |        |
| 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%          | <0.001 |
| 31–40                                            | 2877             | 5.84 | 4.86 | 25.1%          |        |
| 41–50                                            | 2345             | 4.99 | 4.65 | 19.1%          |        |
| 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%          | <0.001 |
| 11–20                                            | 2523             | 5.02 | 4.66 | 19.2%          |        |
| 21–30                                            | 2272             | 4.65 | 4.43 | 15.6%          |        |
| 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%          | <0.001 |
| 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%          |        |
| 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%          | <0.001 |
| Junior associate                                 | 964              | 6.42 | 4.57 | 31.1%          |        |
| Senior associate                                 | 938              | 5.89 | 5.05 | 26.1%          |        |
| 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 | <0.001 | 1472         | 2.62 | 3.18 | <0.001 | 1472        | 5.54 | 4.61 | <0.001 |
| 31–40                                            | 3112            | 3.96 | 4.50 |        | 3113         | 2.43 | 3.15 |        | 3107        | 5.99 | 4.31 |        |
| 41–50                                            | 2572            | 3.83 | 4.54 |        | 2565         | 2.03 | 2.92 |        | 2559        | 5.36 | 4.12 |        |
| 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 | <0.001 | 4314         | 2.51 | 3.13 | <0.001 | 4322        | 5.82 | 4.24 | <0.001 |
| 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 |        | 2509         | 1.67 | 2.59 |        | 2498        | 4.46 | 3.79 |        |
| 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 | <0.001 | 5029         | 2.01 | 2.85 | <0.001 | 5027        | 5.11 | 4.06 | <0.001 |
| 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 |        | 901          | 1.84 | 2.80 |        | 898         | 4.74 | 3.97 |        |
| 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 | <0.001 | 121          | 2.10 | 2.88 | <0.001 | 121         | 4.68 | 3.81 | <0.001 |
| Junior associate                                 | 1034            | 3.93 | 4.25 |        | 1031         | 2.73 | 3.31 |        | 1033        | 5.78 | 4.16 |        |
| Senior associate                                 | 1021            | 4.20 | 4.60 |        | 1020         | 2.37 | 2.95 |        | 1020        | 5.91 | 4.33 |        |
| 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 | Problematic*  | <i>P</i> ** |
|-------------------------|------------|----------------|---------------|-------------|
|                         |            | M (SD)         | M (SD)        |             |
| 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 geo-location 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

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For more information about trauma and addiction, and the warning signs, see the article:

**Signs to Look for to Prevent Alcohol Addiction for Yourself or Coworker**  
Written by Sue Bright

Law Enforcement Today

(<https://www.lawenforcementtoday.com/signs-to-look-for-to-prevent-alcohol-addiction-for-yourself-or-coworker/>)

**Are there articles and research sources that address the addiction problem in the legal community?**

**Drug and Alcohol Addictions**

- [Alcohol Dependence & Addictions:](#)
- [Alcoholic Attorney: Anger, Fear, Willingness](#)
- [Alcoholics Anonymous Speaker Tape Archives](#)
- [From meth addict to Del Norte County DA, Jon Alexander has courted trouble:](#)
- [Help is Available for Lawyers with Addiction Issues:](#)
- [Addiction and Attorneys: Confronting the Denial](#)
- [Drug and alcohol Abuse & Addiction in the Legal Profession](#)
- [National Institute on Drug Abuse \(NIDA\)](#)
- [National Institute on Alcohol Abuse and Alcoholism \(NIAAA\)](#)
- [Rethinking Drinking: Alcohol and Your Health](#)
- [The Legal Profession's Hidden Secret: Substance Abuse](#)
- [Texas Lawyers Assistance Program](#)
- [Substance Abuse and Dependence](#)
- [The Many Faces of Denial](#)
- A study finds that lawyers are much more likely to be problem drinkers than the general population, writes Patrick Krill. [Read the full story](#)
- ["Suffering in Silence: The Survey of Law Student Well-Being and the Rel" by Jerome M. Organ, David B. Jaffe et al](#)
- [The Addicted Lawyer: Tales of the Bar, Booze, Blow, and Redemption](#)
- [Attorneys Kick Addictions with Help from the Other Bar](#)
- [Creating a Movement To Improve Well-Being in the Legal Profession](#)
- [American Society of Anesthesiologists, Pain Management and Anesthesia](#)

**Can alcoholics and addicts also have behavioral addictions?**

- [A review of gambling disorder and substance use disorders](#)
- [Reviewing Two Types of Addiction – Pathological Gambling and Substance Use](#)
- [Gambling Addiction Video](#)

**Is there recovery help tailored toward judges?**

- National Helpline for Judges: [800-219-6474](#)
- Judges Support Network: [800-528-6011](#)
- California Judicial Officers Assistance Program – [800-327-0442](#)
- [Judicial Assistance](#)
- [Judges In Distress: When To Seek Help](#)
- [A hand up for impaired judges](#)
- [Addressing disability and promoting wellness in the federal courts](#)
- [The worst-kept secret in the courthouse](#)
- [A fresh look at judicial impairment](#)

- [Helping judges in Distress](#)
- [Judges and Alcohol Don't Mix](#)

### **Is there help for my self destructive thoughts?**

- [Suicide and Depression Awareness for Students – Guidebook](#)
- [SuicidePreventionLifeLine.org](#)
- [National Helpline for Lawyers](#)
- [Warning Signs for Suicide](#)
- [Counseling Guide for Suicide Prevention](#)

### **Does stress or depression play a part in my chemical dependency?**

- [How lawyers can help depressed colleagues](#)
- [The Trail Lawyer Magazine – Summer 2010](#)
- [Lawyers With Depression](#)
- [NIOSH Study: Stress at Work](#)
- [National Institute of Mental Health \(NIMH\)](#)
- [SAMHSA – Dealing with Emotional Effects of the Economic Situation:](#)
- [Depression, The Lawyers' Epidemic: How You Can Recognize the Signs](#)
- [Journal of Addiction Medicine](#)

### **Is there a 12 step program for me?**

- Find an AA Meeting Wherever You Are [Meeting Guide Mobile App](#)
- Start Your Recovery:
  - [Substance Abuse Resources and Support](#)
- 12 Step Programs
  - [The official website of Alcoholics Anonymous](#)
  - [Al-Anon Family Groups](#)
  - [CDA – Chemically Dependent Anonymous](#)
  - [DA – Debtors Anonymous](#)
  - [Dual Recovery Anonymous](#)
  - [Dual Diagnosis Online Support Group](#)
  - [GA – Gamblers Anonymous](#)
  - [Marijuana Anonymous](#)
  - [The Narcotics Anonymous](#)
  - [Overeaters Anonymous](#)
  - [Public Information for Narcotics Anonymous for Westside Area of Los Angeles](#)
  - [Sexaholics Anonymous](#)
- [International Lawyers in Alcoholics Anonymous](#)
- [Recovery Resources for Professionals](#)

- Recovery Resources
- Recovery Help On The Net
- Recovery Speakers
- The Upward Spiral: Getting Lawyers From Daily Misery To Lifetime Wellbeing. A book by Harvey Hyman
- California Bar Journal: Taking advantage of second chances
- Relapse After Long-Term Sobriety

**Source:** <https://otherbar.org/resources/> (last visited June 5, 2020)

Handout – OCBA Safe, Sound, and Sober Webinar  
June 10, 2020

- I. [CA State Bar MCLE Requirements](#)
- II. [CA Sick Leave FAQs](#)
- III. [CA State Bar Professional Rule 1.1 Competence \(Effective 11.1.2018\)](#)
- IV. [CA State Bar Professional Rule 1.16 Declining or Terminating Representation \(Effective 06.01.2020\)](#)
- V. [CA Fair Employment and Housing Act - Accommodating Disabilities](#)
- VI. [CA Family Rights Act - Leave of Absence for Serious Health Condition](#)
- VII. [CA Labor Code 230 – Accommodating Victims of Domestic Violence, Sexual Assault, or Stalking](#)
- VIII. [CA Labor Code 1025-1028 – Accommodating Drug or Alcohol Rehabilitation Programs](#)

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# Speaker Biographies

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## **Shirin Forootan, Esq.**

Shirin Forootan is a Partner at Workplace Justice Advocates, Professional Law Corporation, where she exclusively represents employees and executives in employment litigation, including claims for harassment, discrimination, retaliation, and wage disputes. She brings to the table over a decade of experience practicing law. Ms. Forootan spent many years at reputable defense firms representing employers in employment litigation so she is well-positioned to avoid and overcome many of the challenges presented by defense lawyers in litigation.

Ms. Forootan commenced her career at Latham & Watkins LLP in 2008 after earning her law degree from the University of California, Los Angeles School of Law. She earned her Bachelor degrees in both Communications and Law & Society from the University of California, San Diego in 2005, where she graduated Phi Beta Kappa and cum laude.

Ms. Forootan routinely speaks and publishes on a variety of labor and employment topics, including equal pay, sexual harassment, and updates in employment law. Because she has demonstrated an excellence in the practice of law, Ms. Forootan has been selected to Super Lawyers' Southern California "Rising Stars" for several consecutive years, which is a distinction reserved for just two and one-half percent of the attorneys in California. She has also been selected by the Orange County Women Lawyers Association as an "Everyday Hero" and by the Orange County Business Journal as a "Women in Business" nominee.

Ms. Forootan is also passionate about serving her community as well as her clients. She has served in many leadership roles for the Orange County Bar Association, including on the Board of Directors, the Lawyer Well-Being Task Force, the Community Outreach Committee, and Mommy Esquire. Most notably, she is currently leading her practice area as the Chair-Elect of the Labor & Employment Section in 2019 and Chair in 2020. She is also a long-time supporter of the Orange County United Way, currently serving on the Community Impact Cabinet and on the Advisory Council for UpSkill OC--a workforce development initiative to reduce the skills gap in Orange County.



**Hon. Gail A. Andler (Ret.)**

## General Biography

**Hon. Gail A. Andler (Ret.)** joins JAMS as a full-time neutral after more than 22 years on the Orange County Superior Court where she served from 2007-2017 on the Complex Civil Litigation Panel. Judge Andler has experience in business, construction defect, personal injury, family law, and eminent domain disputes. She has managed large coordinated and consolidated product defect and injury cases in the pharmaceutical, medical device, and automotive industries, in addition to consumer and employment class actions and PAGA cases. Her time with the court also included serving two terms as the Presiding Judge of the Superior Court's Appellate Division and she is the past President of the American College of Business Court Judges.

Prior to her appointment to the bench, Judge Andler represented individuals and closely held corporations in business and real estate litigation, including developers and design professionals. She also gained substantial jury trial experience as a prosecutor.

Judge Andler has been praised by attorneys for her commitment to resolution and her creativity. As a judge, she worked with parties to find common ground and create efficiencies in the legal process.

### ADR Experience and Qualifications

- More than 22 years on the Orange County Superior Court
- Two terms as Presiding Judge of the Superior Court's Appellate Division
- Developed the Early Legal Assessment program, similar to a confidential mediation offered by the courts where parties agree to having a neutral assess their case
- Served on the Orange County Superior Court's ADR Committee
- Volunteered to conduct settlement conferences at law firms when the Court was closed during the court funding crisis

### Representative Matters

- **Business/Commercial**
  - Wide variety of actions alleging breach of contract or tort in commercial transactions; disputes concerning purchase and sale of business or business assets including intellectual property; Trade Secret and unfair competition litigation; partnership disputes; corporate governance disputes

- **Child Sexual Abuse/Misconduct**

- Former sex crimes prosecutor who worked with victims and victim advocates and made filing decisions
- Former Supervising Judge of Juvenile Dependence Court presiding over a caseload of, and supervising other judges with, cases of child sexual abuse
- Trained as a CASA advocate on the impacts and signs of child sexual trauma
- As a judge heard civil cases (in addition to criminal and family) alleging coaches, teachers, spiritual leaders, and others engaged in improper sexual conduct or sexually abused minors
- As a neutral, mediated and arbitrated cases ranging from allegations minors were improperly exposed to adult nudity, on one end of the spectrum, to molestation and rape in the other, including statutory rape
- SafeSport training

- **Class Action/Mass Tort**

- Data Breach and privacy claims, including consumer class action alleging the release of thousands of records of confidential medical information by defendant hospital
- Pharmaceutical and medical device cases, including allegations that pain pumps, SSRIs, pain patches, and eye drops caused serious bodily injury or death
- Multiple related claims brought against automobile manufacturer for defective engines in vehicles
- Hundreds of related claims coordinated with MDL alleging defective manufacture and design of plumbing products with related coverage and subrogation actions
- California Uniform Fraudulent Transfer Act claims to recover damages from investors who were alleged to have profited from a Ponzi scheme perpetrated against members of a tight knit ethnic community
- Home loan mortgage fraud claims, including mass action brought by more than 800 borrowers
- Food additive and nutritional supplement cases, including consumer class action against vitamin manufacturer alleging product caused male gynecomastia, and action by individual alleging microwave popcorn flavoring caused lung disease

- **Construction/Construction Defect**

- Delay damages, construction, and design defects alleged in connection with hotel construction, large scale commercial projects, and school facilities
- Water intrusion, soils problems, and other defects alleged in construction of residential properties ranging from single family homes to master planned communities and apartment communities
- Construction-related insurance coverage and contribution actions, including actions relating to Chinese Drywall construction defect litigation

- **Employment**

- Wrongful termination and discrimination lawsuit against one of the largest multinational electronics manufacturing companies in the world, based in China
- Hostile work environment, gender discrimination and retaliation claims brought against large law enforcement agency
- Employment class action on behalf of more than 1,000 sales representatives against a large electronics manufacturer alleging failure to timely pay commissions
- Employment wage and hour class actions and Private Attorney General Act (PAGA) claims brought by workers in health care, retail, restaurant, transportation, hospitality, automobile insurance, and manufacturing industries
- Employment cases involving issues of theft of trade secrets
- Employment cases involving whistleblower and retaliation claims
- Cases with claims of alleged labor code violations based on alleged employee misclassification

- **Eminent Domain/Inverse Condemnation**

- Eminent Domain cases involving goodwill and other damage claims by multiple businesses impacted by large transportation authority projects
- Claims by property owners of regulatory or other takings as a result of government action or inaction

- **Entertainment & Sports**

- Action brought by athlete, barred from competing in the Olympics due to “doping”, against manufacturer of nutritional supplements
- Action by and against prominent coach of sports organization involving allegations of improper conduct by coach toward female athletes, and alleging age discrimination by organization against coach
- Action against prominent non-profit organizer of annual race alleging improper release of private

information of participants

- **Environmental**

- High profile environmental challenges relating to the approval of a project to redirect and pump subsurface water from the Mojave Desert involving issues of water rights
- Landslide litigation involving several homeowners against a public utility
- Inverse condemnation action following a major flood and significant property damage alleging that a city inadequately designed and maintained its storm drainage systems

- **Estate/Probate/Trusts**

- Trust litigation pertaining to substantial business interests and real estate holdings in Laguna Beach, consolidating probate and civil litigation including legal malpractice claims
- Trust litigation brought by widow in prominent family seeking to modify trust restrictions and recover damages
- Trust litigation seeking removal of trustee by siblings for self-dealing in operating trust assets

- **Family Law**

- Trials and hearings as assigned trial judge including discovery disputes
- Determination of parentage and rights of non-biological parents and grandparents
- Interpretation and determination of enforceability of pre-nuptial and marital settlement agreements
- Determination of Date of Separation
- Determination of spousal support, child support, and attorney's fees
- Division of real and personal property including resolving issues of valuation, terms of selling the family home, and disbursement of proceeds
- Identification and allocation of community property and community debt
- Identification of separate property and reimbursement of separate property interests in the marital property
- Issues involving confidentiality of evaluations
- Matters involving the extensive use of expert testimony on issues of custody, property valuation (real and personal), accounting, and appraisals of businesses owned by a marital partner
- Value of spouse's use of community property
- Adjudicated Move-away cases
- Adjudicated Third party interest in community property
- Adjudicated Business valuation and stock valuation issues
- Adjudicated palimony case
- Domestic partnership dissolution combined with marital dissolution involving division of a jointly owned business plus real and personal property

- **Health Care**

- Reimbursement disputes
- Payor-provider disputes
- Fraud and abuse/kickback allegations
- Hospital-physician and physician-medical practice disputes
- Data breach and privacy disputes

- **Insurance**

- Complex insurance coverage action arising from an underlying environmental contamination lawsuit and consent agreement to remediate
- Insurance bad faith claims brought by the owner of a luxury yacht for failure to cover damages occurring in international waters
- Managed related multi-party cases seeking contribution and declaratory relief relating to the collapse of a large collective healthcare industry self-funded worker's compensation program
- Proceedings by a prominent insurer seeking the return of \$28 million in penalties paid under protest to the Insurance Commissioner in connection with rate proceedings

- **Personal Injury/Torts**

- Wrongful death resulting from a vehicle rollover, where plaintiff alleged improper manufacture and design of seatbelt
- Wrongful death of children struck and killed at school by driver who lost control of vehicle

- Wrongful death alleged to result from psychiatric malpractice
  - Traumatic brain injury to minor in skateboarding accident
  - Wrongful death resulting from loading dock injury
  - Wrongful death relating to police pursuit
  - Injuries to patients attributed to medical and dental procedures
  - Sexual abuse claims against faith-based organization and schools
  - High profile case involving allegations of conspiracy, invasion of privacy and other tort claims brought by politicians against police officer's association and law firm
  - **Professional Liability/Attorneys Fees**
    - Adjudicated and mediated disputes regarding fee sharing between lawyers as well as attorney-client fee disputes
    - Mediated disputes involving allegations of unconscionable or illegal fees and violations of the Rules of Professional Conduct
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