

Improving Attorney Quality of Life: *The Emerging Role of Dialectical Behavior Therapy*

By Daliah Bauer, Ph.D.

Depression and substance abuse are known to have high prevalence rates in the legal profession. This article provides information about the impact of depression and substance abuse and describes a form of psychological therapy that is useful in managing them. Emotional turmoil, depression and problems of alcoholism and drug use are common among professional groups in general. However, according to a 1990 Johns Hopkins study, among 104 groups of professionals, lawyers lead the nation in incidences of depression.¹ Further, researchers in Washington found that one-third of all lawyers in that state suffered from depression.² The American Bar Association (ABA) also estimates that 15-20 percent of lawyers suffer from alcoholism or other forms of substance abuse, and male attorney suicide rates are double that of other professions.³ The ABA also determined that, over the course of an attorney's career, many feel increasingly dissatisfied with their practices.

The survey

also found links between dissatisfaction and the deteriorating conditions of a work environment, increased mental and physical distress, and poor abilities to use effective coping strategies, such as exercise, social support and humor. The long-term effects of this chronic dissatisfaction are dangerous to an attorney's overall health and well-being and have an adverse effect on his/her ability to practice competently. Lawyers often discuss the difficulties they experience attempting to balance productivity and their individual well-being. Time management is difficult and there is a tendency to feel as if one is "choking" under the pressure of the demands of work.⁴

G. Andrew Benjamin, a professor of law and psychology at the University of Washington, suggests that emotional problems for lawyers and bad habits with regard to good mental hygiene can date back to law school and may be related to the overall educational style of law education. Young attorneys

are faced with excessive workloads and academic competition, and instructors may not provide concise feedback which can be isolating, invalidating or intimidating. Moreover, overemphasis on analytical and linear thinking may cause a loss of connection with emotion, values, morals and a sense of self.⁵ Benjamin concludes that law school dynamics encourage behaviors such as taking on too much work and having trouble maintaining healthy relationships. In doing so, Benjamin identified three problem areas plaguing lawyers that warrant intervention: dysphoria, substance dependency, and hostility and cynicism. Dysphoria can present itself through increased social isolation or feelings of unhappiness, dissatisfaction with aspects of life, poor sleep and chronic feelings of being overwhelmed. Substance abuse may consist of frequent drug or alcohol use, managing sleep with substances, using drugs or alcohol in a fashion that causes problems in romantic or other relationships, and neglecting obligations. Hostility emerges as persistent negative thoughts in relationships, chronic impatience, frequent irritability and deficits in empathy.

Of additional concern, many law students and young lawyers fear that they will not be allowed to practice because the state bar will not admit applicants if they have received substance abuse or mental health treatment. This situation encouraged law students and young lawyers to keep their problems private and thus allow them to fester and pervade their professional careers.



Factors that Make Lawyers and Other Professionals Vulnerable to Emotional Problems

Perfectionism

Most attorneys are highly ambitious and overachieving. They are taught to be aggressive/perfect and detached from their world. This drive for perfectionism and a constant tenacity often leads lawyers to achieve great success and to receive praise and respect from colleagues and leaders in their field. However, they are also among the chief reasons responsible for lawyer depression. These traits can lead to inflexibility in life and extreme over-thinking. When a drive for perfectionism is combined with a highly challenging work environment loaded with demanding schedules and complex and emotional situations, anxiety and depression can easily occur. Additionally, when attorneys feel pressures from work, social arenas, family and clients, life can be difficult to balance and can often lead to self-destructive behaviors and explosive emotional responses. These behaviors create greater divides between an individual and his/her support system, and the general work product can suffer as well.

Anger

Another factor associated with the health problems in attorneys is the litigation strategy of directed anger and hostility. Planned and controlled aggressiveness can serve as an essential tool for a winning trial lawyer. Over time, however, it may be difficult to turn the anger off when dealing with close relationships or family. A lawyer may be reproached for the very attribute that makes him or her successful.⁶

Anger also is linked to alcohol use, and it is generally believed that alcohol amplifies anger. Our culture accepts drinking as a way to vent emotions. However, anger management problems combined with substance abuse can lead to unnecessary violence and can wreak havoc on relationships.

Dialectical Behavior Therapy: How Can It Help?

Dialectical Behavior Therapy (DBT) is an internationally recognized and empirically validated program of psychotherapy. It is most frequently used in outpatient settings; however, it has been adapted for use in inpatient and residential treatment facilities as well. DBT was originally designed to

address the problems of extreme emotions and erratic and impulsive behaviors demonstrated by individuals with Borderline Personality Disorder. This therapy has resulted in the considerable reductions of suicidal and self-harm behaviors and is regarded as the gold standard for treatment of Borderline Personality Disorder. DBT also improves outcomes among individuals who suffer from the need to be over-controlling, eating disorders, substance abuse, trauma, depression and anxiety. Although DBT may not be the most parsimonious or efficacious treatment for many disorders, it has a solid evidence base for severe emotion dysregulation and co-occurring substance and mental health disorders.

Dr. Marsha Linehan, the noted psychologist and behavioral therapist, created DBT in 1993 after recognizing that many other treatment protocols, including standard Cognitive Behavior Therapy, did not produce the needed results for many individuals with a certain constellation of symptoms.⁷ While DBT shares elements with psychodynamic, client-centered, Gestalt, and strategic approaches to therapy, DBT is best described as a synthesis of behavioral science, mindfulness and dialectical philosophy, all combined for the purpose of reducing dysfunctional behaviors and increasing skillful living.⁸ Mindfulness is a core skill. It is drawn heavily from Zen Buddhism, but the skills are consistent with most eastern meditation and western contemplative practices. The goal of mindfulness is to participate in one's life with awareness. It is assumed that participation without awareness can be a key component for impulsive and mood-dependent behaviors.

Dialectical thinking requires the ability to "transcend polarities, and, instead, to see reality as complex and multifaceted; to entertain contradictory thoughts and points of views and to unite them and integrate them."⁹ In other words, dialectical thinking helps individuals refrain from extreme patterns of thinking and feeling and begin to appreciate that multiple perspectives contain the truth. Personality traits such as perfectionism or cynicism, which can be found among attorneys and other driven professionals, can encourage extreme thinking and subsequent experiences of anger and dissatisfaction.

Behavioral treatment involves targeting and monitoring a specific set of target behaviors. These are individual and unique to each patient and are jointly selected with an individual and his/her therapist.

Biopsychosocial Theory of Emotion Regulation

The main focus of DBT is to address problems related to the emotion regulation system (the ability to manage feelings and reactions). It is hypothesized that problems with this system are developed and maintained by biological and environmental systems. In other words, individuals are born with a unique and individual temperament and may be vulnerable to difficulties in regulating their feelings due to their genetic and biological constitutions. Simply, some individuals are just more sensitive or more excitable than others. Certain individuals may experience more intense emotional experiences and remain activated. Problems arise, however, when a person who is vulnerable to emotional upsets is in a particularly invalidating environment. Often family, teachers or peers fail to validate adequately an individual's experience and certain emotions can become suppressed. Those individuals learn that those around them do not understand their emotional experience, and they subsequently develop maladaptive coping mechanisms. Often individuals suppress emotions as they appreciate that others are not sensitive to their experience of emotion. At other times, individuals respond to distress with extreme outbursts. When an individual achieves a response to an extreme outburst, they may learn that this behavior is effective in being noticed and understood but may be ineffective with respect to long-term goals. For example, one may express anger in an outburst, which may provide the individual with control and the experience of being understood and respected, but such an outburst may have protracted relationship costs. Aggression may encourage others to avoid the individual in the future or may reduce the ability if the individual to experience joy in relationships.

DBT Treatment Targets

DBT involves working with clients through various stages of their treatment, focusing first on developing a commitment to the therapeutic process collaboratively with the therapist. Stage 1 focuses on the most severe problems of dyscontrol, first addressing any life-threatening behaviors (suicidal behavior, self-harm, substance abuse, severe depression), then moving towards addressing those patterns that compromise the person's quality of life (dysphoria, anger, anxiety). Later stages emphasize connection to the environment, mastery, self-respect,

self-efficacy, and resolving problems of living in such a way as to allow for a life of joy and fulfillment. At the early stages of treatment, individuals may experience significant emotional pain. The therapist, through empathic listening and validation, helps the client find a balance between acceptance of certain emotional pain and the change needed to achieve one's life goals.

DBT therapists work with clients to help solve problems. They use empirically supported behavior therapy protocols — behavior analysis, solution analysis, didactic training, cognitive restructuring and self-monitoring — to treat problems. Specifically, DBT therapists encourage monitoring of events, emotions and target behaviors, and assist clients in identifying distorted thinking patterns and developing ways to change them.

DBT begins with a focus on addressing problems of interpersonal chaos, emotion dysregulation, impulsivity and confusion about oneself by teaching mindfulness skills, distress tolerance and strategies to become more interpersonally effective. DBT also teaches one to find a middle path, to think dialectically and to understand the process of experiencing emotions.

Modes of Treatment

DBT utilizes several different modes of treatment. Clients attend individual therapy sessions to explore behavior patterns that reduce one's quality of life (e.g., excessive drinking, arguing, excessive passivity, avoidance tendencies, disordered eating). Clients work with therapists to understand the triggers related to these problem behaviors and create techniques to produce change in their lives. Therapists also utilize a variety of techniques to help their patients learn to expose themselves to their emotions and validate themselves as they experience the stresses of life.

DBT also includes the utilization of psychoeducational groups that teach skills designed to address various interpersonal and emotional problems. Skills groups provide education on core mindfulness, emotion regulation, distress tolerance and interpersonal effectiveness. Mindfulness involves the focusing of attention (both for purposes of observing and describing) on something and participating completely in the moment, effectively and without judgment. Distress tolerance involves the use of impulse control skills, distracting, self-soothing and meditative, and problem-solving strategies designed to help the client survive a crisis

situation without engaging in automatic dysfunctional behaviors. Attorneys and other professionals are frequently faced with unexpected events in the course of their work. Certain responses such as “shutting down,” drinking, using drugs or arguing can make the situation worse. DBT clients learn skills to distract themselves from extreme emotional pain and learn how to accept real but difficult inevitable professional and personal realities.

Interpersonal effectiveness refutes myths of interpersonal situations, helps individuals identify their own priorities in social settings, and teaches assertiveness. Emotion regulation classes help clients begin to understand both the physiological and cognitive processes involved in the experience and the expression of emotion. Awareness and understanding of the steps that comprise the emotional sequence assist individuals in developing more positive experiences and reduces their vulnerability to negative experiences. Clients also learn specific strategies to improve positive emotions, to stop avoiding feelings and to change unwanted negative emotional states. These particular skills are useful to many individuals who experience interpersonally stressful events and painful episodes.

The Therapeutic Relationship

Most individuals who attend therapy for mental health and substance abuse problems want to feel as if their counselor can empathize with them. DBT clinicians understand the extreme emotional sensitivity of their clients and work to help clients feel understood by showing them that their thoughts, feelings and behaviors are valid. DBT takes the relationship between the patient and the therapist very seriously. But, in order for the client to bring about change, the client needs to trust the therapist. DBT therapists also provide their clients with skills coaching outside of treatment sessions. Life crises often occur outside of a therapist's office and after hours. DBT therapists know that, at times, it can be extremely supportive and helpful to have a therapist available to guide one through a stressful situation with emotional support and a clear depiction of how to access a skillful solution to a problem.

DBT therapists often work as a team to provide each other with guidance and support. This support helps therapists remain faithful to the clinical protocol, prevents burnout and provides the most effective care to clients.

Conclusion

In summary, the problems of depression and substance abuse that are prevalent among those in the legal profession are treatable. Dialectical Behavior Therapy and other psychotherapies and psychiatric interventions, such as Cognitive Behavior Therapy, mindfulness, medication and 12-step programs, can produce tangible changes in a suffering person's life. Although it is easy to feel overwhelmed with the demands of work in a stressful environment, there is help available to facilitate a greater balance in life.

FOOTNOTES

1. William W. Eaton, James C. Anthony, Wallace Mandel and Roberta Garrison, “Occupations and the Prevalence of Major Depressive Disorder,” 32(11) *Journal of Occupational Medicine*, 1079-87 (1990).

2. Connie J.A. Beck, Bruce D. Sales and G. Andrew Benjamin, “Lawyer Distress: Alcohol-Related Problems and Other Psychological Concerns Among a Sample of Practicing Lawyers,” 10(1) *Journal of Law and Health*, 1-61 (1996).

3. American Bar Association, “At the Breaking Point: The Report of a National Conference on the Emerging Crisis in the Quality of Lawyers' Health and Lives, and Its Impact on Law Firms and Client Services” (1991).

4. G. Andrew Benjamin, “Reclaim Your Practice, Reclaim Your Life,” *Trial*, 30-33 (2008).

5. Debra Cassens Weiss, “Perfectionism: ‘Psychic Battering’ Among Reasons for Lawyer Depression,” *ABA Journal* (2009); www.abajournal.com/news/article/perfectionism_psychic_battering_among_reasons_for_lawyer_depression.

6. Tyger Latham, “The Depressed Lawyer: Why Are So Many Lawyers So Unhappy?,” *Psychology Today: Therapy Matters* (last visited Nov. 4, 2014); www.psychologytoday.com/blog/therapy-matters/201105/the-depressed-lawyer.

7. Marsha Linehan, *Cognitive Behavioral Treatment of Borderline Personality Disorder*, Guilford Press (1993).

8. *Id.*

9. Kelly Koerner and Linda A. Dimeff, *Dialectical Behavior Therapy in a Nutshell: Dialectical Behavior Therapy in Clinical Practice, Applications Across Disorders and Settings* (2007).

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