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Law Student, Heal Thyself: The Role and Responsibility of Clinical Education Programs in Promoting Self-Care

CHRISTINE E. DOUCET*

L'objet de cet article est d'examiner l'importance de maîtriser son stress et de prendre soin de soi dans la profession juridique, plus spécifiquement dans le contexte de l'apprentissage juridique en clinique. Des études ont démontré que la profession juridique a un des plus hauts taux de personnes souffrant de maladies mentales et de dépendances. Être proactif et souligner l'importance de prendre soin de soi et gérer son stress auprès des étudiants participant à un programme clinique peut être une partie de la solution. En utilisant l'expérience des étudiants de la « Parkdale Community Legal Services » et dressant le portrait d'autres cliniques étudiantes du Canada et des États-Unis, plusieurs recommandations peuvent être faites à propos de l'importance des formations sur le souci de son bien-être et la gestion du stress dans le contexte de cliniques étudiantes.

The purpose of this paper is to examine the importance of self-care and stress management in the legal profession, specifically within the context of clinical legal education. Studies have shown that the legal profession exhibits one of the highest rates of mental health and addiction issues. In proactively addressing the importance of self-care and stress management amongst students, clinical legal educational programs can become a part of the solution. Using the student experience at Parkdale Community Legal Services, and drawing from other student legal clinics across Canada and the United States, several recommendations around self-care and stress management training in clinical legal education will be offered.

ONE AFTERNOON IN EARLY OCTOBER 2010, I was sitting in the office of my supervising lawyer at Parkdale Community Legal Services (PCLS) discussing a file. As we were wrapping up our discussion, I suddenly felt overcome with emotion and felt the urge to ask her a burning question: how did she manage to separate and balance her work and her life? As I heard the words come out of my mouth, I burst into tears, sobbing uncontrollably. Six months of emotions ranging from stress, frustration, anxiety, and exhaustion that I had been keeping to myself were suddenly pouring out of my eyes. I was feeling emotionally overwhelmed with the responsibility that comes with the work that we do at the clinic and I was finding it extremely difficult to

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detach my personal self from the work of my professional self. I felt these feelings building up over time, but I tried to bury them. I was afraid that acknowledging my emotions and the stress I was experiencing would expose me as weak and a failure.

When I finally acknowledged my emotions, I was confronted with the fact that perhaps I was not cut out to be in this profession. After all, law students and lawyers are taught to be analytical professionals; generally speaking, our primary role is to isolate the legal issue and provide the advice and information necessary to address and hopefully resolve our clients' issues effectively and efficiently; our role is not that of a social worker, nor are we expected to provide emotional support to our clients. As Linda Albert suggests, "lawyers and judges are taught not to show weakness, to deny, defend and deflect vulnerability, while staying emotionally detached at all times."¹

A few weeks after I asked my supervising lawyer 'the' question, other students expressed similar feelings and emotions during our training session on difficult situations; it was reassuring to know that I was not the only one feeling stressed and overwhelmed. Then I began to wonder why had I felt so alone and isolated in acknowledging and working through my emotions, and why did I feel that expressing my feelings and anxieties meant that I would or could not succeed in this profession? Why did I think that acknowledging stress was a sign of weakness? And why was it so hard for me to detach my personal and professional self?

How can we effectively recognize and address the issues of stress, stress management, and self-care in the legal profession and prepare students for the emotional side of lawyering? These questions formed the genesis for this article. While there may be an assumption that law students and lawyers are analytical professionals, the stories and experiences we hear from working with our clients in our professional capacity can have a profound effect, and sometimes take a personal toll on our lives.

In pondering these questions, I began to wonder how my student colleagues at PCLS were feeling and whether these were common issues facing other student legal clinics. I decided to explore these issues and developed a questionnaire for students at PCLS to get a sense of how students are approaching these issues. I also developed a questionnaire for Directors of student legal clinics across Canada and the United States to explore how other clinics are, or are not, addressing the issue of self-care amongst law students. The results of these questionnaires form the foundation for this article.

My time at PCLS was the highlight of my law school experience. It was my first "real world" experience with the practice of law. The eight months I spent in the program helped me develop skills and tools that I will undoubtedly use and build on throughout my career in the profession. The PCLS program exposed me to the law in a way that no textbook or substantive law course ever could. I was given the opportunity to work not only with individual clients, but also with the broader community on social issues and ways to effect positive social change. Working at the clinic brought law school to life and afforded me the opportunity to "learn by doing."

The environment at the clinic is fast-paced and high pressure. There is always work to be done; there is always another client to assist, another memo to write and another case to prepare. While the atmosphere in the clinic amongst students is not overly competitive, working at the clinic can be an overwhelming experience, as for many students, myself included, participating in a clinical legal educational program is often the first opportunity to work within the

¹ Linda Albert, *Keeping Legal Minds Intact: Mitigating Compassion Fatigue among Legal Professionals*, online: Wisconsin Lawyers Assistance Program – Wisconsin State Bar <http://www.wisspd.org/htm/ATPracGuides/WisDef/WinSpr09/MCF.pdf>.

profession. It is important that these programs help students develop practical legal skills such as interviewing, file management, and writing memos and facta—as Marjorie A. Silver notes, “to reason, to analyze, to distinguish, to draw analogies, to speak and write well – these are the qualities of the successful law student.”² It is equally necessary, however, to prepare students mentally and emotionally for the pressures and stressors that can arise in a clinical setting. Lawyers require “emotional intelligence” as much as they need the substantive and practical skills that make them “good lawyers.”³

The impact of stress on the mental health of legal professionals is of significant concern.⁴ While it is difficult to obtain exact figures and data on the prevalence of mental health issues within the legal profession, there is an indication that lawyers experience a considerably higher rate of depression, possibly up to four times that of the population as a whole.⁵ Studies have indicated that law students and lawyers also experience higher rates of emotional distress, addictions, and anxiety.⁶ It has been suggested that as a consequence of the pressure of the legal profession and the “high stakes” involved, along with the stigma of mental health conditions and substance abuse, many individuals within the profession are reluctant to address these issues and seek assistance.⁷

The purpose of this article is to demonstrate the importance of self-care and stress management in both developing the mental health and well-being of law students and in adequately preparing students for the emotional side of lawyering. Self-care and stress management must be introduced as a skill for professional practice during law school in order to adequately prepare students for the potential stressors and ‘occupational hazards’ that can arise within the profession. This article will argue that these issues can be effectively addressed within the context of clinical legal education. Clinical programs have a responsibility, not only to the students who participate in the program, but to the clients with whom they work, to prepare students for the inherent emotional and mental health issues that arise from working with clients. There is arguably an ethical duty to address the impact that our work has on our personal selves, and without ongoing self-care, we may not be able to effectively provide services to our clients.

The clinical education program at PCLS⁸ and my experience as a student in the program serve as the context for this paper; however, the issue of self-care is certainly not unique to PCLS. It is an issue that must be addressed widely, not only through clinical legal education, but also the legal profession more generally.

In the PCLS program, students spend four or eight months at the clinic in one of four divisions: Social Assistance, Violence and Health (SAVAH); Workers’ Rights; Landlord and Tenant; and Immigration and Refugee. Students are responsible for full carriage of files, from conducting client intakes and interviews, to preparing submissions and facta, and representing

² Marjorie A Silver, “Emotional Intelligence and Legal Education” (1999) 5:4 Psychol Pub Pol’y & L 1173 at 1174.

³ Marjorie A Silver, “Love, Hate, and Other Emotional Interference in the Lawyer/Client Relationship” (1999) 6:1 Clinical L Rev 259 at 259.

⁴ Laura Rothstein, “Law Students and Lawyers with Mental Health and Substance Abuse Problems: Protecting the Public and the Individual” (2008) 69:3 U Pitt L Rev 531[Rothstein].

⁵ *Ibid* at 532.

⁶ Lawrence S Krieger, “What We’re Not Telling Law Students—and Lawyers—that They Really Need to Know: Some Thoughts-in-Action Toward Revitalizing the Profession from its Roots” (1998) 13:1 JL & Health 1 at 3-4 [Krieger].

⁷ Rothstein, *supra* note 4 at 533.

⁸ The clinical intensive program at PCLS is a one-semester program in which 20 students spend four days per week at the clinic. Each Wednesday, students participate in a three-hour academic seminar that relates to the work of the clinic. As the clinic operates year-round, twenty students are hired each summer to work as summer students. As such, some students spend a total of 8 months at the clinic.

clients at hearings. At the beginning of the program at PCLS, students are warned of the “steep learning curve” and told that we often work with challenging clients; however, students are not adequately prepared on how these issues can affect their mental health and emotional well-being.

The concept upon which I rely for the foundation of this article is that of “self-care,” especially as it relates to addressing responses to working with clients, such as stress, vicarious trauma, secondary trauma, compassion fatigue, and burnout. Other professions, such as social work, psychotherapy, and medicine have integrated self-care and stress management into teaching and organizational structures. The legal profession, however, has demonstrated some reluctance to address these issues.

The first Part of this article provides an overview of the various responses and occupational hazards that can occur as a result of working in the legal profession. Part Two examines self-care as a way of addressing occupational hazards, drawing from other “helping” professions, and applies these practices and strategies of self-care in the context of clinical legal education and the legal profession more generally. Part Three examines student experiences of stress at PCLS, including students’ suggestions for addressing these issues. In Part Four, the strategies of other student legal clinics from across Canada and the United States in addressing these issues are reviewed. In concluding, this article provides recommendations for PCLS to take a proactive approach to the self-care of students based on its responsibility, not only to students, but also to the larger community. While the context of this article is the clinical program at PCLS, this article also seeks to encourage other clinics to take similar responsibility for the self-care, stress management and well-being of students and address these issues in a proactive, supportive and comprehensive way.

I. OCCUPATIONAL HAZARDS: STRESS, VICARIOUS TRAUMA, SECONDARY TRAUMA, COMPASSION, FATIGUE AND BURNOUT

Responses and reactions to working in a clinical setting within the legal profession take many forms, including stress, vicarious trauma, secondary trauma, compassion fatigue, and burnout. Throughout the article, these responses will be collectively addressed as potential “occupational hazards” of working in a clinical environment. A brief overview of each of the responses is outlined below, however it is important to note that each response and reaction is unique.

Of all the occupational hazards, stress seems to be the most difficult to define, as it is a broad and far-reaching concept. Stress can be best understood as a subjective concept that manifests itself in many ways throughout one’s personal and professional self. The development and popularization of the term is often attributed to Dr. Hans Selye,⁹ who defined stress as “a set of nonspecific responses of the organism to specific demands (stressors) upon it.”¹⁰ Other definitions of stress emphasize the subjective nature of the concept. Richard Lazarus commented on stress as “a condition or feeling experienced when a person perceives that demands exceed the personal and social resources the individual is able to mobilize.”¹¹ Terry A. Beehr and John E. Newman suggest that job stress “is a condition arising from the interaction of the people and their jobs and characterized by changes within people that force them to deviate from their

⁹ Krieger, *supra* note 6 at 28.

¹⁰ Hans Selye, *The Stress of Life*; (New York: McGraw-Hill, 1956) as cited in Krieger, *supra* note 6 at 28.

¹¹ Richard S Lazarus, *Psychological Stress and the Coping Process* (New York: McGraw Hill, 1966) as cited in Regan A R Gurung, *Health Psychology: A Cultural Approach*, 2d ed (Belmont, CA: Wadsworth Cengage Learning, 2010) at 105.

normal functioning.”¹²

Individual experiences of stress will differ and depend on the context of the situation at hand, and can depend on the type of work within which one is engaged. For example, the experience of stress for a lawyer working with traumatized clients in a clinic setting may differ from the stress of a lawyer working in a corporate/commercial context. Stress can occur as a result of a variety of factors, depending on the individual and on the context. Sources of stress from working in a clinical legal setting can range from workload and time management, to working with difficult clients or preparing for hearings.

Over the past several decades, various professions have developed an increasing awareness about the issue of burnout, which can be described as an emotional and personal depletion that arises out of feelings of stress.¹³ It is often referred to as the cumulative result of stress. Bernard G. Suran and Edward P. Sheridan note that burnout is a “ubiquitous career risk” that can be found in almost every profession.¹⁴ With respect to the causes and effects of burnout, Jerry Edelwich made the following comments:

[Burnout is a] progressive loss of idealism, energy, and purpose by people in the helping professions as a result of the conditions of their work. Those conditions range from insufficient training to client overload, from too many hours to too little pay, from inadequate funding to ungrateful clients, from bureaucratic or political constraints to the inherent gap between aspiration and accomplishment.¹⁵

Many of the responses and reactions that one may experience within a clinic setting result from working with clients who have or are experiencing trauma. Trauma can be used to describe an event or experience that may be unexpected, and which may overwhelm an individual’s ability to adapt.¹⁶ According to Ronnie Janoff-Bulman, trauma can be situational or chronic, and it can be deliberate or accidental.¹⁷ Trauma, in a more traditional sense, can refer to human-induced events such as war, crimes, such as abuse or rape, as well as to natural occurrences such as life-threatening illness and natural disasters.

It has been suggested that there are two ways of understanding trauma. The first is an objective standard in which an individual experiences a potentially dangerous situation that could lead to death or grievous loss.¹⁸ The second is a more subjective standard, where an individual experiences a non-normative situation and is subjectively overwhelmed by it. This definition of trauma does not necessarily include a risk of death or serious harm, but is a subjective analysis of individual experiences of trauma.¹⁹

¹² Terry A Beehr & John E Newman, “Job Stress, Employee Health and Organizational Effectiveness: A Fact, Analysis, Model and Literature Review” (1978) 31:4 *Personal Psychology* 665.

¹³ Bernard G Suran & Edward P. Sheridan, “Management of Burnout: Training Psychologists in Professional Life Span Perspectives” (1985) 16:6 *Professional Psychology: Research and Practice* 741.

¹⁴ *Ibid* at 741.

¹⁵ Jerry Edelwich, *Burnout: Stages of disillusionment in the helping professions* (New York: Human Sciences Press, 1980) at 14.

¹⁶ J L Herman, *Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror* (New York: Basic, 1992), as cited in Barbara Dane, “Duty to Inform: Preparing Social Work Students to Understand Vicarious Traumatization” (2002) 22:3&4 *Journal of Teaching and Social Work* 3 at 4.

¹⁷ Ronnie Janoff-Bulman, *Shattered Assumptions: Towards a New Psychology of Trauma* (New York: Free Press, 1992) as cited in Dane, *supra* note 16 at 4.

¹⁸ Marjorie A. Silver, Sanford Portnoy & Jean Koh Peters, “Stress, Burnout, Vicarious Trauma, and other Emotional Realities in the Lawyer/Client Relationship: A Panel Discussion” (2004) 19:4 *Touro L Rev* 847 at 853.

¹⁹ *Ibid*.

Within the context of PCLS, clients experience trauma in various forms, both objectively and subjective. For example, a client in the SAVAH division may objectively experience trauma as a result of domestic violence, while another client may experience subjective trauma as a result of income insecurity. Similarly, a client in the Landlord and Tenant division may be facing eviction and may become homeless because of a lack of alternative housing. A client in the Workers' Rights division may experience trauma through the loss of employment, or harassment at work. In the Immigration and Refugee division, a client may have come to Canada to seek refuge after facing persecution in a war-torn country.

Joy D. Osofsky, Frank W. Putnam and Cindy S. Lederman suggest that the cumulative effect of prolonged exposure to working with clients experiencing trauma may result in responses such as vicarious trauma, compassion fatigue, and secondary trauma.²⁰ Such responses can have a significant impact on the personal and professional lives of service providers and front-line workers.²¹ There can also be a negative impact on the organizational environment, resulting in decreased workplace functioning.²² Responses such as vicarious trauma, compassion fatigue and secondary trauma refer to the cumulative effect of working with survivors of trauma.²³ It is important to note, however, that each of these responses is unique and each individual's reaction and experience will differ.

First identified by Lisa McCann and Laurie Anne Pearlman,²⁴ vicarious trauma refers to "a transformation or disruption in cognitive schema and belief systems resulting from engagement with client trauma."²⁵ Vicarious trauma develops as a result of the relationship between practitioners and clients experiencing trauma.²⁶ Pearlman and her colleague, Karen W. Saakvitne, suggest that "vicarious trauma refers to the cumulative effect ... of working with survivors of traumatic life events. Anyone who engages empathetically with victims or survivors is vulnerable."²⁷

Practitioners who work with clients experiencing trauma may experience significant psychological effects that can persist long after the client's case is complete.²⁸ For instance, Andrew P. Levin and Scott Greisberg argue that vicarious trauma can negatively affect the practitioner's ability to perform in her professional capacity as well as function in her personal life.²⁹ It can also lead to a shift in the practitioner's assumptions about the world including dependency and trust, safety, power, independence, esteem, intimacy, and frames of reference.³⁰

²⁰ Joy D Osofsky, Frank W Putnam & Cindy S Lederman, "How to Maintain Emotional Health When Working with Trauma" (2008) 59:4 *Juvenile and Family Court Journal* 91[Osofsky, Putnam & Lederman].

²¹ *Ibid.*

²² *Ibid.*

²³ *Ibid.*

²⁴ Lisa McCann & Laurie Anne Pearlman, "Vicarious Traumatization: A Framework for Understanding the Psychological Effects of Working with Victims" (1990) 3:1 *Journal of Traumatic Stress* 131[McCann & Pearlman].

²⁵ Andrea Litvack, Marion Bogo & Faye Mishna, "Emotional Reactions of Students in Field Education: An Exploratory Study" (2010) 46:2 *Journal of Social Work Education* 227 at 229 [Litvack, Bogo & Mishna].

²⁶ McCann & Pearlman, *supra* note 24.

²⁷ Laurie Anne Pearlman & Karen W Saakvitne, *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors* (New York: W.W Norton, 1995) at 31.

²⁸ McCann & Pearlman, *supra* note 24 at 133.

²⁹ Andrew P Levin and Scott Greisberg, "Vicarious Trauma in Attorneys" (2003) 24:1 *Pace L Rev* 245 [Levin & Greisberg].

³⁰ *Ibid.*

Charles R. Figley suggests that this secondary trauma is a part of the “cost of caring.”³¹ Secondary trauma can be defined as “the natural consequent behaviours and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person.”³² The symptoms of secondary trauma are similar to those of post-traumatic stress disorder, including re-experiencing the traumatic event, avoiding or numbing emotions, and persistent arousal including difficulty sleeping, irritability, and difficulty concentrating.³³

Figley also describes the phenomenon of ‘compassion fatigue’, which refers to a natural consequence of working with clients who have or are experiencing stressful events in their lives.³⁴ This concept is rooted in the idea of compassion, commonly defined, and understood, as “a feeling of deep sympathy and sorrow for another who is stricken by suffering or misfortune, accompanied by a strong desire to alleviate the pain or remove its cause.”³⁵

Compassion fatigue can develop as a result of “exposure of helpers to experiences of [clients], in tandem with the empathy that they experience” for their clients.³⁶ Similar to burnout, compassion fatigue challenges one’s ability to balance personal and professional lives, as well as provide effective service to clients.³⁷ Unlike burnout, which develops over time, compassion fatigue is acute and sudden.³⁸

II. THE CONCEPT OF SELF-CARE

In many traditional “helping” professions, such as social work, strategies such as prevention, intervention, and coping are built in to the organizational structure and policies to address potential occupational hazards and to support practitioners in maintaining emotional health and well-being. In some workplace environments, particularly in the legal profession, these issues are not often acknowledged or addressed because doing so can be taken as a sign of weakness.³⁹

Prior to attending law school, I completed an undergraduate degree in social work. In that program, professors continuously stressed the importance of the concept of ‘self-care,’ which focuses on the challenges and hazards of working with clients. For Norma Jean Profitt, self-care encompasses,

Strategies intended to care for the self ... conceptualized in the literature as individual practices consisting of thoughts and actions that social workers employ to attend to and deal with internal or external demands perceived as stressful, draining, intense, or

³¹ Charles R Figley, “Compassion Fatigue as Secondary Traumatic Stress Disorder: An Overview” in Charles R Figley, ed, *Compassion Fatigue: Secondary Traumatic Stress Disorders in Those who Treat the Traumatized*, (New York: Brunner/Mazel, 1995) 1 at 9.

³² *Ibid* at 7.

³³ *Ibid* at 8.

³⁴ *Ibid*.

³⁵ Webster’s Encyclopedic Unabridged Dictionary of the English Language (New York: Random House, 1989) (*s.v.* “compassion”).

³⁶ S Collins & A Long, “Working with the Psychological Effects of Trauma: Consequences for Mental Health-Care Workers—a Literature Review” (2003) 10:4 *Journal of Psychiatric and Mental Health Nursing* 417 at 421.

³⁷ *Ibid*.

³⁸ *Ibid*.

³⁹ Osofsky, Putnam & Lederman, *supra* note 20 at 92.

traumatizing. Most often directed at individuals, strategies are designed to nurture and strengthen workers, help them cope with stress, fatigue, and a variety of emotions.⁴⁰

Self-care thus involves proactive ways of recognizing the possible effects of working with clients, and it seeks to manage professional responsibility and personal well-being.

Although the concept of self-care was not specifically taught, it informed and was discussed in almost every course and in every context of social work practice. The importance of our own emotional health and well-being was instilled in us. Similarly, social work literature has traditionally acknowledged that a practitioner's emotional responses are an important dimension in working effectively with clients.⁴¹ More recently, however, all helping professions are increasingly acknowledging that working with clients, particularly those who have experienced trauma, can have a significant impact on practitioners.⁴²

Within social work field education, it is understood that the practicum component presents an opportunity for students to explore and experience how aspects of one's professional and personal lives intersect.⁴³ It also serves as an opportunity for students, with guidance and supervision, to develop strategies for self-care. A great deal of emphasis is placed on the development of the student, not only in learning practical skills, but also in preparing students to understand the connection between themselves and the work that they do.

Social work literature has traditionally emphasized the development of students as learners and future practitioners, and field education is a way for students to develop self-awareness and face emotional situations that will inevitably occur throughout their career.⁴⁴ In the context of field education, the emotional reactions of students are understood as "by-products of the students' internal and subjective meanings and responses."⁴⁵

Field education, in the social work context, also serves to challenge students in a supportive environment. The practicum experience is often filled with ambiguous role definitions, conflict, stress, and strain resulting from students' uncertain expectations of themselves, expectations of the faculty and practicum advisors, practicum demands, and conflict within personal and professional obligations.⁴⁶

Field education provides an optimal forum for addressing these issues early on in a practitioner's career. Without proper guidance and support, professionals who are in the early stages of their careers may find themselves at an increased risk of various occupational hazards, as they may not have developed coping strategies.⁴⁷

While the legal profession is not traditionally grouped with other "helping professions", there is an emerging trend that is advocating for the development and implementation of practices from traditional helping professions within the legal profession. Indeed, in my view, the legal profession should be understood to be a helping profession: lawyers work with clients to solve issues affecting their lives, using the law as the main tool for remedy. It is particularly important within the legal clinic context to recognize where practices from other professions can be effectively implemented and utilized by legal professionals.

⁴⁰ Norma Jean Profitt, "Who Cares for Us? Opening Paths to a Critical, Collective Notion of Self-care" (2008) 25:2 Canadian Social Work Review 147 at 150 [Profitt].

⁴¹ Litvack, Bogo & Mishna, *supra* note 25 at 227.

⁴² *Ibid.*

⁴³ Litvack, Bogo & Mishna, *supra* note 25 at 228.

⁴⁴ *Ibid.*

⁴⁵ *Ibid.*

⁴⁶ Hugo A Kanya, "Hardiness and Spiritual Well-Being Among Social Work Students: Implications for Social Work Education" (2000) 36:2 Journal of Social Work Education 231.

⁴⁷ Litvack, Bogo & Mishna, *supra* note 25 at 229.

As a profession, social work has recognized that there is also an *ethical* duty to practice self-care in the interest of the profession and the clients it serves. Norma Jean Profitt cites the Canadian Association of Social Workers' *Code of Ethics*⁴⁸ and *Guidelines for Ethical Practice*⁴⁹, suggesting "ethical practice requires that helpers monitor their physical, psychic and spiritual state to ensure the provision of competent and adequate service to clients."⁵⁰ Further, Profitt argues that if a social worker is experiencing mental health or emotional conditions that affect her ability to practice, then it is incumbent upon her to address the situation and seek remedies to avoid jeopardizing the interests and well-being of her clients.⁵¹

In the same way that the *Code of Ethics* for social workers mandates an ethical duty of professionals to practice self-care, the Law Society of Upper Canada's *Rules of Professional Conduct*⁵² [hereinafter "the *Rules*"] demand that lawyers ensure they are adequately capable of providing service to their clients. Rule 2.01 "Competence" of the *Rules* defines a "competent lawyer" as one "who has and applies relevant skills, attributes, and values in a manner appropriate to each matter undertaken on behalf of a client."

Rule 2.01 seems to contemplate that a failure to practice self-care can result in a failure to meet the professional requirements of a competent lawyer. For example, Rule 2.01(1)(e) requires that lawyers perform "all functions conscientiously, diligently, and in a timely and cost-effective manner" and Rule 2.01(1)(f) requires that lawyers apply "intellectual capacity, judgment, and deliberation to all functions." The effects of stress, burnout, vicarious trauma, compassion fatigue and secondary stress can all negatively affect a lawyer's ability to comply with this requirement to be a competent lawyer.

In addition, Rule 2.01(1)(h) requires that lawyers recognize "limitations in one's ability to handle a matter or some aspect of it, and taking steps accordingly to ensure the client is appropriately served." The Commentary regarding Rule 2.01 indicates "a lawyer should not undertake a matter without honestly feeling competent to handle it or being able to become competent without undue delay, risk or expense to the client." This rule should not only speak to the substantive competence, but also the emotional and mental competence of the lawyer. The Commentary further states "a lawyer must be alert to recognize any lack of competence for a particular task and the disservice that would be done to the client by undertaking that task." In this regard, lawyers must be constantly aware of their limits and acknowledge when the various occupational hazards negatively affect their ability to provide effective service to clients. There is an ethical duty to be alert and attuned to these issues; a failure to do so would almost certainly result in a disservice to the client.

Although academic and practical discourse is beginning to address self-care and stress management, a stigma attached to openly addressing these issues widely throughout the profession still exists. As the legal profession moves towards recognizing itself as a helping profession, it is important that legal professionals also look to the practices of other helping professions for guidance around the issue of self-care.

Krieger argues that law school does not adequately prepare students to have "meaningful and healthful" lives as lawyers.⁵³ He also suggests that the culture of law school can have a significant impact on law students and lawyers in their development as practitioners and can

⁴⁸ Canadian Association of Social Workers, *Code of Ethics* (Ottawa: CASW, 2005).

⁴⁹ Canadian Association of Social Workers, *Guidelines for Ethical Practice* (Ottawa: CASW, 2005).

⁵⁰ Profitt, *supra* note 40 at 149.

⁵¹ *Ibid.*

⁵² Law Society of Upper Canada, *Rules of Professional Conduct*, (Toronto: LSUC, 2000) online: Law Society of Upper Canada <<http://www.lsuc.on.ca>>.

⁵³ Krieger, *supra* note 6 at 3.

contribute to the negative issues facing the profession.⁵⁴ It is essential that law schools take on a proactive role in addressing the mental health and emotional well-being of students. Osgoode Hall Law School, for example, has recently begun to address these issues through the Student Success and Wellness program.⁵⁵ This program seeks to address issues of mental health and well-being through seminars, workshops, and events, including free weekly yoga classes open to students, staff and faculty.

While there are many ways in which these issues can be addressed throughout the law school curriculum and the legal profession more generally, the focus of this article is on the role and responsibility of clinical programs to adequately address these issues and prepare students for their development as future lawyers. It is essential for these issues to be addressed in a proactive way early in a student's career. As one attorney working in a legal aid clinic described, stress can decrease over time with experience, but it is still essential that these issues be addressed:

It actually feels good to hear that I am not the only one who feels depressed and helpless and that these issues are worth studying. Fortunately, the stress has decreased with experience and time for me, but I still have vivid memories of quite traumatic experiences representing victims of domestic violence who were so badly betrayed that it was difficult to continue to have faith in humanity.⁵⁶

While addressing the mental health and well-being of students in clinical programs will not eliminate these issues from a legal professional's career, such action would mean that students will be better equipped to proactively address issues and situations as they arise and will be in a better position to effectively manage their professional and personal lives.

III. THE STUDENT EXPERIENCE AT PCLS

Clinical education can be one of the highlights of a student's law school experience; it can also be a student's first experience in the profession and can be quite stressful and overwhelming. For me, my time at PCLS has allowed me to develop practical skills and substantive knowledge that will serve as the foundation for my future as a practicing lawyer.

My time at PCLS has also sheds light on the importance of managing my personal and professional responsibilities and expectations in a way that I have never before experienced. I experienced a roller coaster ride of emotions, including stress, exhaustion, excitement, appreciation, anger, frustration, optimism, and hope, and it was—often easy to forget or neglect practices of self-care. On that afternoon in October, these emotions finally came to a head. I was experiencing a mixture of stress, burnout and vicarious trauma. While I had been exposed to self-care as a social worker, there was something about law school and my experiences at the clinic that pushed that knowledge and awareness out of my mind. It was not until my supervising lawyer talked to me about what I was doing to take care of myself that I realized I was doing nothing.

In order to explore these issues, a questionnaire on stress, stress management and self-care was developed to consider how students at PCLS were approaching the issue of self-care.

⁵⁴ *Ibid.*

⁵⁵ *Student Success and Wellness Program*, Osgoode Hall Law School, online: <<http://www.osgoode.yorku.ca/programs/jd-program/academic-success-wellness.>>

⁵⁶ Levin & Greisberg, *supra* note 29 at 250.

The questionnaire was distributed to nineteen students at PCLS. A total of fourteen surveys were completed. Below is an analysis of the student responses to the questionnaire.

A. SOURCES OF STRESS

While I knew I was experiencing stress, and we had briefly discussed some sources of stress at our difficult situations training session, I did not know the extent to which my student colleagues were feeling the same way, as it is not something that has been openly discussed at the Clinic.

Students at PCLS experience stress for a variety of different reasons and react to the challenges of working with clients in distinct ways. As one student noted, “the workload, demanding clients, a frustrating colleague—all make me feel stressed. I feel stressed 80% of the time because of the workload, 20% of the time due to a frustrating colleague.”⁵⁷

One student described how working directly with clients, particularly those who have experienced some form of trauma, can be a great source of stress:

There are a number of things at the clinic that make me feel stress, including having to give a client bad news; hearing or even reading about traumatic client stories, especially where sexual assault or physical violence is involved; comforting clients when they cry (which is often); and having to meet deadlines with the general pressures about timelines.⁵⁸

Another student noted “dealing with clients in crisis can take its emotional toll.”

Work demands, coupled with unpredictability, can be a source of stress: as one student noted, there is “too much work, too many cases, too many intakes and clients popping in when there are files to work on, [and] dealing with difficult clients.”⁵⁹

Several students described competing outside responsibilities as a major source of stress: For me, the most stressful part was probably trying to balance doing 10 hours of research assistant work and occasional research contracts from my articling principal with the client work. I also get stressed by clients asking me to help them with a million things.⁶⁰

Balancing personal and professional responsibilities and commitments is also significant. One student noted that a family illness had been significant in affecting their overall stress.⁶¹

Another student emphasized that prioritization of work is often a source of stress:

I feel stressed when I feel bombarded with too much information all at once—for example if I have to attend to casework, community legal work, academic work, and other clinic duties (i.e. reception work) all in the same week. It can be frustrating and makes prioritization difficult.⁶²

⁵⁷ Anonymous student survey, on file with the author.

⁵⁸ Anonymous student survey, on file with the author.

⁵⁹ Anonymous student survey, on file with the author.

⁶⁰ Anonymous student survey, on file with the author.

⁶¹ Anonymous student survey, on file with the author.

⁶² Anonymous student survey, on file with the author.

Another student described the competing responsibilities between client work and academic work: “[I] want to assist [my] client but have academic responsibilities to handle.”⁶³

B. HOW STUDENTS ARE (OR ARE NOT) COPING

Student responses regarding coping strategies and self-care practices varied. One student reported that they “keep working,” otherwise they feel “unproductive.”⁶⁴ Another student described “powering through” the work.⁶⁵ Several students reported participating in unhealthy practices to alleviate stress, including drinking, eating junk food, smoking, and “watching terrible TV and eat[ing] McDonalds.”⁶⁶ Other students reported more positive strategies, including cooking, running, exercising, and reading.⁶⁷

Some students reported that talking openly with their student colleagues about their stress and frustration is a helpful strategy: “When I feel stressed, I usually talk it out with my fellow law students at the clinic. I find talking to someone about the situation, especially someone who will be willing to listen and is empathetic is always helpful.”⁶⁸

Several students also reported that prioritizing work and making lists helped to alleviate stress related to workloads. As one student responded, “I usually just pause, take a deep breath and remind myself that it is okay for me to take a break. I then make lists to prioritize tasks from most urgent to least urgent.”⁶⁹

C. STUDENT PARTICIPATION IN SELF-CARE

The majority of students reported a lack of participation in self-care and stress management strategies. Time was a significant factor in students’ ability to practice self-care. As one student noted, “By the time I get home, I’m too exhausted to do much more than sleep.”⁷⁰ Another student indicated, “Time is the biggest barrier! I would love to have more time to spend doing what relieves stress for me, but I find I can only dedicate very little time in order to complete all my daily tasks.”⁷¹

Several students indicated that a lack of knowledge of practices and strategies, along with time, are a major barrier to participating in self-care and stress management. As one student described:

The long hours required by the clinic mean that there is not any time to participate in self-care and stress management strategies. Usually by the time I get home at night, I am exhausted. Also, while at school, there is a gym and activities on campus that students can participate in for a reduced cost. At the clinic, I am unaware of any activities close by and that are affordable on a student budget.⁷²

⁶³ Anonymous student survey, on file with the author.

⁶⁴ Anonymous student survey, on file with the author.

⁶⁵ Anonymous student survey, on file with the author.

⁶⁶ Anonymous student survey, on file with the author.

⁶⁷ Anonymous student survey, on file with the author.

⁶⁸ Anonymous student survey, on file with the author.

⁶⁹ Anonymous student survey, on file with the author.

⁷⁰ Anonymous student survey, on file with the author.

⁷¹ Anonymous student survey, on file with the author.

⁷² Anonymous student survey, on file with the author.

Another student emphasized a lack of knowledge: “I really wouldn’t know where to begin. Other than going out with friends and remembering that life can be fun, I just don’t know about stress management.”⁷³

Balancing professional responsibilities and personal needs is also an issue, as one student reported: “I do not have enough time. In addition to working at the clinic, I recently started working part-time and then there is my personal life. I am pressed for time and therefore do not focus [on] self-care that much.”⁷⁴

D. FROM THE STUDENTS – WHAT PCLS CAN DO

Responses from students indicated a desire to have some form of stress management practices and self-care training. There was also a common theme amongst responses concerning the competing responsibilities between academic and clinic work. As one student noted, PCLS could take a role in reducing student stress:

Basically, less work. Reduced caseloads or no essay requirements or no seminars or really anything that reduces the pressure put on us. They could also implement policies which reduce stress or provide more resources related to stress management and prioritization, especially during the steep learning curve. Right now it seems like all they do is say ‘remember to breath,’ before pushing our heads under water.⁷⁵

Students also identified a need to create a supportive space to talk openly about frustrations and stress. As one student indicated, the Clinic can “encourage meeting with lawyers when students feel overwhelmed—right now it doesn’t seem to be something we can discuss openly with lawyers.”⁷⁶ Another student suggested implementing “stress checks,” through bi-monthly group meetings to talk about students’ stress levels.⁷⁷

Another suggestion from several students was to incorporate a fall reading break, whereby students can take time off, staggered amongst students in each division:

Even though there is no fall reading week, I think students should be given one week off during fall term. Taking a break allows you to recharge your batteries and come back to the clinic feeling refreshed. I think this would put students in a better mental state to accomplish the tasks at hand.⁷⁸

Incorporating time off for students can significantly help to reduce the potential for stress and burnout, which develops over time.

The issue of difficult clients can pose a significant source of stress. One student suggested ways to address this issue, by implementing “call display, phones in intake rooms, and posted client behaviour expectations.”⁷⁹

Of the fourteen responses, ten students agreed that a seminar on stress, stress management, and self-care would be helpful. In addition, thirteen responders indicated the type

⁷³ Anonymous student survey, on file with the author.

⁷⁴ Anonymous student survey, on file with the author.

⁷⁵ Anonymous student survey, on file with the author.

⁷⁶ Anonymous student survey, on file with the author.

⁷⁷ Anonymous student survey, on file with the author.

⁷⁸ Anonymous student survey, on file with the author.

⁷⁹ Anonymous student survey, on file with the author.

of information they would like to see in a resource guide, ranging from information on stress, stress management tips, self-care strategies, and resources available from the Law Society of Upper Canada, Osgoode Hall Law School, York University, and the greater community.

IV. HOW OTHER CLINICS ARE (OR ARE NOT) APPROACHING THE ISSUE OF SELF-CARE

A questionnaire was sent to approximately sixty Directors of student legal clinics across Canada and the United States. Some responders asked to remain anonymous and are therefore not identified by name or clinic. The questionnaire asked five questions that focused on whether or not the clinic offered training for students on issues around trauma, whether the clinic offered training on self-care and stress managements, what kind of training was offered, and if there was no training, why this was the case.

There is no magic formula or “one-size-fits-all” solution to address issues that students face working in a clinical setting. Strategies and practices will largely depend on the unique reactions of students, the type of work that students are doing, and the social location from which students approach their work. In whatever clinical legal setting, however, students must be adequately prepared for the emotional challenges and issues that can potentially arise as a result of their work.

A. HOW CLINICS ARE ADDRESSING SELF-CARE AND STRESS MANAGEMENT

There appears to be little consensus amongst clinical legal educators on how, if at all, the issue of self-care and stress management should be addressed. Responses from Clinical Directors and professors ranged from highly structured training to informal meetings with supervisors to nothing at all.

Deborah Maranville, Director of the Clinical Law Program and Unemployment and Compensation Clinic at the University of Washington School of Law notes that the importance of balance and self-care is addressed in the common orientation of students participating in one of the School’s eleven clinical programs.⁸⁰ Maranville addresses the importance of self-care with her students, including proper sleep, a healthy diet, and routine exercise.⁸¹

Jeffrey Selbin, Director of the East Bay Community Law Center at the UC Berkeley’s Boalt Hall School of Law, notes that students are trained both on working with clients experiencing crisis/mental illness and in self-care relating to this type of work.⁸² Students are provided with seminar training as well as an accompanying manual on working with clients, including a section on self-care.⁸³

The Child and Family Litigation Clinic at the University of Memphis School of Law understands the importance of addressing self-care through both an academic and practical

⁸⁰ E-mail from Deborah Maranville, Professor of Law and Director, Clinical Law Program & Unemployment Compensation Clinic, University of Washington School of Law, to Christine Doucet, JD Student at Osgoode Hall Law School (Nov. 23, 2010) (on file with author).

⁸¹ *Ibid.*

⁸² E-mail and completed questionnaire from Jeffrey Selbin, Clinical Professor of Law and Faculty Director of the East Bay Community Law Center, University of California—Berkeley, Boalt Hall School of Law, to Christine Doucet, JD Student at Osgoode Hall Law School (5 December 2010) (on file with author).

⁸³ *Ibid.*

approach. Christina Zawisza, Director of the Clinic, uses a range of techniques to inform and educate students on self-care:

My clients are abused and neglected children. I use Jean Koh Peters' book, *Representing Children in Child Abuse and Neglect Proceedings*, but I do an enormous amount of one-on-one mentoring, handholding and reflecting. I use ... therapeutic jurisprudence articles, magazine articles, examples from my own life, quotations, just about anything, depending on the situation and the student's need. I have a sign on my door that says – you have to take time to breathe! I am always reminding my students to eat, breathe, sleep, do something that energizes them.⁸⁴

There is also a “Lawyers as Problem Solvers, Lawyers as Peacemakers” group in Memphis. In addition, training has been provided on yoga, meditation, and holistic lawyering principles to lawyers and law students.⁸⁵

One Clinic Director notes that although there is no formal training provided to students around self-care, there is frequent discussion with students during weekly supervision. In addition, students are made aware “of the resources available through the University counseling centre and the Dean of Students Office.”⁸⁶

Some clinics approach self-care in relation to workload stress through various practices. For example, one clinic focuses particularly on avoiding stress related to “quantity of work and discussion of time management strategies.”⁸⁷ The Clinic Director notes that stress management advice is provided “in terms of [the] importance of tickler/bring forward system to facilitate timely work/avoidance of stress related to deadlines [and] overcoming procrastination, etc.”⁸⁸ Further, one of the suggested seminar topics for this Clinic is managing personal and professional life. Typically, students will address this issue, followed by a class discussion.⁸⁹

Another Clinic's approach to addressing self-care includes requiring students to journal about their clinical students, which provides an outlet for students to express their stress, if the student chooses to use the journal in that way.⁹⁰ Students at this Clinic also participate in “case rounds,” during which they can express frustrations.⁹¹ Other than these two practices, this Clinic does not provide any “intentional” training in self-care.⁹²

B. WHY (SOME) CLINICS AREN'T TEACHING SELF-CARE

The type of work with which students engage may be relevant to the type of training and information provided to students around self-care and stress management. As one Clinic Director noted, “certain types of client matters probably create greater stress than others. For example, environmental law may produce a less emotional response than does domestic violence law.”⁹³

⁸⁴ E-mail and completed questionnaire from Christina Zawisza, Professor of Clinical Law and Director, Child and Family Litigation Clinic, The University of Memphis School of Law, to Christine Doucet, JD Student at Osgoode Hall Law School (Nov. 30, 2010) (on file with author).

⁸⁵ *Ibid.*

⁸⁶ Anonymous questionnaire completed by a Clinical Director, on file with author.

⁸⁷ Anonymous questionnaire completed by a Clinical Director, on file with author.

⁸⁸ Anonymous questionnaire completed by a Clinical Director, on file with author.

⁸⁹ Anonymous questionnaire completed by a Clinical Director, on file with author.

⁹⁰ Anonymous questionnaire completed by a Clinical Director, on file with author.

⁹¹ Anonymous questionnaire completed by a Clinical Director, on file with author.

⁹² Anonymous questionnaire completed by a Clinical Director, on file with author.

⁹³ Anonymous questionnaire completed by a Clinical Director, on file with author.

While student clinics take responsibility for adequately preparing students in the substantive legal issues and practical skills, such as writing submissions and drafting affidavits, there is little responsibility taken for preparing students for the emotional side of lawyering. One Clinical Director suggested, for example, that while training around self-care is important, time is a factor, and there is a “pass the buck” attitude towards taking responsibility for the issue:

Training in general self-care and stress management is obviously valuable. The reasons why we don’t do more are undoubtedly some combination of : (1) Triage in terms of topics to cover in our seminar – too many potential topics, too little time; and (2) an unspoken sense that stress management and self-care are not clinic-specific issues. No one at the law school may think it’s quite “their job” to address this in a formal and structured way.⁹⁴

Time and the prioritizing of issues are factors that impact a clinic’s decision to provide training to students around self-care. As one Clinic Director noted, “we have limited time for training, and our focus has been on substantive and legal skills training. The need for training and information on stress management and self-care has never seemed necessary.”⁹⁵

This notion that training on self-care does not seem necessary perpetuates the reluctance of the legal profession to acknowledge that the mental health and well-being of practitioners is, as studies have shown,⁹⁶ an important issue. The fact that it often seems unnecessary is a reflection of the profession’s culture. There is a stigma associated with these issues, and as was previously mentioned, there is a perception amongst the profession that acknowledging and talking about these issues is a perceived sign of weakness.

Another common theme amongst responses from Clinic Directors suggests that there is more of a reactive, rather than a proactive, approach to self-care and stress management. As one Clinic Director suggested, “If we see excessive stress, we will speak individually to the student, and, if necessary, transfer some files to another student to lighten their workload.”⁹⁷ Another Clinic Director noted that there is no formal training around self-care and stress management, but “we just deal with individual students when the issues arise.”⁹⁸

C. TAKING A PROACTIVE APPROACH – THE DOMESTIC VIOLENCE INSTITUTE AT NORTHEASTERN UNIVERSITY SCHOOL OF LAW

While many clinics are taking a reactive approach, The Domestic Violence Institute at the Northeastern University School of Law is an example of how clinics can take a proactive approach to the issues of self-care and stress management. The Institute is an “education, service and research organization dedicated to combating partner abuse”⁹⁹ that provides opportunities for law students through two main clinical programs: the Domestic Violence at the Dorchester Court and the Boston Medical Center program.¹⁰⁰

⁹⁴ Anonymous questionnaire completed by a Clinical Director, on file with author.

⁹⁵ Anonymous questionnaire completed by a Clinical Director, on file with author.

⁹⁶ See, for example, William Eaton et al, “Occupations and the Prevalence of Major Depressive Disorder” (1990) 32:11 Journal of Occupational Medicine 1079.

⁹⁷ Anonymous questionnaire completed by a Clinical Director, on file with author.

⁹⁸ Anonymous questionnaire completed by a Clinical Director, on file with author.

⁹⁹ Domestic Violence Institute, Northeastern University School of Law, online: Domestic Violence Institute <<http://www.dvi.neu.edu/index.php>>.

¹⁰⁰ *Ibid.*

Lois Kanter, Executive Director of the Institute, describes how her approach to self-care has shifted over time:

Coming into this work as an experienced lawyer who had worked with poor clients in legal services programs, I was well informed about the impact of trauma on my clients, and included this in my clinical teaching. However, I was far less educated about vicarious trauma and the need to educate and support clinical law students (and myself) with respect to the impact of secondary trauma stress, and to revise our curriculum and structure our clinics to accommodate the realities of how trauma impacts both clients and their advocates.¹⁰¹

Kanter further notes that while few of her peers consider self-care to be an issue, many of her younger colleagues and students are more advanced in their understanding and appreciation of the issue and are increasingly addressing the importance of incorporating the issues into training and practice.¹⁰²

Zoe Paolantonio, a Clinical Law Fellow at the Institute's Boston Medical Center Clinic, notes that students are not only trained on working with clients experiencing trauma, but are also trained extensively on the importance of self-care:

We are constantly talking with [the students] about the importance of "self-care," or strategies for avoiding vicarious trauma and burnout. We teach them that they should never work alone, so that they are properly supported in traumatic situations. We also lead by example. We end nearly every group meeting with "self-care," which can include food and socializing, or a group ice breaker. Finally, after each "shift" at the hospital, each team of students must engage in "self-care." Self-care activities have included artwork and coloring, wedding planning, tabloid gossip, baked goods and chatting, all kinds of games, and more.¹⁰³

In this clinic, self-care is treated as a necessary component of working in this setting. As Paolantonio notes, "we insist that each shift leave at least some time for self-care, even on busy nights, as we want the students to remember that monitoring their own vicarious trauma and/or burnout is just as important as serving clients."¹⁰⁴

Katherine Schulte, a Clinical Law Fellow at the Institute's Dorchester Court Clinic, notes that self-care is discussed at the beginning of students' participation in the program:

This is a theme that we introduce on the first day of the course and revisit in every training and supervision session. We have a training module devoted solely to the issues of traumatic transference, traumatic counter-transference, and self-care for secondary stress. ... We encourage our students to be very self-aware about their

¹⁰¹ E-mail from Lois Kanter, Clinical Professor and Executive Director, Domestic Violence Institute, Northeastern University School of Law, to Christine Doucet, JD student at Osgoode Hall Law School (2 December 2010) (on file with author).

¹⁰² *Ibid.*

¹⁰³ E-mail and completed questionnaire from Zoe Paolantonio, Clinical Law Fellow, Domestic Violence Institute – Boston Medical Center Clinic, Northeastern University School of Law, to Christine Doucet, JD Student at Osgoode Hall Law School (2 December 2010) (on file with author) [Email from Zoe Paolantonio].

¹⁰⁴ *Ibid.*

boundaries and potential for burnout. We try to guard against this by building strong support systems, having constant supervision, and actively employing self-care.¹⁰⁵

While the program offers numerous examples of and ideas for successful self-care strategies, there is an understanding that each student will need to develop and tailor strategies to meet their personal needs. As Schulte suggests, “our discussion of self-care and stress management strategies is rather open-ended, in that we leave it up to the students themselves to find a self-care activity that works for them.”¹⁰⁶

The Dorchester Court Clinic program emphasizes the importance of self-care in providing strong supervision for its students, which includes open discussions with students about their experiences:

Each student meets one-on-one with clinic faculty once a week outside of their court obligations. This provides students an opportunity to discuss his or her cases in a safe, confidential space. During supervision, we explore the impacts this work is having on the students, and we actively encourage them to identify ways they are coping. Finally, we engage in self-care activities along with our students.¹⁰⁷

By bringing these issues out in the open and creating a safe and supportive environment for students to engage in discussions, clinics can take an active role in reducing the stigma and reluctance of legal professionals to acknowledge these issues.

The Domestic Violence Institute not only understands the importance of teaching self-care while students are participating in the program, but takes a responsibility in preparing students for their future as practitioners:

The Domestic Violence Institute/Boston Medical Center program believes it is extremely important to teach students about the dangers of vicarious trauma and burnout, the importance of not working alone. We believe that the failure to address these issues with students poised to enter legal services work is a mistake, as it leads to unhealthy work habits, adverse effects on the future lawyer’s overall mental health and capacity to remain in the profession.¹⁰⁸

Rooted in this long-term importance, clinical programs must take responsibility for training, developing, and preparing students on issues around self-care and stress management.

V. CONCLUSIONS AND RECOMMENDATIONS

As Paolantonio suggested, the failure of clinical programs to address issues of self-care and stress management is a mistake—one that can have significant negative consequences on students in their long-term careers. Studies have repeatedly shown that the legal profession has one of the highest rates of mental health and addiction issues.¹⁰⁹ The culture of the profession is

¹⁰⁵ E-mail and completed questionnaire from Katherine Schulte, Clinical Law Fellow, Domestic Violence Institute – Dorchester Court Clinic, Northeastern University School of Law, to Christine Doucet, JD Student at Osgoode Hall Law School (2 December 2010) (on file with author).

¹⁰⁶ *Ibid.*

¹⁰⁷ *Ibid.*

¹⁰⁸ *Email from Zoe Paolantonio, supra* note 103.

¹⁰⁹ *Ibid.*

adversarial and competitive, also perpetuating the idea that because lawyers give advice, they themselves do not require it. As Hoyles suggests, “for lawyers, giving professional advice is easy, seeking it is not!”¹¹⁰ Although some students at PCLS reported “pushing through” the work while stressed, this work ethic is not sustainable.

It is important that these issues are addressed early in a career in order to equip students with the necessary tools to be proactive in addressing issues of mental health and emotional well-being. There seems to be an unwillingness to take responsibility for addressing these issues, and while many clinical directors acknowledged the importance of the matter, there is no consensus amongst clinical legal educators that the responsibility lies with clinical programs.

Clinics play an important role in the development of law students, through the provision of practical skills and substantive knowledge. It seems appropriate, then, for clinics to also take on the responsibility of educating students about stress management and self-care. While the practical approach to training and equipping students with the knowledge and tools to manage their well-being may differ depending on the type of work and student needs, there is a commonality amongst clinics with respect to the environment within which students gain practical training as future lawyers and practitioners. For example, students working in a domestic violence clinic would benefit far more from training around clients experiencing trauma than would a student in a business law clinic. In a business law clinic, the focus could be more on case management and addressing more general stress that can result from working in a competitive and fast-paced work environment. Occupational hazards, particularly stress and burnout, know no boundaries and can affect students and lawyers in all areas of practice. Whatever the substantive area of law, clinics ought to take responsibility to prepare students, as future lawyers, for the emotional side of lawyering.

Drawing from research, student responses, information from other clinic directors, and my own experiences, three major recommendations are offered in order for PCLS, and other clinics, to take a proactive approach to address stress management and self-care. The first recommendation is aimed at challenging the stigma and culture of the legal profession and seeks to humanize law students and lawyers. It is important for clinics to create a safe and supportive environment wherein students feel comfortable talking about how they are feeling emotionally. In the context of PCLS, this is currently done in a more informal way, through a session on difficult situations, check-ins with the Academic Director, and through interim feedback from supervisors for example, it is essential that an open dialogue be embedded in the culture of the clinic. The PCLS Policies Manual (2006) indicates that there is an organizational awareness of the need for a policy.¹¹¹ Policy #23 is titled “Healthy Workplace Policy,” however it is currently blank. By establishing a policy focused on creating a healthy workplace and promoting self-care, the clinic can take steps to change the negative attitudes of the profession around the acknowledgment of stress and emotions.

Creating a policy, however, is not enough. In order to be fully realized, it must be implemented through common practices. It is clear that some students do not feel comfortable talking to supervisors about how they are feeling, and in order to address this, everyone at the clinic must be involved in discussions around self-care and stress management. By creating a space for discussion, clinics can help to reduce the stigma by openly addressing these issues.

In this regard, student legal clinics should also implement a training program to educate students on stress, stress management, and self-care. The consensus amongst student responses

¹¹⁰ John D V Hoyles, “The Need for Self Care” (Presented at the CBA National Conference, London, ON, 14 August 2002), online: Ontario Lawyers Assistance Program <<http://www.olap.ca>>.

¹¹¹ Parkdale Community Legal Services, *Policies Manual* (Parkdale Community Legal Services, Version 1.0, January 2006).

was to hold a seminar either a few weeks or halfway into the semester. This seminar should focus on identifying potential sources of stress, educating students on the occupational hazards, and developing proactive strategies for stress management. In tandem with the seminar, clinics should provide students with an accompanying resource guide aimed at educating students on self-care techniques, stress management tips, and available resources.

It is clear that the culture of the profession requires a shift in the way in which the issues presented in this article are perceived and addressed. It is equally clear, however, that shifting this culture will not be an easy task. Recently, the law school at the University of Toronto has implemented initiatives aimed, including yoga classes, foot massages and a “doggie day”. These developments, however, have been met with some criticism from the legal community. As one lawyer expressed, “[t]hat’s ridiculous! Dogs on campus? Changing the grading system to spare student feelings? The law school paying for foot massage? That does not bode well for the field of law ... We’re creating a false environment; the pressure is going to be intense when they get out, but this teaches them that the world will change for them.”¹¹²

While there may be resistance from the legal community to these issues, it is imperative that clinics be a part of the necessary cultural shift. These issues must be examined not only at the individual level, but also at the systemic level. While the focus of this article is on the role and responsibility of student legal clinics and clinical programs in addressing self-care amongst students, these are issues that also warrant discussion within legal education and the profession, more generally.

By adopting the abovementioned recommendations, student legal clinics and clinical education programs can begin to take a proactive approach to addressing self-care and stress management amongst law students. While PCLS served as the context for this article, these recommendations can and should be implemented by other teaching clinics to provide students with the resources, knowledge, and tools needed to enter the legal profession, develop long-term careers as successful lawyers and professionals, and keep our mental health and emotional well-being in check.¹¹³

¹¹² Louise Brown, “Yoga, foot massages and dogs: This is law school?”, *The Toronto Star* (17 April 2012) online: The Toronto Star <http://www.thestar.com/news/gta/2012/04/17/yoga_foot_message_and_dogs_this_is_law_school.html>.

¹¹³ This paper was originally written in December 2010 as part of the academic requirement of the clinical program at PCLS. As an appendix to the original paper, I developed a draft organizational policy, a resource guide for students, and a workshop on self-care and stress management. A copy of the resource guide is now in every division at PCLS, and I have returned to PCLS to facilitate the workshop for students at the clinic.