DEPRESSION AND SUICIDE
How the Legal Profession Is Impacted

2021 CLE
The Virginia Judges and Lawyers Assistance Program

Presenter Biographies:

- **Jim Leffler** (804.614.5841; jleffler@vjlap.org)
  Jim Leffler is a Licensed Professional Counselor who joined Lawyers Helping Lawyers (now VJLAP) as the Mental Health Services Coordinator in 2004. He assumed the role of Executive Director in 2005 and became Clinical Director in 2015. Mr. Leffler has extensive experience in the field of chemical dependency and mental health. The staggering numbers of attorneys that commit suicide led to Mr. Leffler's interest into this phenomenon. He became certified as a suicide prevention instructor in 2004 and has made numerous presentations on this subject to numerous Virginia Bar organizations and nationally.

  Mr. Leffler started and managed outpatient programs for the Medical College of Virginia's Department of Psychiatry, Charter Westbrook Hospital, and St. John's Hospital. He has supervised numerous individuals working towards licensure and certification as counselors. He also has consulted with various agencies in matters such as professional conduct, privacy rights, and the importance of accurate diagnosis for appropriate treatment. Mr. Leffler has undergraduate and graduate degrees from Virginia Commonwealth University and has been licensed since 1990.

- **Angeline Saferight Lloyd** (276.920.8133; alloyd@vjlap.org)
  Angeline Saferight Lloyd is a board-certified counselor by the National Board of Certified Counselors; is certified in EMDR (Eye-Movement Desensitization and Reprocessing), a high-efficacy treatment for individuals with post-traumatic stress disorder; and is certified by the International Association of Trauma Professionals as a Certified Clinical Trauma Professional. She understands the links between trauma, substance use, and mental health concerns.

  Ms. Saferight Lloyd has been working in the helping profession since 1999 with various populations and settings. Her professional experience includes providing support and advocacy to victims of violence, general community outpatient mental health therapy, and private practice counseling. Angeline has experience working with patients in inpatient mental health and substance abuse treatment settings in both nonprofit and private settings. Angeline also has provided clinical supervision toward licensure for several counseling residents toward licensure and certification as counselors.

  Ms. Saferight Lloyd earned a Master of Science in Counseling and Human Development in 2005 and a Bachelor of Science degree in Psychology in 1998 from Radford University. She received her licensed Professional Counselor credential in 2010.

  Angeline is a native of Southwest Virginia and was raised on a small family farm in rural Wythe County. She currently resides in central Southwest Virginia.

DEPRESSION AND SUICIDE
How the Legal Profession Is Impacted

Agenda

I. **Why Legal Professionals Should Be Concerned** (about Suicide and Depression)
- Statistics
- Examples
- Ethical and Practice Management Considerations (Why to Seek Help)
- When a Client Threatens Suicide

II. **Depression**:
- Types of Depression
- Warning Signs and Symptoms

III. **Suicide**:
- Prevention
- Myths and Facts
- Paths to Suicide
- Wall of Resistance to Suicide
- Warning Signs and Symptoms

IV. **Question, Persuade, Refer** (Suicide Prevention and Intervention Program: How to approach a colleague who may be experiencing problems with depression or contemplating suicide)
- Tips
- Question
- Persuade
- Refer
- Alternative Program: ALGEE - Assess, Listen, Give (Reassurance and Information); Encourage (Professional Help); Encourage (Self Help)

V. **De-escalation Techniques**

VI. **Evaluating a Mental Health Crisis v. Mental Health Emergency**

VII. **Barriers to Getting Help**

VIII. **Risks Within the Legal Profession** (for Higher Rates of Depression and Suicide)
- Personality Traits
- Professional Facts
- How Law Firms Can Help

IX. **Resilience** (How to Thrive in Practice)

X. **Mental Health Resources** (Where to Seek Help)

DEPRESSION AND SUICIDE
How the Legal Profession Is Impacted
Written Materials

I. Why Legal Professionals Should Be Concerned about Depression and Suicide

A. Statistics

Lawyer well-being studies have consistently pointed to lawyers exhibiting mental health and substance abuse disorders at a higher rate than non-lawyers.

1. Mental Health Disorders:

- In a 2014 VJLAP funded by ALPS and run by the College of William and Mary 14% of Virginia attorneys had been given a mental health diagnosis
- Lawyers are *three times more likely* to have a substance abuse or mental health problem than the general population.

2. Depression:

- 3 to 9 percent of the general population at any given time may be experiencing depression
- Lawyers are 3.6 times more likely to suffer from depression
- In a 2016 study conducted by the ABA/Hazeldon of almost 13,000 attorneys 28% reported problems with depression
- 1 in 3 lawyers are depressed at some point in their legal career
- Lawyers in their first ten years of practice and those working in a private practice have the highest rates of problem drinking and depression.

3. Suicide

- Suicide is the third leading cause of premature death among attorneys and is 54% more likely than in the general population
- 2016 ABA/Hazeldon findings:
    a. 11.5% reported suicidal thoughts during their career
    b. 2.9% reported self-injurious behaviors
    c. 0.7% reported at least one suicide attempt

4. Attorney Ranking In Professions:

- A 2014 Study by the Center for Disease Control rated lawyers as having the fourth highest rate of suicide following doctors, dentists and pharmacists
- In 2020 attorneys were the 10th highest.

B. Examples:

1. Abraham Lincoln:

- Abraham Lincoln suffered from bouts of depression several times in his life (most akin to the current diagnosis of episodes of Major Depressive Disorder; then described as melancholy).
- He experienced multiple losses including the death of his mother, his sister, the death of an early love interest, election losses, marital discord, the death of a child, and the stress of a leading country at war with itself.
- He experienced such severe symptoms that his friends conducted a suicide watch for him. A poem about suicide has been attributed to him.

2. **Martin Luther King, Jr.:**
   - Martin Luther King Jr. suffered from depression. He was a brilliant student, skipped two grades, and began college at age 15. He was reported to have attempted suicide twice in his youth.
   - He is believed to have dealt with major depressive disorder several times during his life. Prior to his assassination his staff had noticed symptoms and had been encouraging him to seek psychiatric services. He felt his opponents would use his condition to discredit him.
3. **Harvard Law Student (January 2021)**
   - Second year Harvard Law School student, age 25, and son of U.S. Representative for Maryland. In the fall semester he was a teaching assistant in a Harvard Law justice course and was civically engaged.
   - He struggled with mental illness and wrote in his farewell note: "Please forgive me. My illness won today."
4. **Kentucky Bar Association Statement (January 2021)**
   - Saddened by the recent passing of Kentucky attorneys by suicide.
   - Recognize that mental health is integral to a lawyer's wellbeing established a page on the website with free mental health resources. Provided National Suicide Prevention Lifeline number and link to KYLAP.
   - State the KBA will continue working to improve mental and physical wellbeing for our members through our Lawyers Advocating Wellness initiative.
5. **Connecticut Lawyer (December 2020)**
   - Killed his wife and himself in Christmas Day murder-suicide.
   - The attorney was a solo practitioner specializing in divorce law, 59 years old, had been practicing for nearly 32 years. His wife, 55, recently tested COVID positive and the attorney was awaiting test results. On Christmas morning, he shot and killed his wife before turning the gun on himself.
   - Colleagues described him as "incredibly competent," "the go-to guy," "laid back," and "always so calm and never seemed upset." The previous day another attorney had talked with him on the phone four times noting that the attorney "was feeling overwhelmed." There was no evidence of familial estrangement. There were no complaints, grievances, or allegations of misconduct against the attorney professionally. A colleague noted "I think the only good thing that comes out of this is that more attorneys will communicate how they are feeling."
   - Read more: https://www.nydailynews.com/news/crime/ny-lawyer-murder-suicide-wife-covid-20201229-nvi3cacfzzd2bo5vozjay6nvqm-story.html
6. **Georgia Lawyer (October 2020)**
   - Columbus assistant district attorney, age 60, died by suicide, during work hours, in his office at the government center. He was married with three children. He was described by colleagues as: "popular and unusually upbeat;" the first to praise "the hard work and skill of those around him;" "extremely positive and always in a good mood;" "professionally, he was beloved;" "a great guy, gregarious, a wonderful colleague;" "never cynical;" always sweet, kind to victims, to opposing counsel, and to defendant."
   - He had switched positions and was working with a fast resolution docket which was designed to resolve minor cases through plea negotiations. That programs office more removed from general court practice and apart from the district attorney's main office.
7. **Missouri Lawyer (October 2020)**
   The attorney was facing a "serious health condition (non-COVID related)" and jumped to his death from an 11th floor balcony.

8. **Virginia Lawyer (July 2020)**
   - Richmond bankruptcy lawyer, owner of a five person firm died by suicide in May 2020 at the age of 47. He was married with two adult children.
   - "Judges and lawyers respected him and recognized him as one of the best attorneys around," a colleague commented. He tutored your lawyers and trained law enforcement officer about their role and limits of their power.
9. **London Lawyer (April 2019)**
   - London intellectual property attorney, age 56, and global chair of international law firm Baker and McKenzie. He was married with two children.
   - In October 2018 he took time off for "medical issues caused by exhaustion," suffered from severe clinical depression, and died while being treated at a Swiss clinic. He went out for a walk, like he did most mornings, and did not return.
10. **Virginia Lawyer (April 2016)**
   - Norfolk Chief Deputy in the City Attorney's Office left work for lunch and did not return. He worked in the City Attorney's Office for 16 years and for more than 20 years prior in private practice.

C. Ethical and Practice Management Considerations (Why Seek Help)

1. **Rules of Professional Conduct:**
   Depression can impair one's performance it is important to also understand ethical considerations toward clients, the profession, colleagues, and yourself.
   - Rule 1.16 (a)(2): A lawyer shall not represent a client or, where representation has commenced, shall withdraw from the representation of a client if:
     ….the lawyer's physical or mental condition materially impairs the lawyer's ability to represent the client
   - Rule 8.3: A lawyer having reliable information that another lawyer has committed a violation of the Rules of Professional Conduct that raises a substantial question as to the lawyer's honesty, trustworthiness or fitness as a lawyer shall inform the appropriate professional authority
   - LEO 1886 and Rule 5.1
     a. Rule 5.1(a): Partners and managers in a law firm have a duty to have in place measures to ensure that lawyers practicing in the firm comply with the RPC.
     b. Rule 5.1(b): Supervising attorney must make reasonable efforts to ensure that a lawyer under his/her supervision complies with the RPC.
     c. Rule 5.1(c): A supervising attorney will be responsible for the subordinate attorney's violation of the RPC, if the supervising attorney directed or ordered the specific conduct; or knew of the specific conduct at a time when its consequences could have been prevented or mitigated, but failed to take remedial action.
2. **Virginia Legal Ethics Opinion 1886**
   - Adopted by the Supreme Court of Virginia, December 15, 2016.
   - Addresses the duties of Supervising Lawyers and Partners in a law firm upon discovering a lawyer in the firm may be impaired.
   - Duty to take remedial measures if a supervisor or partner reasonably believes that a lawyer under their supervision may be suffering from a significant impairment that poses a risk to clients or the general public.
   - The anchor for this opinion is Rule 5.1 of the Virginia Rules of Professional Conduct.
   - The RPC does not explicitly impose any ethical duty for supervising lawyers or partners in a firm to address impairment issues.

- However, Rule 5.1 does require the supervising attorneys and partners to establish appropriate preventative practices and procedures to ensure that *all* lawyers under their supervision comply with the RPC; and make reasonable efforts to ensure that a lawyer under their supervision is acting in compliance with the RPC.
- This means taking reasonable steps to ensure that the impaired lawyer does not breach ethical duties owed to clients of the firm.
- A lawyer's impairment does not excuse the impaired lawyer's failure to comply with the RPC nor will it operate as a defense to a charge of misconduct.
- A lawyer's impairment may be considered as a mitigating factor for purposes of a disciplinary sanction but only if the Respondent attorney can establish by competent medical proof that the impairment was the cause for the misconduct.
- Supervisors and partners in a law firm may have some flexibility in regard to remedial measures depending on the nature, severity of the lawyer's impairment and prognosis for recovery.

3. **Rule 8.3 (d) - Confidentiality Provided (stigma reduction):**
   "This Rule does not require disclosure of information otherwise protected by Rule 1.6 or information gained by a lawyer or judge who is a member of an approved lawyer's assistance program, or who is otherwise cooperating in a particular assistance effort, when such information is obtained for the purposes of fulfilling the recognized objectives of the program."
4. **Civil Immunity**
   "Any person shall be immune from civil liability for, or resulting from, any act, decision, omission, communication, finding, opinion or conclusion made or conducted in connection with the investigation, intervention, counseling or monitoring or a lawyer, judge, paralegal, or other member of the legal profession by "Lawyers Helping Lawyers" (Virginia Judges and Lawyers Assistance Program), a Virginia nonprofit, nonstock corporation dedicated to assisting members of the legal profession engaged in substance abuse or suffering from mental illness, if such act, decision, omission, communication, finding, opinion or conclusion is made or conducted in good faith and without malicious intent."

D. When a Client Threatens Suicide – Rule 1.14 (Client with Impairment)

1. **Rule 1.14 (Client with Impairment)**
   - Provides guidance to a lawyer whose client's physical and financial well-being is at risk of substantial harm due to the client's diminished capacity. When the lawyer "reasonably believes" that such to die by suicide is credible, the lawyer "may take reasonably necessary protective action" on behalf of the client.
   - Neither the Rule nor the Comments specifically address a client's threat of suicide, but the Rule has been interpreted to allow the lawyer to contact the client's family, close friends, mental health care providers, or emergency medical services personnel so that an intervention can be made to save the client from harm.
   - Lawyers who take protective action consistent with Rule 1.14 do not violate Rule 1.6 (Confidentiality of Information) because Rule 1.6(a) permits disclosures which are "impliedly authorized in order to carry out the representation".
   - Lawyers must nonetheless adhere to the requirement of Rule 1.14(c) to reveal otherwise confidential information "only to the extent reasonably necessary to protect the client's interests."
2. **Legal Ethics Opinion 560**
   It is not a violation of the ethical duty of confidentiality for a lawyer to disclose to appropriate authorities a client's stated intention to commit suicide. See LEO 560

II. More about Depression

A. Types of Depression

1. **Situational Depression**
   Depression attributable to identified stressor (death, injury, breakup of relationship, loss of job, etc.)
2. **Dysthymia**
   A long term chronic form that does not disable but keeps one from functioning well or feeling good
3. **Major Depression**
   Manifested by a combination of symptoms and interferes with work, study, sleep, eat. May only occur once but more commonly occurs several times in a lifetime.

B. Signs and Symptoms of Depression

1. **Behavioral**
   - Change in appetite (eating too much or too little).
   - Problems with sleep (insomnia or hypersomnia)
   - Anhedonia (loss of interest in things once found pleasurable)
   - Lethargy
   - Fatigue
   - Agitation (inability to sit still, hand wringing etc.)
   - Retardation of speech or movement
   - Irritability
2. **Thoughts and Feelings**
   - Feelings of hopelessness, helplessness or inappropriate guilt
   - Overwhelming sense of inadequacy
   - Difficulty concentrating
   - Indecisiveness (the small tasks become impossible to accomplish)
   - Memory problems, difficulty concentrating, and being easily distracted
   - Recurring thoughts of death or suicide

III. More about Suicide

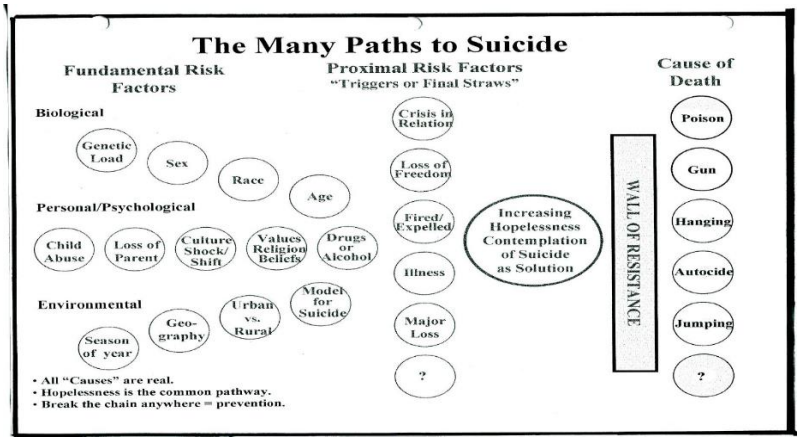
A. Prevention

1. **Overview**
   - There are several different programs and training efforts to aid in prevention of suicide. (QPR, Mental Health First Aid, Ask a Question Save a Life, etc.)
   - All emphasize the importance of **communicating and connecting** with the person you may be concerned about.
   - Remember that asking someone if they are considering suicide does not cause them to become suicidal or 'put the idea in their mind.'
   - People are most often relieved when someone checks in with them or asks them about suicidal thoughts.
2. **Question, Persuade, Refer (QPR)**
   - QPR is a prevention program for the general populous.
   - QPR is not intended to be a form of counseling or treatment
   - QPR is intended to offer hope through positive action.

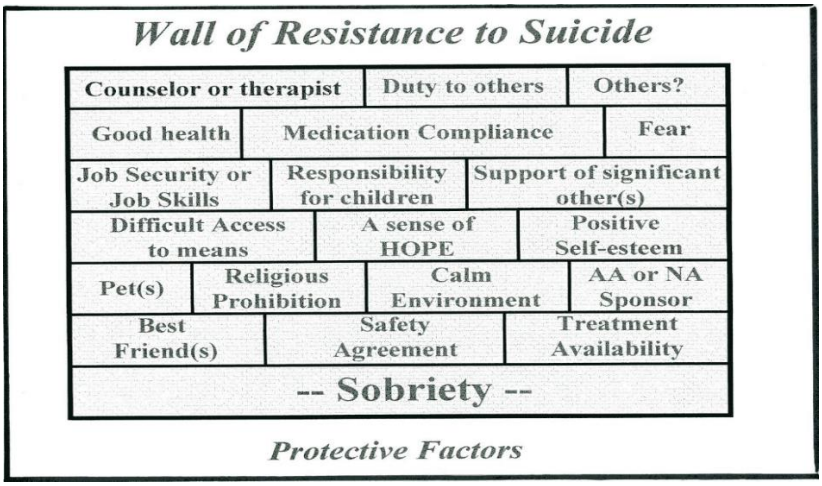
B. Suicide Myths and Facts

Myth	Fact
No one can stop a suicide, it is inevitable.	If people in a crisis get the help they need, they will probably never be suicidal again.
Confronting a person about suicide will only make them angry and increase the risk of suicide.	Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.
Only experts can prevent suicide.	Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide
Suicidal people keep their plans to themselves.	Most suicidal people communicate their intent sometime during the week preceding their attempt.
Those who talk about suicide don't do it.	People who talk about suicide may try, or even complete, an act of self-destruction.
Once a person decides to complete suicide, there is nothing anyone can do to stop them.	Suicide is the most preventable kind of death, and almost any positive action may save a life.

C. Paths to Suicide



D. Wall of Resistance to Suicide



E. Warning Signs and Symptoms of Suicide

1. **Direct Verbal Cues**
   - "I've decided to kill myself."
   - "I wish I were dead."
   - "I'm going to commit suicide."
   - "I'm going to end it all."
   - "If (such and such) doesn't happen, I'll kill myself."
   - "I'm tired of life, I just can't go on."
   - "My family would be better off without me."
   - "Who cares if I'm dead anyway."
   - "I just want out."
   - "I won't be around much longer."
   - "Pretty soon you won't have to worry about me."
   - "Nothing matters anymore,"
   - "You'll be better off without me,"
   - "Life isn't worth living"
2. **Behavioral Changes**
   - Dramatic changes in personality, mood and/or behavior
   - Withdrawal from friends, family, and normal activities
   - Increased drug or alcohol use
   - Talking as if they're saying goodbye or going away forever
   - Sense of utter hopelessness/helplessness
   - Giving away personal possessions
   - Taking steps to tie up loose ends, like organizing personal papers or paying off debts
   - Making or changing a will
   - Stockpiling pills or obtaining a weapon
   - Preoccupation with death
   - Sudden cheerfulness or calm after a period of despondency

IV. Question, Persuade, Refer (QPR) for Suicide Prevention

A. QPR Tips

1. Say: "I want you to live," or "I'm on your side...we'll get through this."
2. Get Others Involved. Ask the person who else might help. Family? Friends? Brothers? Sisters? Pastors? Priest? Rabbi? Bishop? Physician?
3. Join a Team. Offer to work with clergy, therapists, psychiatrists or whomever is going to provide the counseling or treatment.
4. Follow up with a visit, a phone call or a card, and in whatever way feels comfortable to you, let the person know you care about what happens to them. Caring may save a life.
5. A suicide threat or attempt is a medical emergency requiring professional help ASAP!!!

B. Question

Asking the Person about Whom You Are Concerned

1. **Tips:**
   - If in doubt, don't wait, ask the question
   - If the person is reluctant, be persistent
   - Talk to the person alone in a private setting
   - Allow the person to talk freely
   - Give yourself plenty of time
   - Have your resources handy; QPR Card, phone numbers, counselor's name and any other information that might help

   Remember: *How* you ask the question is less important than that you ask it
2. **Less Direct Approach**
   - "Have you been unhappy lately?
   - "Have you been very unhappy lately?"
   - "Have you been so very unhappy lately that you've been thinking about ending your life?"
   - "Do you ever wish you could go to sleep and never wake up?"
3. **Direct Approach**
   - "You know, when people are as upset as you seem to be, they sometimes wish they were dead. I'm wondering if you're feeling that way, too."
   - "You look pretty miserable, I wonder if you're thinking about suicide?"
   - "Are you thinking about killing yourself?"

   NOTE: If you cannot ask the question, find someone who can.

C. Persuade

1. **Tips**
   - Listen to the problem and give them your full attention
   - Remember, suicide is not the problem, only the solution to a perceived insoluble problem
   - Do not rush to judgment
   - Offer hope in any form
2. **Ask:**
   - "Will you go with me to get help?"
   - "Will you let me help you get help?"
   - "Will you promise me not to kill yourself until we've found some help?"

   Your willingness to listen and to help can rekindle hope and make all the difference

3. Dos and Don'ts of Asking and Persuading:

Things To Do	Things Not To Do
Listen, express concern, reassure. Focus on being understanding, caring and nonjudgmental, saying something like: "You are not alone. I'm here for you" "I may not be able to understand exactly how you feel, but I care about you and want to help" "I'm concerned about you and I want you to know there is help available to get you through this" "You are important to me; we will get through this together" Ask open-ended questions Use hopeful and first person language	Promise secrecy. Say instead: "I care about you too much to keep this kind of secret. You need help and I'm here to help you get it." Give advice. Debate the value of living or argue that suicide is right or wrong. This is not the time to judge the other person. They need your help and they need hope. Ask in a way that indicates you want "No" for an answer "You're not thinking about suicide, are you?" "You haven't been throwing up to lose weight, have you?" Try to handle the situation alone Try to single-handedly resolve the situation Say: "We all go through tough times like these. You'll be fine." "It's all in your head. Just snap out of it."

D. Refer

1. Suicidal people often believe they cannot be helped, so you may have to do more.
2. The best referral involves taking the person directly to someone who can help.
3. The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.
4. The third best referral is to give referral information and try to get a good faith commitment not to complete or attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome.
5. A suicide threat or attempt is a medical emergency requiring professional help ASAP

V. De-escalation Techniques

De-escalation Techniques:
If agitation increases after preventive measures, attempt to de-escalate the situation:

Remove the aversive stimuli	Move slowly
Keep your voice calm	Offer options instead of trying to take control
Avoid overreacting	Avoid touching the person unless you ask permission
Listen to the person	Be patient
Express support and concern	Gently announce actions before initiating them
Avoid continuous eye contact	Give them space, don't make them feel trapped
Ask how you can help	Don't make judgmental comments
Keep stimulation level low	Don't argue or try to reason with the person

VI. Evaluating a Mental Health Crisis v. a Mental Health Emergency

A. Distinguishing between a Crisis and an Emergency

Mental Health Crisis	Mental Health Emergency
Talking about suicide Talking about threatening behavior Self-injury that does not need immediate medical attention Alcohol or substance abuse Highly erratic or unusual behavior Eating disorders Not taking prescribed psychiatric medications Being emotionally distraught, very depressed, angry, anxious, irritable Paranoid thinking	Active assault Plan/Acting on a suicide threat Self-injury requiring immediate medical attention Throwing or breaking things Belligerent, hostile, or threatening behavior Loud, aggressive speech Severe impairment by drugs or alcohol Highly erratic or unusual behavior indicating unpredictability to safely care for self

B. Mental Health Emergencies

1. Contact your local crisis hotline or The National Suicide Prevention Line. This hotline provides free, confidential support 24/7 to people in distress across the United States. Call 1-800-273-TALK (8255) for support.
2. Call 911
3. Remember, efforts to help a suicidal person are usually met with relief. Do not be worried about a person becoming angry with you for interfering with them. If someone becomes angry, at least they have survived the crisis...and you have saved a life.

VII. Barriers to Getting Help

A. Statistics

1. In the United States, only 41% of the people who had a mental disorder in the past year received professional health care or other services.
2. 38% would prefer to manage the problem themselves
3. 18% do not believe the conditions can improve
4. 17% did not know where to obtain assistance
5. 14% were worried about what others would think

B. Stigma

Causes people to isolate themselves; begin to believe the negative things they *think* other people are saying.

C. Fear

1. Privacy and confidentiality
2. Reputation
3. Client confidence
4. Board of Bar Examiners

VIII. Risk within the Legal Profession

Personality Traits	Professional Factors
Perfectionist	Time constraints and deadlines
Compulsive	High stakes involved, including loss of property, freedom, or even life
Ability to delay gratification	High expectations of expertise
Workaholics	Constant scrutiny
Adversarial Gamesmanship	critical judgment of work by opposing counsel, judges and sometimes our supervisors
Tendency to assume the client's burden	Demise of professional cordiality and camaraderie
Thinking rather than feeling	
Emotional issues and interpersonal relationships tend to have lower priority than vocational concerns	
Tend to Display traditional masculine traits such as being argumentative, competitive, aggressive and dominant which leads to increase the likelihood of social isolation	

IX. Resilience

A. Definition

1. One's ability to survive and thrive when faced with many difficult stressors.
2. It is 100% percent learned and can easily be built up with training.
3. We can practice resiliency thru having meaningful relationships with others (e.g., children, spouses, family members, friends).
4. Confidence building over time grows resilience.
5. It involves learning to accept the tension between work and carving out time to decompress. There is no magical moment when this happens, it is a practice.
   - Lawyers often feel guilty for taking time for themselves.
   - Your needs will change based on what is going on (e.g., the night before trial, "me time" may seem selfish or be impossible).
   - Find small reasonable ways to manage.
   - Often waking outside or to lunch if possible is enough to reset and continue working.
6. Acknowledgement and not ignoring is key.
7. Self-care actually *helps* to become more resilient and able to manage stressful situations or cases easier than just "grinding through."
8. Each person has different needs of how much self-care is needed. The key is to understand *your* needs for self-care.

B. Resilience Skills

1. Build the type of confidence that grows resilience:
   - Successfully navigating challenges gives you a template to manage further adversity.
   - You can capitalize on small successes or through observational experiences and witnessing someone overcome difficult situations.
   - C.f., Not experiencing a hardship actually lessens your ability to be resilience.
2. Cross-examine and reframe your own thinking:
   - Seek to understand where you can have a measure of control and influence in a situation versus hyper-focusing on what you cannot control or influence.
   - Use measurable and specific evidence to support the accuracy of your thoughts.
   - Try to avoid black-and-white, all-or-nothing thinking.
   - Think about would you tell a friend or colleague in the same situation (we often give better advice to others than what we do to ourselves).
3. Avoid perfectionism.
   - Yes, difficult to do; but this thought pattern and expectation is associated with being internally-focused and self-oriented (as opposed to having strong connection with others), egocentric, and having negative personal outcomes.
   - "Perfectionists" generally have higher levels of anxiety, burnout, substance use, and unhealthy coping skills/habits.
4. *Avoid* thinking "what will others think about _____?" These are unproductive thoughts. You have no control over what others think of you, and these worries lead to increased anxiety, stress, and perfectionism.

X. Mental Health Resources

- The Virginia Judges and Lawyers Assistance Program
- The National Suicide Prevention Line. This hotline provides free, confidential support 24/7 to people in distress across the United States. Call 1-800-273-TALK (8255) for support.
- The SAMHSA Helpline. SAMHSA's National Helpline is a free, confidential information service that provides treatment and support referrals 24/7 to people facing mental illness and addictions. Call 1-800-662-HELP (4357) for support.
- Crisis Text Line. Crisis Text Line provides free, confidential support via text message 24/7 to those in crisis situations. Text HOME to 741741 for support.
- The Trevor Project. The Trevor Project provides free, confidential support 24/7 to LGBTQ youth via a helpline, text and online instant messaging system. Call 1-866-488-7386 for support.
- The Veterans Crisis Line. The Veterans Crisis line provides free, confidential support 24/7 to veterans, all service members and their family and friends in times of need. Call 1-800-273-8255 and press 1 or text 838255 for support.