



PROGRAM MATERIALS

Program #35108

August 5, 2025

Intervention Strategies for Helping Legal Professionals - A 2025 Update

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Intervention Strategies for Helping Legal Professionals



MAKE THE CALL TO SAVE A CAREER OR POSSIBLY A LIFE.

LAWYERS CONCERNED FOR LAWYERS OF PENNSYLVANIA, INC.

LAURIE J. BESDEN, ESQ.
EXECUTIVE DIRECTOR, LCL-PA., INC.
LAURIE@LCLPA.ORG

WWW.LCLPA.ORG (FOR LAWYERS)
1-888-999-1941

WWW.JCJPA.ORG (FOR JUDGES)
1-888-999-9706

What Does LCL Offer?

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- Free information and literature
- Free evaluation by a healthcare professional
- Free assistance with interventions
- Peer support (a network of 357 volunteers)
- Lawyers/Judges-only support groups (including a weekly meditation zoom meeting)
- LCL staff support

All of our services are 24/7, free, confidential, non-judgmental, and non-obligatory.

A heartbeat in the legal profession

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2024 LCL/JCJ

- 74% of all requests for assistance = MH
- 22% of all requests were law students (5% of the population we serve)
- Top presenting issues: stress (25%), alcohol (20%), anxiety (12%) depression (8%)
- Lawyers (50%), law students (22%), family members (10%), judges (10%), other (8%)
- Interventions – 26%
- Self-referral 74%



Scary Statistics

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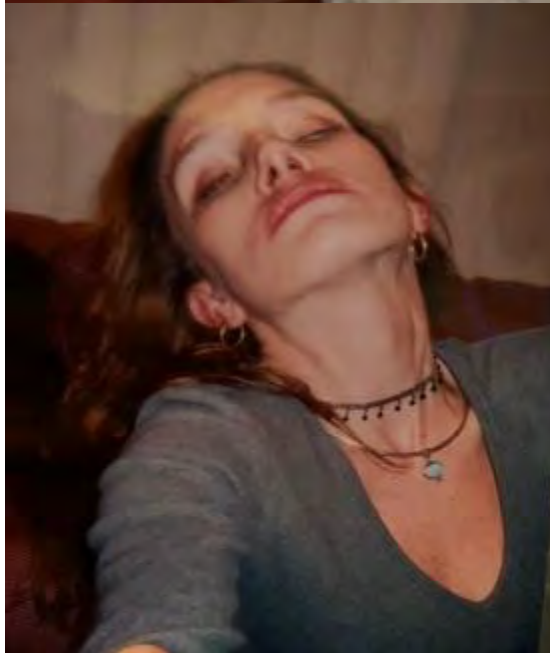
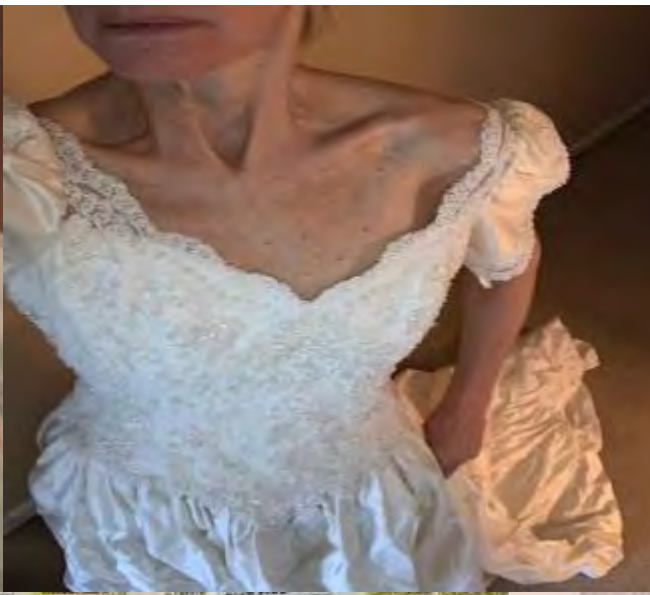
Up to **28%** of working legal professionals suffer from some form of depression. This is 3-4 times higher than the general population.

MY STORY...



- ✓ We all have a “carfax.”
- ✓ We all know someone (personally) that has struggled with substance use/mental health.
- ✓ The more we talk about it, the more we normalize 'the ask' for help.
- ✓ Without help, people are losing their lives.
- ✓ Be their voice. Be their strength. You may be the only one with the courage to do so.
- ✓ People like me get sober/well/better because of consequences and the gift of desperation.













Patti Bednarik

November 20, 2012 · Harrisburg · 🧑

...

Do you know how uncomfortable it is fundraising for a cause and asking people that you know for money? Well let me tell you, that is nothing compared to the situation that I'm in. I'm in desperate need of kidney. Most folks have two and both of mine are failing due to a disease called PKD. I've put this off for as long as I possibly can but my kidney function is down to 15% and I need a kidney to live and I need it soon. If you are willing to be tested to see if you are a potential donor for me, please contact me or Angela Barber at UPMC Transplant Center 412 647-5489 to find out more information. If you are willing to be tested to be my donor but you don't want to be placed on a general donor list, that is easily do-able. Making this request is one of the hardest things that I've had to do but I don't have options. I know that this is asking a lot but please consider this...and have a happy Thanksgiving!~ Patti Bednarik





THE SUPREME COURT OF PENNSYLVANIA
PENNSYLVANIA JUDICIAL CENTER
333 MARKET STREET, 15TH FLOOR
HARRISBURG, PA 17101
(717) 781-1000

THOMAS G. SAYLOR
JUDGE

November 6, 2019

Board of Pardons
333 Market Street, 15th Floor
Harrisburg, PA 17101

Dear Honorable Members of the Board of Pardons:

I write in support of the application of Laurie Besden for a gubernatorial pardon. I cannot imagine a more deserving applicant. Since achieving sobriety, she has devoted her life, both professional and personal, to serving others. She is the embodiment of successful rehabilitation, turning her own life around and then working tirelessly and selflessly to help others do the same.

Beginning in 2011, Laurie has worked for Lawyers Concerned for Lawyers of Pennsylvania (LCL), serving as executive director since 2015. As Chief Justice of Pennsylvania, I am closely familiar with the important work of that organization. By helping lawyers and judges address substance abuse and mental health problems, LCL provides enormous benefit to our judicial system, the legal profession, and society at large. Under Laurie's leadership, LCL now reaches more and more lawyers and judges before their problems spiral out of control, saving lives, protecting the public, and reducing the burden on our disciplinary bodies. For so many lawyers and judges, she is truly a steady hand in rough seas.

In sum, I support Laurie's pardon application without qualification.

Sincerely,

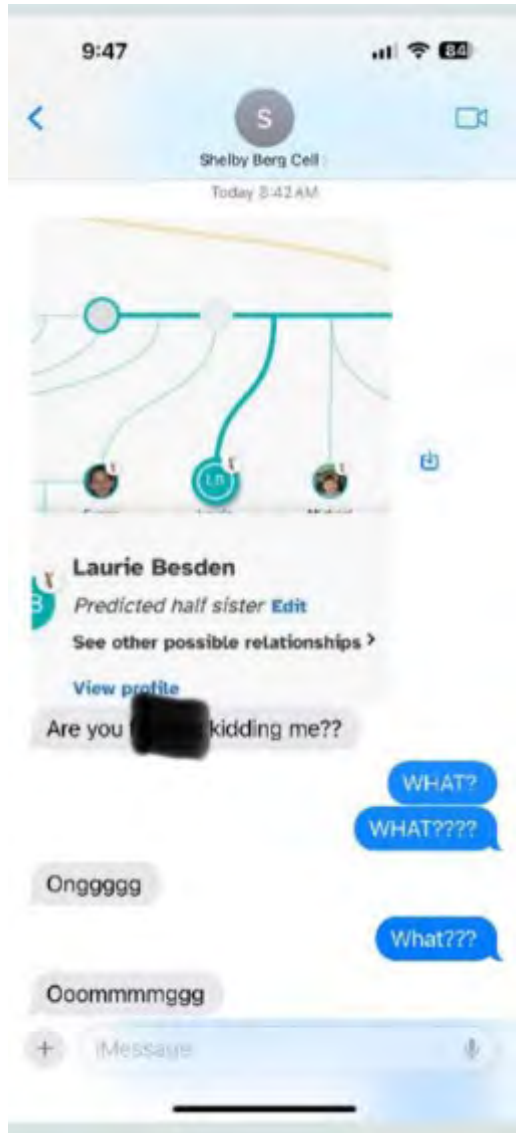
Thomas G. Saylor
Thomas G. Saylor



















The MAGIC of the Criminal Justice System

Judge William R. Carpenter,
James Barker, Chief Justice
Emeritus Saylor, Laurie J. Besden



Addiction & Other Chronic Diseases*

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Comparing rates of reemergence of symptoms:

Substance Use Disorder	40-60%
Type 1 Diabetes	30-50%
Hypertension	50-70%
Asthma	50-70%

*6 in 10 US adults live with at least one chronic disease, per the Centers for Disease Control (CDC).

Phoenix Training: Raising Public Service & Improving Community Support Addiction and Connection to Treatment, 2024.



Scary Statistics

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19-21% of legal professionals have a substance use disorder. This is two times higher than the general population.



Problematic Alcohol Use

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Legal Professionals

21%

**All Highly Educated
Workers**

12%

More Scary Statistics

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40-70% of all disciplinary proceedings and malpractice actions involve chemical dependency.



Why Are Legal Professionals at High Risk of Mental Health & Substance Use Disorders?

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- High expectations and accountability
- Lack of work-life balance
- High stress level
 - High stress levels & work-weeks >50 hrs. are consistent predictors of SUD's and their severity.
 - 67% of attorneys/judges work more than 40 hours/week.
- Inherent pessimism

Why Are Legal Professionals at High Risk of Mental Health & Substance Use Disorders?

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- Excessive self-reliance
- Conflict driven and adversarial profession
- Emotional detachment
- Win-lose, often rigid thinking
- Perfectionism

These traits are great for a successful career but not so great for mental health.



“What’s Wrong With Them?”

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You notice a change from baseline.

- **Unreliability**
- **Change in behavior and reactivity**
- **Decreased quality or quantity of work product**
- **Disheveled appearance or looking ‘ill’**
- **Frequent somatic complaints (headaches, back or stomach pain, etc.)**

“What’s Wrong with Them?”

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- **Missing deadlines and filings**
- **Absenteeism**
- **Erratic, irritable and moody**
- **Withdrawn and uncooperative**
- **Abrupt weight gain or loss**
- **Client complaints; trust irregularities**

JD's NOT MD's

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What could be going on ?

- Stress and/or anxiety
- Depression
- Medical issues
- Bipolar or other mental illness or mood disorder
- Drug or alcohol abuse or addiction
- Gambling or other 'process' addictions (eating disorder, etc.)

Only a healthcare professional (i.e. *not you*) is qualified to make the diagnosis.

To Call LCL...or Not to Call

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- Is this really any of my business?
- I want to help but I don't want to get involved.
- What if I upset my friend?
- Will I harm their or the firm's reputation?
- Must I report them to Discipline?
- I already tried to help and it didn't work.
- Let's wait and see. Maybe it will get better.
- I really don't have time for someone else's problems.

“The Road to He is Paved with Good Intentions.”**

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When we don't reach out...

- Out of some misplaced sense of loyalty
- Due to fear of anger or retribution
- Out of concern about implications for career and firm
- Because of a ‘mind-my-own-business’ attitude

...people get sicker and die.

If you were walking down the beach and saw a person struggling to stay above the water, appearing to be drowning, would you just keep walking and act like you saw nothing...or would you call out for help?

Call Lawyers Concerned for Lawyers for Help.



The Good, the Bad and the Ugly

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The 'bad and the ugly' kind of 'intervention':

- Disciplinary action
 - Disbarment
- Termination of employment
- Dire health consequences
 - Loss of relationships
 - Financial ruin
 - Arrest
 - Death

The Good, the Bad, and the Ugly

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The 'good' type of intervention:

- Thoughtfully planned (call LCL)
 - Individualized (call LCL)
 - Collaborative (call LCL)
- Evokes the person's own motivation to change

This 'good' can save someone from the 'bad' and the 'ugly.'

Call the LCL/JCJ Helplines

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We help by:

Discussing a loving approach

Identifying best person to make the approach

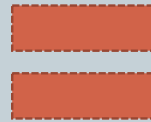
Emphasizing the importance of the **language** used in the approach

Advising what to say and how to say it (and what not to say)

Intervention Techniques

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Dancing vs. Wrestling



**Motivational Intervention vs.
'Old School' Intervention**

‘Old-School’ Interventions

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Often evokes defensiveness and counter argument rather than positive change. Professionals respond especially poorly to this style.

- Confrontational
- Authoritarian
- Intimidation & threats
- Often demeaning & demoralizing
- Highly directed with the intervening party clearly assuming the role as the ‘expert boss’
- “You must” or “You need to”
- Perceived by the person of concern as a "conspiracy"

Motivational Interventions

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A compassionate, respectful and collaborative approach

Goals:

- Develop insight/acceptance that there may be an issue and to tap into their own motivation to change
- Help them see the discrepancy between their 'true' self, their goals and values and their current behavior/condition

Motivational Interventions

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- Respectful of personal autonomy and dignity
- Guidance vs. explicit direction
- Move from ambivalence to action
- Done 'with' someone rather than 'to' someone
- Not a "power in numbers" situation; exactly the opposite



Steps in Motivational Interventions

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1. **Engage** - active listening and open-ended questions
2. **Focus** - create goals for the conversation
3. **Evoke**- tap into the internal/intrinsic motivation to change to overcome natural ambivalence
4. **Plan**- work together to develop a 'change' or 'action' plan

MOTIVATION

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A person's degree of motivation for change is a very strong predictor of the likelihood of their acceptance of the problem and engagement in and continuation of treatment.

Motivation is...

- a dynamic process (not a static trait) that can increase or diminish over time. **We never give up.**
- influenced by biopsychosocial and spiritual variables.

MOTIVATION

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- Professionals can be highly motivated to change to preserve their career and are far more likely than others to accept help and treatment accordingly.
- The recovery rate (continuous abstinence over 5 years related to substance use disorder) for professionals is as high as 90% vs. the 10-20% recovery rate for the general population.

Motivation to Change

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- Extrinsic: “made” to do something by some outside force; coercive or threatening.
and/or
- Intrinsic: “you” want to change

Consequences are extrinsic factors that can lead to intrinsic change.

Our goal is to generate an intrinsic desire to change.



AMBIVALENCE

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- Simultaneous conflicting feelings or opinions
- A natural human resistance to change
- “Yes, but...”

The goal of MI is to guide someone from denial, defensiveness, and ambivalence to acceptance of help and hope for healing.

Duty to Report – Safe Harbor

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Rule 8.3 Duty to Report

- (a) A lawyer who knows that another lawyer has committed a violation of the Rules of Professional Conduct that raises a substantial question as to that lawyer's honesty, trustworthiness or fitness as a lawyer in other respects, shall inform the appropriate professional authority.
- (b) A lawyer who knows that a judge has committed a violation of applicable rules of judicial conduct that raises a substantial question as to the judge's fitness for office shall inform the appropriate authority
- (c) **This Rule does not require disclosure of information otherwise protected by Rule 1.6 or information gathered by a lawyer or judge while participating in an approved lawyers assistance program.**

Are You an Enabler?

47

Enabling:

- Any behavior or attitude which allows another to avoid or escape the natural and logical consequences of their own behavior

Enabling in the Workplace

48

- Transferring the party to another department
- Sending the person home “sick”
- Reducing their performance standards
- Covering up for poor performance
- Failing to administer appropriate discipline
- Non-constructive behavior; arguing, criticizing, etc.
- Ignoring the issue altogether

We all know someone that has completed suicide.

49

OBITUARIES

'We need to sometimes decompress,' says lawyer about his high-profile partner's death

BY DEBRA CASSENS WEISS

APRIL 5, 2022, 12:35 PM CDT

Like 300 Share Tweet Share



Law.com

<https://www.law.com/thelegalintelligencer/2022/04/04/for...>

'Force of Nature': Top Litigator Slade McLaughlin Dies by Suicide at 65 ...

Web Apr 4, 2022 · Slade McLaughlin, a noted mainstay in the Philadelphia trial bar, who headed high-profile sex abuse litigations against the Catholic Church ...



U.S. >

Head of University of Pennsylvania mental health services dies by suicide

BY BRIAN PASCUS

SEPTEMBER 11, 2019 / 10:43 AM / CBS NEWS

The head of the University of Pennsylvania's psychological and counseling services department died by suicide, officials confirmed on Wednesday. Dr. Gregory Eells, 52, died on Monday morning due to multiple blunt impact injuries, according to the Philadelphia



District judge's death ruled suicide

69 News Jun 6, 2022 0



Judge Robert C. Holat

Inquirer.com

<https://www.inquirer.com/news/slade-mclaughlin-philad...>



Slade McLaughlin, a 'larger-than-life' high-profile trial attorney ...

Web Apr 6, 2022 · Slade McLaughlin, 65, a Philadelphia personal injury attorney who built a stellar career representing clients in legal battles against the likes of Pennsylvania State University and its disgraced former...

Avoid Enabling

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DO NOT:

- Wait until a crisis develops
- Try to diagnose or treat the problem
- Ignore the issue of job performance
- Get distracted by a colleague's excuses or pleas of sympathy
- 'Cover' for your colleague; such misguided 'kindness' can delay professional help
- Discuss a colleague's referral for help with other colleagues

Choosing the Best Approach

Things to Consider

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- Risk of harm or injury to self, others or clients?
- Reasons for or behaviors of concern
- Receptivity of the troubled lawyer to approach
- Support systems available
- Who is willing to be involved (most respected person to the person of concern)?

Why Can Law Professionals Be Challenging to Approach?

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- Highly educated; the **‘paralysis of analysis’** effect (adept at rationalization and comparison)
- Excel at debate
- Accustomed to being in control
- Excessive dependence on self-reliance
- Pressure to appear invincible

Key Principles

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- Collaborative conversation, not confrontation
- Build a rapport, create trust, and convey concern. Approach from a place of love and caring.
- Ask open ended questions.
- Kindly re-state what they say:
 - It validates that you are listening to them.
 - People are more persuaded by what they hear themselves say.
 - Mirroring can help them realize their own inconsistencies.

Key Principles (cont'd)

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- Don't engage in an argument or debate.
- Don't 'label' someone alcoholic or depressed.
- Don't rely on hearsay.
- Don't use a 'laundry list' to prove your point.
- Make sure your body language (including eye rolling, raised eyebrows) and tone of voice conveys concern, not anger or frustration.
- Use leverage as a last resort. Risk of harm to self, clients, firm or others is unacceptable.

Choosing the Best Approach

A Step Up Plan of Action

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Start with the least confrontational approach indicated:

1. A private meeting
2. A group meeting with no leverage
3. A group meeting with leverage

Crisis intervention or appointment of a conservator may be indicated in severe cases.

If the Risk of Harm is ‘Low’

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- LCL can help you with “what to say,” “how to say it,” and how to respond.
- Build rapport and trust. Start the conversation very positive.
- Segue into what causes you concern (carefully crafted language)
- Inquire how they are feeling.
- Respect their desire to not “open up.”
- Active listening, not authoritarian approach
- Offer a lifeline (LCL, therapist, yourself)
- Thank them for having this conversation with you.
- Follow up with LCL to discuss the next approach strategy should the colleague decline help.

If the Risk of Harm is 'High'

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LCL will:

- help develop a plan of action and/or connect you with a professional interventionist.
- assist with arranging treatment *before* the approach.

The same 'key principles' apply.

Be prepared to:

- communicate personal and professional boundaries.
- hold them accountable and exert appropriate leverage if they refuse assistance.

Private Meeting

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- Express your concern and why you are concerned – don't label – don't overstate.
- If they disclose a problem, acknowledge it and empathize (not pity).
- Share your own experience with a similar problem, if appropriate.
- Tell them you want to be helpful.
- Ask if they have a plan for dealing with the problem.

Private Meeting (cont'd)

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- Offer your support; don't criticize their plan or give unsolicited advice.
- Ask if they have heard of LCL; tell them about us; ask if they are interested in calling us, but don't be pushy.
- Tell them you are always available to take their phone call or to meet with them to talk.
- Mention you may give them a call just to stay in touch as a friend.
- Ask if they will accept your help if their plan doesn't work as well as they hope it will.

Group Meeting

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- A properly conducted group meeting adds subtle pressure without coming across as threatening or coercive.
- The same principles apply; be non-judgmental, non-confrontational, empathetic, and concerned.
- If the problem is acknowledged but they refuse your assistance, ask what their plan is.
- Ask if they will accept your help if their plan doesn't work as well as they hope it will.

The Application of Leverage

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CALL LCL FIRST!

LCL will help develop an action plan and/or connect you with a professional interventionist.

- Same principles apply
- Explain how their conduct is causing harm to colleagues, clients, the firm, etc.
- Communicate your personal and professional boundaries. End any residual enabling.
- Be prepared to hold them accountable and exert appropriate leverage.
- Consequences are a fact of life & can lead to a motivation to change.

Alternative 'Invite' Approach

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- Schedule a meeting of concerned parties with a professional interventionist / therapist (LCL can provide resources).
- Inform the distressed colleague of the meeting and *invite* them to it.
- They may attend out of curiosity.
- If not, then use the meeting (s) to prepare for a *formal* intervention using leverage if indicated.
- Allow the professional to facilitate.

Before and After Any and All Approaches...

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**PLEASE CALL LCL/JCJ FOR
ASSISTANCE & RESOURCES**

Never give up hope. Help is available.

What is **YOUR OWN** mental health barometer?

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- Gratitude journals (increases happiness level 25% over 10 weeks)
- Movement is medicine/tread desks
- Screen breaks
- Time off (Harvard Student on Adult Development)
- Volunteering (we can only keep what we have by giving it away)
- Random acts of kindness
- Meditation (even 5 minutes a day reduces stress/increases focus)
- Mindful eating (we shovel food in our mouths in front of screens)

QUICK STRESS-BUSTERS



- Unplug from social media occasionally
- Exercise. Movement is medicine. 3/7 LCL employees have Tread Desks
- Connect with nature (20 min = decrease in cortisol levels)
- Eat a healthy-ish diet (mindfully)
- Cultivate a positive attitude/gratitude list/handwrite a note to a friend. 25% increase in happiness level short list/10 weeks. <https://judicialstudies.duke.edu/wp-content/uploads/2018/01/JUDICATURE101.4-buchanan.pdf>
- Sleep 7-9 hours/night when possible.
- New PERSPECTICLES: You don't **HAVE** to; you **GET** to!
- Lunch breaks, during the day, not in front of a screen (avoid shoveling food in our mouths in front of screens)
- Mental health days planned throughout the year in January
- Fill your life with experiences over material things (hedonic adaptation)
- Screen breaks (personally and professionally)
- No phones at the dinner table

"Multi-tasking"

66

- 2.5% of adults successfully multi-task; 97.5% monotask (and task switch very quickly)
- Can only focus on one function using executive part of the brain at once
- The more we “multi-task,” the more time we lose switching gears due to the ‘task switch cost’
- “multi-tasking” or believing we are “multi-tasking” decreases productivity 60%, increases errors and frustration
- SOLUTION: time blocking (time chunking/monotasking)

<https://health.clevelandclinic.org/science-clear-multitasking-doesnt-work/>

<https://www.verywellmind.com/how-to-use-time-blocking-to-manage-your-day-4797509>

ADHD (ATTENTION DEFICIT HYPERACTIVITY DISORDER):
NOT A LACK OF WILLPOWER; STEMS FROM BRAIN CHEMICALS IMPACTING
MANAGEMENT SYSTEM

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- General US Population: 4.4% - 11% versus the Legal Profession: 12.5%
- 75-80% of adults are not diagnosed and not treated
- Causes: 88% genetic (plus environmental factors, brain wiring, and neurocognitive function)
- You don't "grow out" or "mature out of" ADHD
- You can exhibit symptoms for the first time as an adult
- People with ADHD are six times more likely to have psychiatric disorders, learning disorders, and other related conditions

<https://thejdhd.com/adhd-101/>

ADHD: SIGNS/SYMPTOMS IN ADULTS

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- Concentration and focus
- Hyperfocus
- Impulsiveness
- The emotional rollercoaster
- Feeling restless and hyperactive
- **MANAGE YOUR ADULT ADHD** with sleep (7-9 hours/night), diet, exercise, become an ADHD time management master, make time for family/friends, practice mindfulness, build a supportive work environment (lack of clutter), and seek professional help, if needed/your life is impacted.

<https://thejdhd.com/adhd-101/>

What Can We Do to Help Our Colleagues?

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LCL/JCJ Confidential Helplines

24 hrs./day, 7 days/week, 365 days/yr.

Judges Concerned for Judges

1-888-999-9706

www.jcjpa.org

Lawyers Concerned for Lawyers

1-888-999-1941

www.lclpa.org