**Depression and the Legal Industry:**

**How to identify, intervene, and/or prevent depression in yourself and others**

2021 CLE for the Virginia Judges and Lawyers Assistance Program

VJLAP 17th Annual Fall Retreat

September 17-18, 2021

**Summary**

This program provides a comprehensive review of depression in the legal industry, (i) rates; (ii) contributing (risk) factors to these high rates; (iii) signs and symptoms (hallmarks); (iv) interventions; and (v) daily practices to prevent mood disorders. . It reviews how depression increases an individual’s risks for attempting or dying by suicide and how the suicide rate in the legal profession is disproportionately high compared to most professions and the general population.

**Presenter Biography**

Dr. Kevin Miller provides psychiatric evaluation and individual therapy to adults of all ages, with a particular specialty in working with public servants (e.g., legislators, the military, law enforcement, the legal profession, and other government employees.

He has extensive experience working with mood and anxiety disorders, including depression, bipolar disorders, generalized anxiety, panic disorder, specific phobias, and post-traumatic stress disorder (PTSD).  He also has extensive experience addressing relationship difficulties, including marital, dating, family, and workplace relationships. Dr. Miller uses an integrative therapeutic style, incorporating existential psychology; psychodynamic, humanistic, and cognitive behavioral theory; continental philosophy; and, spirituality.

A Navy veteran with 12 years of active duty and reserves service, Dr. Miller has served as a psychologist for the U.S. military in Japan, Germany and across the United States.  He is also a veteran of Operation Enduring Freedom in Afghanistan.  While in the military, Dr. Miller earned numerous awards, including multiple Navy and Marine Corps Achievement Medals.

Dr. Miller received his Doctorate in Clinical Psychology from William James College (Boston, MA) and his bachelor’s degree in Psychology from College of the Holy Cross (Worcester, MA).  He has interned with the [United States Navy](https://www.navy.com/careers/clinical-psychology), as well as [Harvard Medical School](https://psych.hms.harvard.edu/)’s Department of Psychiatry and Boston’s [Lemuel Shattuck Hospital](https://www.mass.gov/locations/lemuel-shattuck-hospital).

In addition to his clinical work, Dr. Miller is an instructor at the Washington, D.C., campus of the Chicago School of Professional Psychology.  He has published and presented on a variety of topics, including treatment efficacy, depression, traumatic stress, military operational psychology, interventions for personality disorders, crisis intervention, hypnotherapy, aggression in youth, and suicide prevention.

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**Agenda**

1. **Introduction**
* Introduction: Introduce the topic, outline, and bio of the presenter
1. **Overview of Depression**
* Overview of Depression
	+ Clinical Definition
	+ Symptoms
	+ Prevalence in the general population and legal industry
* Overview Part I: Biological Factors
* Overview Part II: Psychological Factors
* Overview Part III: Social and Environmental Factors
1. **Occupational Risks of Practicing Law**
* Legal Industry Part I: Emotional Factors
* Legal Industry Part I: Emotional Factors
* Legal Industry Part II: Cognitive Factors
* Legal Industry Part III: Character and Personality Factors
* Legal Industry Part IV: Environmental Factors
* Legal Industry Part V: Behavioral Factors
1. **Hallmarks of Depression**
* Cognitive symptoms
* Emotional symptoms, e.g., feelings, dissociative symptoms, and lability
* Behavioral symptoms, e.g., maladaptive behaviors, deficiencies in self-care, workplace problems, relational problems, and other social problems
* Physiological symptoms, e.g., fatigue, sleep dysfunction, deficiencies in executive functioning, weight gain/loss, chronic pain, somatization
1. **Interventions for Depression**
* Interventions Part I: Fundamentals and Distinctions
* Interventions Part II: Formal Interventions (Interactive)
* Interventions Part III: Formal Interventions (Medications)
* Interventions Part IV: Informal Interventions
* Interventions Part V: Interventions Efficacy for Lawyers with Depression
1. **Suicide and Suicide Prevention**
2. **Prevention of Mood Disorders in Everyday Life**
3. **Additional Resources**

**Depression and the Legal Industry:**

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**Written Materials**

**Introduction**

* Introduction: Introduce the topic, outline, and bio of the presenter (Slide 1-2)

**Overview of Depression**

* **Overview of Depression** – provide a qualitative description of depression, how this impacts the legal community. The distinction between clinical depression and non-clinical sadness, “blues,” grieving, etc.
	+ **Situational Depression:** Depression attributable to identified stressor (death, injury, breakup of relationship, loss of job, etc.)
	+ **Dysthymia:** A long term chronic form that does not disable but keeps one from functioning well or feeling good
	+ **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.
* **Mental health disorders in the legal profession**:
	+ 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.
* **Prevalence of depression in the legal population** – present details and related statistics on the occurrence of 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.
* **Prevalence of suicide in the legal profession**:
* 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:
	+ - 1. 11.5% reported suicidal thoughts during their career
			2. 2.9% reported self-injurious behaviors
			3. 0.7% reported at least one suicide attempt
	+ 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.
* Discuss cultural, geographic, and demographic factors in the prevalence of depression
* **ALM’s Mental Health and Substance Abuse Survey (2020)**
* 74% said the legal profession has had a negative effect on their mental health over time;
* 56% of respondents said mental health problems and substance abuse are worse in the legal industry than in other industries;
* 41% of respondents said mental health problems and substance abuse are at a crisis level in the legal industry;
* 17.9% of respondents said they have contemplated suicide during their professional legal career;
* 31.2% of respondents said they are depressed;
* 64% of respondents said they have anxiety;
* 10.1% of respondents said they have an alcohol problem; and
* 2.8% of respondents said they have a drug problem.

**Overview Part I: Biological Factors - generally**

* Etiological and Predisposing factors – describe the biological contributants to depression, including neurochemistry, genetics, and physical anomalies (slide 3)

**Overview Part II: Psychological Factors - generally**

* Etiological and Predisposing factors – describe the psychological contributants to depression, including personality, characterological, cognitive, emotional, and behavioral factors, as well as comorbid disorders (slides 4)

**Overview Part III: Social and Environmental Factors - generally**

* Etiological and Predisposing factors – describe the social and environmental contributants to depression, including familial, relational, occupational, financial, trauma-related, and other circumstantial factors (slide 5)

**Occupational Risks of Practicing Law**

**Overview:**

* There are certain traits of the profession that put members of the legal profession at a higher rate of risk for developing problematic drinking patterns. Below is a summary of those as presented in The Virginia State Bar President’s Special Committee on Lawyer Well-Being, *The Occupational Risks of the Practice of Law.*
* The VSB Report for each risk detailed (i) the potential effects of the risk; (ii) practice pointers for individuals; and (iii) practice pointers for organizations.
* The VSB Report described the problem, noting that "law practice and legal education are inherently competitive, discouraging help-seeking behavior as an admission of weakness and incentivizing lawyers to wear a confident façade despite suffering wellness issues."

**Legal Industry Part I: Emotional Factors**

* Discuss factors disproportionately common in the legal industry which are conducive to depression,

**Legal Industry Part I: Emotional Factors**

* Discuss emotional factors common in the legal industry such as work stress, anxiety, conflictual/antagonistic nature of work, exposure to traumatic events/material, moral injury (slide 6)
* **Mental & Emotional Risks** – conditions of law practice that harm psychological well-being (*The Occupational Risks of the Practice of Law*, The Virginia State Bar, 2019)
	+ **Adversarial Nature of Work:** The adversarial nature of the legal profession promotes feelings of anger, guilt, and fear that can lead to depression and chronic stress.
	+ **Individual Work:** The individual nature of a lawyer's profession can lead to feelings of isolation. In fact, legal work in general has been considered the loneliest kind of work. Lonely lawyers face a host of health-related risks and impairments, perform poorly, change jobs frequently, and experience greater job dissatisfaction.
	+ **Professional Demands:** The practice of law is a demanding one, and the pressure lawyers face from clients, employers, and the judiciary contribute to virtually every risk outlined in this matrix, along with their incident effects and symptoms.
	+ **Vicarious Trauma and Managing Others' Problems:** Prolonged exposure to our clients' legal problems and dilemmas can be mentally and physically stressful, exhausting and debilitating.
	+ **The Duty of Confidentiality:** Ethical adherence to the duty of confidentiality can cause lawyers to feel isolated, delay necessary case-related tasks, and exacerbate the existing disincentives to seek help.
	+ **Educational Debt:** Law school debt is debilitating. Most law students take out significant debt with the unrealistic and unlikely expectation that they will land a high-paying job. As a result, many will be saddled with crushing monthly payments for the foreseeable future, contributing significantly to overall feelings of stress, anxiety, and disenfranchisement with the profession.
	+ **Business Management of the Practice of Law:** Managing the business component of the practice of law is stressful. New lawyers largely enter practice without any formal financial education, contributing to financial stress.
	+ **The Need to Display Confidence and Conceal Vulnerability:** Law practice and legal education are inherently competitive, discouraging help-seeking behavior as an admission of weakness and incentivizing lawyers to wear a confident façade despite suffering wellness issues.

**Legal Industry Part II: Cognitive Factors**

* Discuss cognitive factors common in the legal industry such as rumination, occupational dissatisfaction, self-evaluation/social comparison, risk-aversion, catastrophizing (slide 7)
* **Self-Actualization Risks** – those that prevent lawyers from flourishing or reaching a state of contentment between their professional, social, and personal lives (*The Occupational Risks of the Practice of Law*, The Virginia State Bar, 2019)
	+ **Losing Control of Professional Destiny:** Becoming trapped in a particular area of law or type of legal employment the lawyer does not enjoy is at best unfulfilling and at worst actively detrimental to a lawyer's health and well-being.
	+ **Values Conflict with Client or Practice Setting:** Lawyers carrying out instructions or practicing in a subject area contrary to their personal beliefs experience cognitive dissonance that can harm not only their practices, but also their sense of personal integrity.
	+ **The Expectations-Reality Gap in Law Practice:** Many people enter law school with certain expectations about life as an attorney, only to have those expectations disappointed by practical realities, resulting in career regret and a sense of feeling trapped.

**Legal Industry Part III: Character and Personality Factors**

* Discuss the character and personality factors common in the legal industry such as personality/identity-development factors, perfectionism, obsessive-compulsive traits (slide 8)
	+ Adversarial nature fosters stress response
	+ Tremendous fear of being perceived as weak by others
	+ Fear of being taken advantage of if perceived to be weak
	+ Competition creates stress
	+ Expectations of clients are unrealistic
	+ Decline of professionalism, collegiality: “dog eat dog” mentality
	+ Frustration of long, drawn out struggle with no clear victory
	+ Inability to separate professional from personal life
	+ Overachievers/Competitive
	+ Perfectionists: Organization, details, fear of malpractice
	+ Compartmentalized: Helps with focus but dangers relationships
	+ Independent: Taught that we can think our way out of any situation
	+ Work-focused: Limited or zero concept of “enough is enough”
	+ Risk Adverse
	+ Externally motivated: Directed towards external rewards (e.g., money, honors, avoidance of guilt or fear, or pleasing/impressing others)
	+ (*The Occupational Risks of the Practice of Law*, The Virginia State Bar, 2019)

**Legal Industry Part IV: Environmental Factors**

* Discuss environmental factors common in the legal industry such as debt and intersection with phase of life, risk as a function of work, bureaucracy and regulation, technological advance as obstacle, office-bound nature of work (slide 9)
* **Physical Risks** – those that directly affect a lawyer’s bodily health (*The Occupational Risks of the Practice of Law*, The Virginia State Bar, 2019)
	+ **Sedentary Nature of Work:** Lawyers spend most working hours (and off-hours) in the seated position. Mounting evidence suggests that prolonged sitting can be as serious an issue as obesity and smoking, and can pose serious health risks, including an elevated risk of mortality.
	+ **Managing Long and Unusual Hours:** The competing demands of clients, employers, and the judiciary take a toll on a lawyer's time and energy. The result is a profession characterized by long and unusual working hours that can lead to stress, exhaustion and, ultimately, burnout.
	+ **Sleep Deprivation:** The nature and stressors associated with a lawyer's work upset sleep, making legal professionals among the most sleep-deprived in the work force. Too little sleep poses dire health consequences, the effects of which can lead to increased risk of illness and physical injury. Sleep deprivation can also lead to a lapse in judgment, affecting a lawyer's representation of clients and increasing malpractice risk.
	+ **Working Indoors:** A lawyer's indoor working environment disrupts the circadian rhythm, leads to vitamin deficiencies, and may contribute to Seasonal Affective Disorder (SAD).
	+ **Aging of Lawyers:** As lawyers age, our mental and physical capacities decline, creating risks to ourselves, our firms, and our clients. At the same time, other lawyers and legal employers should recognize that aging affects each individual differently, and age is not a litmus test for legal capacity.

**Legal Industry Part V: Behavioral Factors**

* Discuss behavioral factors common in the legal industry such sleep, diet, exercise, substance use (slide 10)
* **Adaptation Risks** – related to the changing nature of law practice in the twenty-first century (*The Occupational Risks of the Practice of Law*, The Virginia State Bar, 2019)
	+ **Changing Legal Paradigms:** The nature of law practice has changed dramatically since the digital revolution, with wildly fluctuating market conditions, new business models, and evolving technologies making adaptation challenging, but necessary.
	+ **Technology Addiction:** Ever-connected lawyers who feel obligated to be available at all hours experience reduced attention span and productivity, harm to personal relationships, and risk revealing confidential information through sloppy data use.
	+ **Lack of Diversity in the Legal Profession:** Diverse and inclusive working environments foster lawyer wellness. A lack of diversity, however, can lead to isolation, a sense of exclusion, and ultimately poor performance and a lack of autonomy.
	+ **External Pressures on Lawyer Independence:** Economic pressures and changing market dynamics, such as the rise of alternative legal business structures and attorney-client matching services (ACMSs), are incentivizing attorneys to compromise their independence, risking professional sanction and harm to the rule of law.

**Summary:**

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| **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  |  |

**Hallmarks of Depression**

* Identifying Depression and the Hallmarks of the Depression – discuss common cognitive symptoms, e.g., thoughts (slide 11)
* Identifying Depression and the Hallmarks of the Depression – discuss common emotional symptoms, e.g., feelings, dissociative symptoms, and lability
* Identifying Depression and the Hallmarks of the Depression – discuss common behavioral symptoms, e.g., maladaptive behaviors, deficiencies in self-care, workplace problems, relational problems, and other social problems
* Identifying Depression and the Hallmarks of the Depression – discuss common physiological symptoms, e.g., fatigue, sleep dysfunction, deficiencies in executive functioning, weight gain/loss, chronic pain, somatization
* **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
	+ Behavioral changes indicating higher risk for suicide
		1. Dramatic changes in personality, mood and/or behavior
		2. Withdrawal from friends, family, and normal activities
		3. Increased drug or alcohol use
		4. Talking as if they’re saying goodbye or going away forever
		5. Sense of utter hopelessness/helplessness
		6. Giving away personal possessions
		7. Taking steps to tie up loose ends, like organizing personal papers or paying off debts
		8. Making or changing a will
		9. Stockpiling pills or obtaining a weapon
		10. Preoccupation with death
		11. Sudden cheerfulness or calm after a period of despondency
* **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
	+ Cues indicating higher risk for suicide:
		1. “I’ve decided to kill myself.”
		2. “I wish I were dead.”
		3. “I’m going to commit suicide.”
		4. “I’m going to end it all.”
		5. “If (such and such) doesn’t happen, I’ll kill
		 myself.”
		6. “I’m tired of life, I just can’t go on.”
		7. “My family would be better off without me.”
		8. “Who cares if I’m dead anyway.”
		9. “I just want out.”
		10. “I won’t be around much longer.”
		11. “Pretty soon you won’t have to worry about
		 me.”
		12. “Nothing matters anymore,”
		13. “You’ll be better off without me,”
		14. “Life isn’t worth living”

**Interventions for Depression**

**Interventions Part I: Fundamentals and Distinctions**

* Interventions for Depression – discuss the distinction between Informal (peer-to-peer) and Formal (clinical) Interventions (slide 12)

**Interventions Part II: Formal Interventions (Interactive)**

* Formal Interventions for Depression – Therapy – discuss the nature of psychotherapy, the types of therapists, and the difference between therapy providers and pharmacologic providers (slide 13)

**Interventions Part III: Formal Interventions (Pharmacological)**

* Formal Interventions for Depression – Pharmacologic (Medications) – describe the venues in which pharmacologic interventions are provided, discuss what to expect, discuss the benefits and risks (slide 14)

**Interventions Part IV: Informal Interventions**

* Informal Interventions for Depression – discuss how to approach colleagues, what to suggest/offer, and the importance of informal intervention (slide 15)

**Interventions Part V: Interventions Efficacy for Lawyers with Depression**

* Formal Interventions for Depression – Outcome Data – provide information about the efficacy of treatment for lawyers and depression

**Tips for a Mental Health Check-in:**

* + Say: “I’m on your side...we’ll get through this.”
	+ Get Others Involved. Ask the person who else might help. Family? Friends? Brothers? Sisters? Pastors? Priest? Rabbi? Bishop? Physician?
	+ Join a Team. Offer to work with clergy, therapists, psychiatrists or whomever is going to provide the counseling or treatment.
	+ 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.
	+ A suicide threat or attempt is a medical emergency requiring professional help ASAP!!!

**Tips for Offering Reassurance:**

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| **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 questionsUse 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 aloneTry to single-handedly resolve the situationSay: “We all go through tough times like these. You’ll be fine.” “It’s all in your head. Just snap out of it.” |

**Tips for Referral for Assistance:**

* The best referral involves taking the person directly to someone who can help.
* The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.
* 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.
* A suicide threat or attempt is a medical emergency requiring professional help ASAP

**Suicide and Suicide Prevention**

* Distinguish between suicide attempt and suicide completion (slide 16)
* Discuss the prevalence of suicide among individuals with depression and lawyers
* Identify high risk lawyers and related warning signs
* Provide information about acute, emergency, and suicide prevention resources
* **Debunking myths about suicide**

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| **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. |

**Prevention of Mood Disorders in Everyday Life**

* **Prevention of Mood Disorders in Everyday Life** – discuss practical strategies for preventing the onset of a mood disorder, including depression, including strategies particularly important for/ relevant to the legal industry, including sleep, exercise, diet, mindfulness, hobby-development, attention to family, and setting boundaries in the workplace (slide 17)
* **Building Resilience**
* One’s ability to survive and thrive when faced with many difficult stressors.
* It is 100% percent learned and can easily be built up with training.
* We can practice resiliency thru having meaningful relationships with others (e.g., children, spouses, family members, friends).
* Confidence building over time grows resilience.
* 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.
1. Lawyers often feel guilty for taking time for themselves.
2. Your needs will change based on what is going on (e.g., the night before trial, “me time” may seem selfish or be impossible).
3. Find small reasonable ways to manage.
4. Often waking outside or to lunch if possible is enough to reset and continue working.
* Acknowledgement and not ignoring is key.
* Self-care actually *helps* to become more resilient and able to manage stressful situations or cases easier than just “grinding through.”
* Each person has different needs of how much self-care is needed. The key is to understand *your* needs for self-care.
* **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.
* **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).
	+ **Avoid perfectionism**.
	+ 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.
	+ *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.

**Additional Resources**

* Additional Resources – provide literary, online, and brick-and-mortar resources/locations for further information and support (slide 18)
* [The Virginia Judges and Lawyers Assistance Program](http://www.vjlap.org)

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* [The National Suicide Prevention Line](https://suicidepreventionlifeline.org/). 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](https://www.samhsa.gov/find-help/national-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.](https://www.crisistextline.org/) 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](https://www.thetrevorproject.org/). 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](https://www.veteranscrisisline.net/). 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.

**Contact Information**

Dr. Kevin Miller

Licensed Clinical Psychologist

American Psychological Services

www.AmericanPsychServices.com

202-360-1754

kevinmiller@AmericanPsychServices.com