Anxiety Psychoeducation for Law Students: A Pilot Program

Ian Ayres, Joseph Bankman, Barbara Fried, and Kristine Luce

I. Introduction

Many law students experience anxiety, which can impair academic performance and reduce quality of life. The authors developed a brief psychoeducation program designed to help law students cope with anxiety. The program was based on the cognitive behavioral model of anxiety and was offered to first-year students at Stanford and Yale Law School. Class attendance was voluntary and consisted of two one- to two-hour meetings. Student response was measured by anonymous online surveys. Virtually all the students thought the material was worthwhile and should be taught as a part of the curriculum. Students reported using many of the techniques described to reduce anxiety, and many students reported a decline in anxiety. Student comments were almost uniformly positive.

The success of this pilot suggests that other faculty may find it worthwhile to adopt a version of the psychoeducation program. Other scholars may wish to refine the cognitive behavioral approach used in this program, or develop and test approaches based on other techniques, such as mindfulness or positive psychology.[1]

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1. Much work is now being done at introducing mindfulness into the law school community. An introduction to some of this work may be found at Mindfulness in Legal Education, Berkeley L., https://www.law.berkeley.edu/students/mindfulness-at-berkeley-law/resources/mindfulness-in-legal-education/ (last visited Oct. 18, 2017) [https://perma.cc/T9NZ-XNFV] and at Scott Rogers, JURISIGHT, http://jurisight.com/index.html (last visited 8 Oct. 2017) [https://perma.cc/BTA7-J5XM]. Some teaching materials for these and other techniques can be found at Joseph Bankman, *Law School Wellness Project*, STAN. L. SCH., https://law.stanford.edu/directory/joseph-bankman/wellness-project/#slsnav-teaching-materials (last visited 8 Oct. 2017) [https://perma.cc/5MDY-MR6C].

II. Anxiety Among Law Students and Lawyers

Anxiety disorders are the most common mental disorders.[2] According to the National Institute for Mental Health, nearly one in five individuals will meet diagnostic criteria for an anxiety disorder in their lifetime.[3] In addition, many individuals will have anxiety that does not meet criteria for a mental health diagnosis but negatively affects well-being.

While anxiety can be unpleasant and debilitating in its own right, it also can contribute to substance abuse, depression, and suicide. Approximately half of all individuals with clinical depression also suffer from anxiety.[4]

Anxiety disorders appear to have both genetic and environmental causes,[5] and there is no reason to believe that individuals who choose law careers are immune. To the contrary, lawyers and law students operate in environments that are apt to generate anxiety. Most students experience law school as quite competitive. Law students and lawyers are evaluated in part on their public performance. They are expected to think rapidly and articulate clearly. In an adversarial context, lawyers frequently find their efforts deprecated by their opponents. Law schools try to prepare students for these pressures in a variety of ways (e.g., "cold-calling," the Socratic method, clinical experience, trial practice, moot court), but that preparation is itself a source of anxiety, and many law students never resolve their performance anxiety.

Law students face other sources of anxiety tied to their prospective career: whether they will like practicing law, whether they will be good at practicing law, and, for many, whether they will be able to get a job in the profession. Finally, and relatedly, the time pressures of law school can crowd out positive personal experiences (e.g., dating, exercise), which likely impairs student well-being.

In this high-stress environment, it is unsurprising that law students suffer from high rates of anxiety and depression, starting in their first year of law school.[6]

2. *Facts & Statistics*, ANXIETY & DEPRESSION ASS'N OF AM., http://www.adaa.org/about-adaa/press-room/facts-statistics (last visited 8 Oct. 2017) [https://perma.cc/4TK6-27SB].

3. *Statistics–Any Anxiety Disorder Among Adults*, Nat'l Inst. of Mental Health, https://www.nimh.nih.gov/health/statistics/prevalence/any-anxiety-disorder-among-adults.shtml (last visited Oct. 8, 2017).

4. "Nearly one-half of those diagnosed with depression are also diagnosed with an anxiety disorder." *Facts & Statistics*, ANXIETY & DEPRESSION ASS'N OF AM., supra note 2.

5. *See, e.g.*, John M. Hettema et al., *The Structure of Genetic and Environmental Risk Factors for Anxiety Disorders in Men and Women*, 62 ARCHIVES GEN. PSYCHIATRY 182, 182-83 (2005).

6. G. Andrew H. Benjamin et al., *The Role of Legal Education in Producing Psychological Distress Among Law Students and Lawyers*, 1986 AM. B. FOUND. RES. J. 225, 246 (finding that as many as forty percent of law students exhibit "significant symptom elevations"); Kennon M. Sheldon & Lawrence S. Krieger, *Does Legal Education Have Undermining Effects on Law Students? Evaluating Changes in Motivation, Values, and Well-Being*, 22 BEHAV. SCI. & L. 261, 273-74, 278 (2004) (finding significant reductions in well-being during the first seven months of law school, which persisted throughout law school).

These stress levels continue to escalate over the course of law school.[7] The high rate of emotional distress does not seem to be attributable to the rigors of graduate school more generally or to the personalities of people drawn to law school; law students' rates of anxiety and depression are higher than the corresponding rates among medical school students[8] and among future law students who have not yet started law school.[9]

Studies of practicing lawyers show that many report high levels of job satisfaction and well-being; this is particularly true of more senior lawyers, and lawyers who do not work in large firms.[10] Overall, though, anxiety and depression continue to plague those in the profession.[11] A study of lawyers in Washington state found anxiety levels roughly a standard deviation above that of the general population; over one-fifth of the sample had levels that placed them in the upper two percent of the general population.[12] Lawyers were shown to have higher rates of depression and alcohol use.[13] One study of more than one hundred professions found that lawyers had the highest rates of depression.[14] Lawyers commit suicide at a rate six times higher than the general population.[15]

III. Cognitive Behavioral Model of Anxiety

Anxiety can be characterized in innumerable ways.[16] A leading psychosocial model of anxiety is cognitive behavioral.[17] Here, anxiety is conceptualized as a

7. Benjamin et al., *supra* note 7, at 241; Nancy J. Soonpaa, *Stress in Law Students: A Comparative Study of First-Year, Second-Year, and Third-Year Students*, 36 CONN. L. REV. 353, 377 (2004).

8. Matthew M. Dammeyer & Narina Nunez, *Anxiety and Depression Among Law Students: Current Knowledge and Future Directions*, 23 LAW & HUM. BEHAV. 55, 67 (1999) ("[T]he results suggest that self-reports of depression by law students tend to be higher than those of comparison groups, including medical students.").

9. Benjamin et al., *supra* note 7, at 240; Sheldon & Krieger, *supra* note 7, at 271.

10. Jerome M. Organ, *What Do We Know About the Satisfaction/Dissatisfaction of Lawyers? A Meta-Analysis of Research on Lawyer Satisfaction and Well-Being*, 8 U. ST. THOMAS L. J. 225, 225-26 (2011).

11. Connie J.A. Beck et al., *Lawyer Distress: Alcohol-Related Problems and Other Psychological Concerns Among a Sample of Practicing Lawyers*, 10 J.L. & HEALTH 1, 45 (1995) (finding that "an alarming percentage of newly practicing lawyers are reporting a variety of significant psychological distress symptoms well beyond that expected in a normal population.").

12. *Id.* at 5.

13. *Id.* at 18-20.

14. William W. Eaton et al., *Occupations and the Prevalence of Major Depressive Disorder*, 32 J. OCCUPATIONAL MED. 1079, 1083 (1990).

15. Brian S. Clarke, *Law Professors, Law Students and Depression: A Story of Coming Out* (pt. 1), 4 J. Law 219, 220 (2014).

16. For example, anxiety may be characterized neurologically as a pattern of activation in the amygdala and other cortical regions. *See* Scott L. Rauch et al., *Neuroimaging Studies of Amygdala Function in Anxiety Disorders*, 985 ANNALS N.Y. ACAD. SCI. 389, 389 (2003).

17. Ronald M. Rapee & Richard G. Heimberg, *A Cognitive-Behavioral Model of Anxiety in Social Phobia*, 35 BEHAV. RES. & THERAPY 741, 741 (1997).

mutually reinforcing pattern of distorted thinking and maladaptive behavior, accompanied by negative emotions and physiological arousal.[18]

Distorted thinking consists of negative and often automatic thoughts, or cognitions.[19] For example, someone with social or performance anxiety might believe that she makes a fool of herself when performing common functions, such as paying for groceries. These negative thoughts tend to arise frequently and are assumed by the person experiencing them to be an accurate reading of the social situation. They contribute to a cycle of physiological reactions (e.g., blushing, heart racing), unpleasant emotions, and other negative thoughts.[20]

Negative thoughts may lead to avoidance behaviors. For example, a socially anxious individual may tailor her daily activities to minimize contact with others (e.g., grocery shopping late at night). Avoidance behavior is self-reinforcing; the individual conditions herself to avoid unpleasant thoughts, emotions, and physiological symptoms by avoiding sources of anxiety. Just as negative thoughts may lead to avoidance, avoidance can reinforce negative thoughts. Avoidance precludes the possibility that the individual will be able to have an experience, such as a pleasant interaction with a clerk at the grocery store, that helps challenge negative thoughts.

Most individuals feel anxious in some situations (e.g., job interview, first date). When associated symptoms and anxiety severity reach clinical significance, anxiety disorders are diagnosed. Anxiety disorders are divided into several subcategories. Social anxiety disorder, which is perhaps the most relevant for law students and lawyers, is defined in part as discomfort in speaking or appearing in front of others, avoidance of those activities, and a consequent significant deterioration of quality of life.[21] Panic disorder consists of panic attacks and modifying behavior (e.g., not driving) to avoid those attacks.[22] Generalized anxiety disorder consists of continual worrying, with symptoms that include irritability, restlessness, and difficulty sleeping and concentrating.[23] In broad outline, treatment for anxiety disorders using the cognitive behavioral model seeks to challenge negative automatic thoughts and replace them with more adaptive thoughts, and to encourage performance of previously avoided behaviors to challenge anticipated or perceived negative outcomes.[24]

18. *Id.* at 742-43.

19. *Id.*

20. *See* DSM-V at 203.

21. *Id.*

22. *Id.* at 208-09.

23. *Id.* at 222-23.

24. Christie Jackson et al., *Cognitive-Behavioral Therapy*, *in* TREATING COMPLEX TRAUMATIC STRESS DISORDERS (ADULTS): AN EVIDENCE-BASED GUIDE 243-44 (Christine A. Courtois & Julian D. Ford eds., 2009).

As noted above, anxiety often overlaps with depression. Under the cognitive behavioral model, that disorder, too, is conceptualized as a product of distorted thinking and maladaptive behavior.[25]

IV. Cognitive Behavioral Therapy and Psychoeducation

The cognitive behavioral model of anxiety was developed by therapists and originally used as a basis for individual psychotherapy.[26] In twelve to sixteen hours of cognitive behavioral therapy, patients are taught to identify and challenge negative thoughts. [27] Therapists also work with patients to identify the nature and source of "core beliefs" that underlie negative thoughts.[28] For example, someone might react to a difficult childhood with the belief that she must be perfect to be valued; as an adult, her high standards lead to anxiety and avoidance of situations in which failure or criticism is a possible outcome. The therapist might then work with the patient to modify her core belief. As indicated previously, therapists might also work with patients to reduce avoidance behaviors through a series of graduated exposures.[29]

Several meta-analyses examining various CBT and pharmacological studies indicate that cognitive behavioral therapy results in significant symptom improvement, and that patients largely maintained treatment gains for up to one-year follow-up.[30] Positive results from a cognitive behavioral approach have been obtained from group as well as individual therapy.[31]

While cognitive behavioral therapy is successful, its reach is small. Only a small portion of individuals who meet criteria for an anxiety disorder will ever see a therapist.[32] Therapy is costly, inconvenient, and stigmatized. Some individuals may not feel comfortable working with therapists, or may find other sources of help more trustworthy or effective. For that reason, a major emphasis in psychology, psychiatry, and public health has been to move away from a therapist-dominated approach and instead focus on providing

25. Rapee & Heimberg, *supra* note 18, at 742-43.

26. JUDITH S. BECK, COGNITIVE BEHAVIOR THERAPY 5-6 (2d ed. 2011).

27. *Id.* at 17-28.

28. *Id.*

29. *Id.*

30. See Bunmi O. Olatunji et al., *Efficacy of Cognitive Behavioral Therapy for Anxiety Disorders: A Review of Meta-Analytic Findings*, 33 Psychiatr. Clin. N. Am. 557, 568 (2010).

31. Thomas L. Rodebaugh et al., *The Treatment of Social Anxiety Disorder*, 24 CLINICAL PSYCHOL. REV. 883, 887 (2004).

32. *See, e.g.*, Alan Mozes, *Many U.S. Men with Depression, Anxiety Don't Get Treated, CDC Finds*, HEALTHDAY (June 11, 2015), https://consumer.healthday.com/mental-health-information-25/anxiety-news-33/many-u-s-males-with-depression-anxiety-don-t-get-treated-survey-finds-700264.html [https://perma.cc/QN32-5YFM].

psychoeducation and self-help on mental disorders.[33] Psychoeducation is generally defined as an intervention that provides information or education but not active treatment.[34] Psychoeducation allows individuals to identify a condition and learn about its causes and treatment. It includes exercises and techniques that have been empirically shown to reduce the symptoms or severity of a mental health disorder.[35]

In general, psychoeducation differs from therapy in its educational focus, brevity, and the lack of therapeutic relationship and interaction. Psychoeducation, as opposed to therapy, does not provide personalized guidance or feedback at locating causes of problems, or efforts to solve those problems. Psychoeducation is often integrated in therapy, however, and some forms of psychoeducation may involve limited personalized feedback.[36]

Books and workbooks provide important sources of psychoeducation on anxiety. Scores of books explain the cognitive behavioral model of anxiety and depression to laypersons and contain exercises designed to reduce anxiety.[37] One of those books, *Feeling Good*, has sold over five million copies.[38] Newer cognitive behavioral psychoeducation is often web-based; hundreds of sites offer information and exercises.[39] Psychoeducation about the cognitive behavioral model is also disseminated through peer counseling, which comes closer to replicating the methodology of therapy.[40]

Finally, there is the approach in this study, in which information is provided in school, by teachers.[41] In one sense, school-based psychoeducation on the cognitive behavioral model of anxiety is as old as school itself. The cognitive behavioral model has a common-sense core. Teachers incorporate parts of that

33. *See* Tara Donker et al., *Psychoeducation for Depression, Anxiety and Psychological Distress: A Meta-Analysis*, 7 BMC MED. 79 (2009), http://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-7-79 [https://perma.cc/88HL-Z3R8].

34. *Id.*

35. *Id.*

36. For example, some online programs follow algorithms that offer a degree of personalization, and a psychoeducation lecture may include an exercise in which feedback is given to the answer of a volunteer.

37. *See, e.g.*, Leah Price, *When Doctors Prescribe Books to Heal the Mind*, BOS. GLOBE (Dec. 22, 2013), https://www.bostonglobe.com/ideas/2013/12/22/when-doctors-prescribe-books-heal-mind/H2mbhLnTJ3Gy96BS8TUgiL/story.html [https://perma.cc/HC7M-TBEV] (noting British doctors prescribing books to address depression).

38. Robert L. Strauss, *Mind over Misery: Try, Try Again*, STAN. MAG., https://alumni.stanford.edu/get/page/magazine/article/?article_id=64401 (last visited Sept. 28, 2015) [https://perma.cc/C36X-FS7P].

39. *See, e.g.*, *Resources*, CHESHIRE & WIRRAL PARTNERSHIP: NHS FOUND. TR., http://www.cwp.nhs.uk (last visited Sept. 28, 2015) (listing websites offering psychoeducation).

40. *See generally* JOHN C. GIBBS ET AL., THE EQUIP PROGRAM: TEACHING YOUTH TO THINK AND ACT RESPONSIBLY THROUGH A PEER-HELPING APPROACH (1995).

41. *See, e.g.*, Alison L. Neil & Helen Christensen, *Efficacy and Effectiveness of School-Based Prevention and Early Intervention Programs for Anxiety*, 29 CLINICAL PSYCHOL. REV. 208, 209 (2009).

model, for example, every time they counsel students who are fearful of an activity to just give it a try, and/or begin new areas by asking easy questions, to provide "graduated exposure" to reduce anxiety.[42] More recently, social/emotional educational curricula are often based on the cognitive behavioral model.[43]

In general, the efficacy of cognitive behavioral psychoeducation is not as well studied. [44] The studies that have been conducted show it to be effective, but less so than therapy. That is not surprising, because cognitive behavioral psychoeducation is not individualized and differs from therapy in many other ways. One study of teacher-led cognitive behavioral intervention for anxiety showed that eighty-eight percent were successful, with an overall statistically significant reduction of anxiety and a small effect size of 0.31.[45] No programs could be found similar to the ones described here: two-to four-hour teacher-led sessions employing an older sample of law students.

V. Pilot Law School Psychoeducation Classes

The pilot courses described below were designed to present to law students a few hours of psychoeducation on the cognitive behavioral model of anxiety. The classes were developed by the two authors of this article with psychological training, but were significantly modified by each of the other two authors, who taught the material at their respective schools.[46] The modifications reflected the teaching style and priorities of each teacher. The teachers were given approximately ten hours of instruction in the cognitive behavioral model.

The primary goal was to test the feasibility and acceptability of teaching brief psychoeducation by "regular" law faculty without clinical training in psychology in a law school environment. Feasibility and acceptability were measured by subjective assessments of instructors and students (i.e., whether the course justified the time spent attending for students and for instructors, the time spent preparing and teaching). Secondary goals were to determine

42. *See, e.g.*, Rony Berger et al., *School-Based Intervention for Prevention and Treatment of Elementary-Students' Terror-Related Distress in Israel: A Quasi-Randomized Controlled Trial*, 20 J. TRAUMATIC STRESS 541, 545-46 (2007).

43. *See, e.g.*, *Promoting Alternative Thinking Strategies (PATHS)*, BLUEPRINTS FOR HEALTHY YOUTH DEV., http://www.blueprintsprograms.com/factSheet.php?pid=b6692ea5df920cad691c203 19a6fffd7a4a766b8 (last visited Sept. 28, 2015) [https://perma.cc/2NN8-M4T2].

44. Neil & Christensen, *supra* note 41, at 209.

45. *Id.* at 211.

46. The handouts and student responses from the Stanford and Yale classes are available online at http://ianayres.yale.edu/sites/default/files/files/anxiety_appendix.zip. The Stanford Institutional Review Board has held that this study does not constitute human subject research for the purposes of 45 C.F.R. § 46.102 (2016). An updated set of teaching materials similar to those used in these classes can be found at *Teaching Materials, WellnessCast, Articles, and Bloggers on Wellness in Law School*, LAW SCH. WELLNESS PROJECT, https://law.stanford.edu/directory/joseph-bankman/wellness-project (last visited Oct. 18, 2017). The two authors with psychology training were Kristine Luce and Joseph Bankman, both of whom are psychologists.

whether students used the techniques described in the lectures and whether they reported a decline in anxiety. A final goal was to establish a baseline program that other faculty might want to adopt, and that researchers might modify and/or test.

A. Stanford

The Stanford pilot consisted of two one-hour classes, offered in the fall of 2012 and again in the fall of 2013. In both cases, the classes were conducted by one of the authors (Fried) and offered to the thirty students in her contracts class. They were held in the evening (in the law school and the professor's house), and pizza was served. The classes were supplemental to the regular curriculum, voluntary, and not graded. The first year, twenty-nine of the thirty students attended both sessions. The second year, twenty-eight students attended the first class and twenty-seven attended the second class (the absences seemed to be due to scheduling conflicts).

The professor introduced the classes with a brief talk about her own experience with anxiety, both as a law student and as a lawyer and teacher. The sharing of personal experience was intended to normalize anxiety.

In the first year (2012), the first class began with an exercise designed to replicate the experience of being "cold-called."

> *It is Monday, 2:15, room 185, a couple of weeks ago. The subject is coercion/duress. You're feeling pretty good about the upcoming class. You did all the reading, and spent a lot of time thinking about the first case, Odorizzi v. Bloomfield School District. You even got into a spirited debate with a couple of classmates about it the night before. I call on you and ask you about Kelsey Hayes v. Galtaco instead.*
>
> *You think; Oh God, which case was that? It was about car parts. That's right. The plaintiff was supplying car parts to Ford. But its contract with Ford wasn't the problem; it was the other contract—with the guy who was manufacturing something they were going to put into the car part. So what was the problem?*
>
> *The whole class is staring at you. You look down at your book. It is open to the Odorizzi case. You start to thumb forward frantically, looking for Kelsey Hayes. It isn't there. Your palms are sweating and your heart pounding. Finally, a person a few seats down the row says out loud, "It's page 723." You're grateful and mortified.*
>
> *You flip to page 723, and quickly skim the first paragraph. Your mind is completely frozen and it's just a sea of words . . . .*

Following this introduction, students were asked to write down three thoughts or emotions they were feeling in the moment, and, if they felt comfortable doing so, to share those "immediate thoughts" with the person next to them. A partial list of responses is set forth below.[47]

1. *I know I shouldn't care but it's hard not to.*
2. *I feel inadequate.*

47. All student comments quoted in this article are taken from anonymous reviews; all students consented to the use of their reviews in this article.

3. *I feel shame, embarrassment.*
4. *I feel inferior to everyone.*
5. *I was the one admissions error.*
8. *I felt exposed.*
9. *I felt jealous of my classmates who answered the questions right and pissed off.*
10. *I feel stressed—like I'm in a hole I can't climb out of.*
11. *I feel disappointed in myself.*
12. *I feel angry at myself/full of self-loathing.*
13. *I feel isolated.*
14. *I feel stupid.*
15. *Everyone thinks I'm stupid.*
16. *____ [the instructor] thinks I'm an idiot; I can forget about getting any recs from her ever.*

Students were then asked to write down how they imagine they would think about this after class, and the next day. Responses included the following:

1. *I want to avoid everyone.*
2. *I seek out validation from friends, or downplay it to others.*
3. *I complain about it on Facebook.*
4. *I play it over obsessively in my mind.*
5. *I call my family.*
6. *I think about all the things I should have said.*
7. *I go over the case in my head so much it's not healthy.*
8. *I've got PTSD.*
9. *When I walk into Contracts the next day, everyone will remember what happened.*
10. *Everyone thinks of me as the Contracts clown.*
11. *I'm mediocre.*
12. *That was humbling.*
13. *I'm less likely to raise my hand or participate the next time.*
14. *The next time I mess up in class it will be twice as bad.*
15. *I won't be able to sleep tonight.*

Class ended with the collection of student responses, and students were given a brief handout on negative automatic thoughts that support anxiety. The second year, additional handouts were supplied on anxiety and depression and on developing an exposure plan. The teacher also distributed a short memo that summarized the work of Carol Dweck on mindset and the dangers

of perfectionism, along with an article on the same subject by Dweck and Leggett.[48]

The second class began by sharing with the class the responses listed above. The instructor then went over the handout on automatic negative thoughts. (In the second year, some of this material was moved up to the first class.)

Negative automatic thoughts, as discussed above and in the handout, are often forms of false generalizations that produce and reinforce anxiety. These include catastrophizing, mindreading, downplaying the positive, fortune-telling, self-blame, and black-and-white thinking. Student responses from the above list (e.g., I am a failure, admissions mistake, thought stupid by classmates, will be a lousy lawyer) were used to illustrate negative thoughts. Rational responses to these thoughts were discussed, and students were urged to use their lawyerly analytic skills to challenge their own negative thoughts. For example, one such technique was to examine each thought as a lawyer would a legal assertion, and to look for evidence that supports or refutes that thought.[49]

The central role of avoidance behavior in supporting anxiety was then discussed. Student responses from the previous class that listed avoidance of class participation as a likely response to the "flubbed question" were used as examples. The advantages and disadvantages of avoidance were discussed. Avoidance offers short-term relief of the worst few moments of anxiety. However, avoidance leaves the central experience of anxiety intact (worrying about being called on), and deprives the student of the opportunity to decrease anxiety through repeated exposure. In fact, it may exacerbate the perceived unpleasantness of giving the wrong answer, and in so doing increase the anticipatory anxiety and avoidance.

More constructive ways of coping with anxiety in the classroom were explored. These included precommitting to speaking up more in class and

48. Dweck and her co-authors have shown that individuals who equate success with demonstrations of competence recognized by others (a "performance mindset") and ascribe their own success to inborn traits (IQ, artistic talent, etc.), tend to be highly risk-averse, avoid tasks unless they are confident of success, give up quickly in the face of initial failure, and are prone to performance anxiety and depression. In contrast, those who equate success with *increasing* their level of competence (a "learning mindset"), which they ascribe to perseverance and hard work, have much better outcomes along all these dimensions, including anxiety and depression. Their findings complement conventional CBT research about anxiety, but put the problem in a frame that resonates strongly for some law students, who self-identify as having a "performance mindset." *See, e.g.*, Carol S. Dweck & Ellen L. Leggett, *A Social-Cognitive Approach to Motivation and Personality*, 95 PSYCHOL. REV. 256 (1988).

49. As is perhaps obvious, these skills are not unique to law school (nor internalized by all law students). In presenting a similar program to students at Stanford Medical School, one of the authors substituted "scientific" skills for "lawyerly" skills and asked students to examine the basis for negative thoughts as they would the evidence for and against a particular diagnosis. That said, through self-selection and training, law school tends to have a student population well-suited to the technique of using logic to challenge negative thoughts. Presenting that technique in terms that resonate with legal training and goals (e.g., "think like a lawyer") makes it easier for students to grasp.

normalizing (and in so doing, reducing) fears of flubbed responses by talking about them with classmates. Students were challenged to deliberately give a wrong answer sometime, and in so doing explore whether their sense of "catastrophic" consequences was really accurate.

Much of the second class was given over to students' describing coping mechanisms that had worked for them. The class closed with the instructor talking briefly about the destructive side of perfectionism and how that trait can underlie anxiety.

In the second year (2013), in response to student comments the first year, the instructor devoted more time to discussing the role of anxiety in other professional settings, in both law school and beyond. These include avoiding challenging (scary) courses, not making connections with professors, shying away from certain extracurricular commitments, and limiting the career choices they consider.

At the end of the second session, students were asked to pick one thing it was difficult for them to do because of anxiety, and try to get themselves to do it at least once over the next couple of weeks. Students were told they would be asked about the success of the self-interventions on a follow-up questionnaire. Students were given handouts on resources available to them at Stanford, and a link to a Stanford blog on study skills that touched on some of the matters discussed.

Since the pilot program, Stanford Law School has offered a variant of the psychoeducation program to all first-year students.

B. Yale

The Yale pilot also consisted of two one-hour classes, offered in the fall of 2013 and again in the fall of 2014. The classes were conducted by one of the authors (Ayres) and were offered to the entire entering first-year class in both years. The classes were supplemental to the regular curriculum, voluntary, and ungraded.[50]

In 2013, the first class was marketed as "How to Participate Effectively in Class" and occurred at noon (with lunch provided) during the second week of class. One hundred and four students attended. The first class discussion was led with the aid of a PowerPoint presentation.

The first class also began with a five-minute narrative by the professor about his own experience with anxiety, both as a law student and as a law professor. The introduction also explained that most people experience some anxieties. The class then spent roughly twenty minutes on a stylized mood induction, similar to the one used in the Stanford class, designed to help students learn the types of physiological, emotional, and avoidance responses often associated with social anxiety disorder, with particular attention to automatic

50. Materials used in this pilot can be found at http://ianayres.yale.edu/sites/default/files/files/anxiety_appendix.zip.

negative thinking. Students were invited to assess the extent to which their own experiences mirrored the range of classic anxiety responses.

The remainder of the first class focused on cognitive restructuring. The instructor discussed a handout on methods to challenge negative automatic thoughts, which included a five-step approach to guide students toward more realistic assessments of their worries. In addition, students were given an "Additional Resources" handout, apprising them of services provided by Yale's Mental Health and Counseling Department for those needing more sustained interventions, as well as a variety of online references.

The second class was held in the evening a week later at the professor's home (dinner was provided). Forty-two students attended the second class. The class focused on exposure therapies. Students were given a "Developing an Exposure Plan" handout (as well as one relating the possible benefits of cognitive behavioral therapy for treating depression). The class discussion described key features of successful exposure plans: They are gradual, sustained, repeated, and objectively evaluated. The professor gave specific examples of classroom speaking exposures as well as exposures related to writing procrastination.

In 2014, the first Yale presentation was largely the same but was titled "Anxiety and Things You Can Do About It." The second presentation, again held at the professor's home, continued to focus on exposure therapies, but also included a discussion of Dweck's theory of "Performance Versus Learning" mindsets[51] and Sheldon and Krieger's self-determination theory.[52] Relative to the 2013 training, more Yale law students attended the 2014 training: One hundred twenty-nine students attended the first class, and sixty-five students attended the second class.

The program continues to be offered to Yale students.

VI. Student Responses and Evaluation

A. Stanford

Student in-class responses were quite positive both years. Students were initially reluctant to talk about their own experiences with anxiety, but after a couple of students led the way, a majority (or close to) opened up about how their own anxiety manifested itself, and, in some cases, about techniques they had found useful in managing it.

Both years, students were asked to complete a brief online anonymous evaluation after completing the two sessions (seven questions in the first year, expanded to eleven questions in the second year). The first year, twenty out of twenty-nine participants completed the survey. The second year, seventeen out of the twenty-six participants who attended both sessions completed the survey. In both years, the response rate was lower than it has historically been

51. *See id.*

52. Sheldon & Krieger, *supra* note 7, at 263-65.

for class evaluations. It seems likely that this is attributable to the fact that while students were given class time to complete the usual class evaluations and (at the time) were also given hard copies of the evaluations, here the evaluations were distributed by email some time after the classes. Both years, the instructor sent out two gentle reminders to students to fill out the evaluation forms, which appeared to increase the number of responses.

Students' evaluations of the sessions did not differ radically in 2012 and 2013, although both the numeric responses and comments were more positive in 2013. This may just be noise, or may in part reflect the changes the instructor made to the course in response to student comments the first year, as well as her own greater self-assurance. In the interests of space, discussion here will focus on the 2013 responses.

In addition, the instructor sent a follow-up survey to the 2013 participants in March of their 2L year (2015). The purpose of the follow-up survey was to gauge how much (if any) residual benefit students perceived the sessions to have had, from the vantage point of eighteen months out. Fifteen students completed the second survey (once again, helped along with a couple of gentle reminders from the instructor).

In both years several students sought out the instructor after completing the sessions to tell her how useful the sessions had been for them. Representative responses to the qualitative questions are listed below; complete responses to the qualitative questions are available online.[53]

1. Results from First Survey of 2013 Participants
(Sent out Three Weeks After Completion of the Sessions)

Quantitative responses:

Students were asked to rate, on a five-point scale, how helpful the course was (with 5 defined as "very useful" and 1 defined as "not at all useful"). The mean response was 4.176. (Distribution was six 5s; eight 4s; and three 3s.)

Students were asked to rate, on a five-point scale, their level of anxiety coming into the course (with 5 defined as "very anxious" and 1 defined as "not at all anxious"). The mean response was 3.05. (Distribution was five 2s, six 3s, and six 4s.)

On whether they would recommend that the course be taught the following year, all seventeen respondents said yes.

Representative qualitative responses:

Question 4: What did you think was most useful about the sessions? Least useful? (Sixteen of seventeen students responding.)

> *The most useful was definitely hearing my classmates speak openly and honestly in such a setting—it really put me at ease.*
>
> *I found it very useful to have a safe space in which to talk about our different reactions to anxiety.*

53. http://ianayres.yale.edu/sites/default/files/files/anxiety_appendix.zip.

Prof. Fried's lectures were wonderful, especially her personal anecdotes. I related to all of them, and was grateful for her honesty. Sadly, I didn't find all of my classmates' contributions to be helpful.

I found the experience of hearing people sharing their own stories the most useful.

More than anything, I loved the opportunity to see that everyone else is feeling the same thing and talk openly about something I've thought about a ton but never really discuss with anyone. Also the reading was fantastic . . . .

Most useful: hearing my classmates and hearing you tell me you feel the same way. It made us all a lot closer. Least useful: I really enjoyed all of it and can't think of anything.

Most useful to me was the experience of hearing that my peers have similar feelings. Least useful were the readings.

Passing the paper with our thoughts on them and hearing about your history with anxiety were useful for me.

Hearing my classmates talk about the same issues that I have been struggling with.

Question 10: Over the past three weeks, have you tried to implement any of the strategies we talked about in the anxiety sessions? (Fifteen of seventeen students responding.)

Recognizing when I have been catastrophizing helps me step back and restore perspective. It has been incredibly helpful.

Not really, other than coming to the realization that my fellow classmates are also anxious sometimes. This, in itself, has allowed me to approach my class time a bit differently.

Yes—countering automatic negative thoughts. I thought it was pretty successful.

I'm working on making sure I don't fall into the trap of seeing everything in black and white . . . .

I've been trying to talk more in class to get over the hurdle. I also answered a question with a strong "I don't remember" to try it out, and it felt fine.

Yes. I forget exactly what this is called, but I've tried to use the 'talk to yourself like a friend/lawyer' strategy of questioning my own beliefs. It's worked well, and I already find myself doing it automatically.

Positive framing and talking to other people.

I have tried to push myself much more to talk in class to desensitize myself to it.

Yes, getting out of the habit of catastrophic thinking. It has been very helpful.

Yes. I challenge the negative thoughts about my performance on panel.

I've tried to be more objective in reflecting on my class participation.

Question 11: Any other comments? (Eleven of seventeen responding.)

Thanks for being so upfront with us. It was really wonderful to hear you speak so candidly about your experiences as a lawyer and law professor.

Thanks for your outside-the-box approach to a subject that is generally avoided but is likely very necessary.

I think this is a great initiative.

I am so thankful to Prof. Fried for putting these together. The sessions were a much-needed reminder that law school is about learning, not grades, and a much-appreciated gesture of Prof. Fried's genuine care for her students' well-being. Thank you again.

Thank you so much. This was a wonderful experience.

The sessions brought my anxiety level from a 4 to a 2.

Thank you for thinking about this issue and starting this dialogue.

I am grateful for having attended these sessions.

2. Responses from the Follow-up Survey Sent to 2013 Participants Eighteen Months Later (in March 2015).

Overview of the responses:

Fifteen students responded, not all answering all questions. Ten out of the fourteen students who responded to one question reported using at least one of the anxiety management techniques we had discussed in class, and most of them said that they were still using them and found them helpful. All thirteen students who responded to another question said that the law school should make the program available to all students.

One recurring comment from students who found the psychoeducation valuable and those who did not is that the sessions brought the section much closer together, a positive effect that still persists.

Question 1: Did you try out any of the techniques for managing anxiety that we discussed in the two sessions? (Fourteen responding.)

Ten Yes

Four No

Question 2: If so, do you remember which one(s)? Did you find them helpful? Are you still consciously using any of them? (Eleven of fifteen responding.)

I still try to notice when I'm catastrophizing a situation. Your sessions helped me recognize that I sometimes let my anxiety snowball until the consequences of any action are blown completely out of proportion.

It's hard to remember specifics this far from the session but I think we talked about exercise, keeping up with non-law things. I do that as much as I can but have had a hard time doing so at times.

Focusing on the positive rather than the negative. I found all of the management techniques helpful, and I still focus on thinking about things I've done right rather than things I've done wrong.

Decatastrophizing and just generally trying to put scary situations into context (i.e., are the stakes and risks really worth all the anxiety that I am feeling about them?).

Logically addressing concerns. I still analyze whatever causes the anxiety as dispassionately as possible, which eases my anxiety since I typically derive a plan of action to deal with the anxiety-causing issue.

I don't remember which ones, nor do I consciously still use them, but the sessions generally made me more optimistic about law school. And I remember at certain points throughout 1L using certain mental tricks thinking, we talked about doing this in our sessions with Professor Fried.

Yes—I think back often to the "Thinking like a lawyer" concept, and do it frequently. It's great.

I don't. I meditate (though that's been driven by other factors).

Question 3: Has anything else about the sessions stayed with you? If so, what? (Fourteen of fifteen responding.)

My gratitude has stayed with me. I was so appreciative that a professor recognized, in a very real and proactive way, that we were struggling.

Not particularly.

[Anxiety is a] widespread issue.

The supportive atmosphere of dealing with issues and insecurities with my classmates, many of whom shared the same feelings.

I don't specifically remember any of the techniques, but I do remember the discussions, and coming away with the general understanding that many other students are nervous about their performance to some degree. I've also passed the article on viewing failure as a learning opportunity vs. a failure to perform and different views or definitions of intelligence on to at least one person, who found it helpful.

The session created a great camaraderie within the group that has persisted. That is very valuable.

It was a wonderful way to get to know my section and my professor on a deeper level. I really valued the connections I felt out of that. And of course, just the act of talking about anxiety and realizing that your peers have similar concerns helps ameliorate the problem.

Generally the concept of "automatic" thoughts . . . and more than that, the sense that anxiety is something everyone deals with and that coping is about finding tactics that work, rather than trying to change who I am or what I'm doing in life.

Simply knowing I wasn't alone about anxiety and law school. Hearing Professor Fried say that she was anxious, and hearing my classmates talk about it was really refreshing.

In addition to specific anxiety-managing techniques, the sessions created camaraderie that persisted both inside and outside the classroom.

Question 6: Any other comments? (Eight of fifteen responding)

I think this is a beneficial program and would hope it is a mandatory/universal experience, and not just aimed at those who self-identify as having anxiety. I think it is equally as important for the more confident students to hear what their classmates have to say.

Thank you so much for doing this workshop with us!!

It was a little difficult and felt a bit uncomfortable at times but as long as everyone is game, which they were in section three, it can be a very positive experience.

Definitely one of my most treasured experiences from law school thus far. I am not sure that our section would have been so tight-knit.

It was also wonderful to have a professor open up to us about anxiety. I think it made anxious people feel a lot more comfortable knowing that they aren't the only ones who are nervous.

It's a great idea just to have students talk to each other about anxiety. Mental health is a neglected issue for law students . . . .

B. Yale

A month after the second class meeting, Yale participants were asked to answer a series of yes/no questions and to provide in narrative fashion their general reactions to training. Table 1 summarizes the students' answers to the dichotomous questions in 2013 and 2014:

Table 1: Yale Responses to Anxiety Questionnaire

Percent Affirmative			Question
2013	**2014**	**Year-on-Year Change**	**How would you have answered these questions before anxiety training?**
47.4%	29.5%	-17.8%	Do you experience sudden episodes of intense and overwhelming fear that seem to come on for no apparent reason?
31.6%	27.3%	-4.3%	During these episodes, do you experience symptoms similar to the following? | racing heart | chest pain | difficult breathing | choking sensation | lightheadedness | tingling or numbness |
26.3%	25.0%	-1.3%	During the episodes do you worry about something terrible happing to you, such as embarrassing yourself, having a heart attack or dying?
36.8%	31.8%	-5.0%	Do you worry about having additional episodes?
84.2%	90.9%	6.7%	Do you worry about school performance?
47.4%	63.6%	16.3%	Is it difficult to control the worry?
63.2%	88.6%	25.5%	Do you have two or more of these symptoms? | feeling restless or on edge | being easily fatigued | having difficulty concentrating | feeling irritable |
31.6%	29.5%	-2.0%	Have you experienced or witnessed a frightening, traumatic even, either recently or in the past?
5.3%	9.1%	3.8%	Do you continue to have distressing recollections or dreams of the event?
5.3%	18.2%	12.9%	Do you become anxious when you face anything that reminds you of that traumatic event?
15.8%	22.7%	6.9%	Do you try to avoid those reminders?

Percent Affirmative			Question
2013	2014	Year-on-Year Change	**How would you have answered these questions before anxiety training?**
79.9%	65.9%	-13.0%	Do you have any of the following symptoms? | difficulty falling or staying asleep | irritability or outbursts of anger | difficulty concentrating | feeling "on guard" | easily startled |
26.3%	40.9%	14.6%	Do you have recurring thoughts or images (other than the worries of every-day life) that feel intrusive and make you anxious?
31.6%	47.7%	16.1%	On occasion, do you know that these thoughts or images are unreasonable or excessive?
10.5%	22.7%	12.2%	Do you engage in any repetitive behaviors (like handwashing, ordering, or checking) or mental acts (like praying, counting, or repeating words silently) in order to end these intrusive thoughts or images?
68.4%	75.0%	6.6%	Are you afraid of me or more social or performance situations? | speaking up | taking a test | eating, writing or working in public | being the center of attention | asking someone for a date |
73.7%	63.6%	-10.0%	Do you get anxious and worried if you try to participate in those situations?
36.8%	47.7%	10.9%	Do you avoid these situations when possible?
			In the weeks since the training:
Percent Affirmative			**Question**
89.5%	86.4%	-3.1%	Did you find the anxiety training to be helpful?
100.0%	90.9%	-9.1%	Have you participated in class?
89.5%	63.6%	-25.8%	Have you applied the techniques suggested in the training?
57.9%	54.5%	-3.3%	Have you experienced a lessening of any symptoms you reported above?

*Percentage answering yes of those answering yes, no, N/A, or leaving question blank. All but last four questions are edited versions of https://anxieties.com/self.php.

Fall 2013

Nearly half (47.4%) reported before training experiencing "episodes of intense and overwhelming fear" and 84.2% reported worrying about school performance. More than a quarter (26.3%) reported having "recurring thoughts and images that feel intrusive."

Students generally expressed satisfaction with the training, as 89.5% of students reported that the training was helpful. Additionally, 89.5% of

students reported having used the techniques suggested in the training in the weeks following the training.

The accompanying narrative comments responding to a question asking for "any other thoughts about the training, how it might be improved, or whether it should be continued" were consistent with the foregoing responses. Beyond several expressions of thanks and urging that the training sessions continue, individual students offered the following representative suggestions and assessments:

> *This training was the most helpful session since I've been at Yale. It absolutely should be continued. Before the session, I felt very anxious about the prospect of cold calling, and I was very anxious whenever I was cold called in class (racing heart, difficulty concentration on the question/thinking, etc.). The training helped me recognize, limit, and conquer my reaction. Of course, as mentioned in the training, repetitive exposure helped as well.*
>
> *I had done CBT for anxiety prior to attending the seminar. I thought that it might have been more helpful to break up the presentation for students with different types of anxiety. . . . I think that advertising the seminar as one focusing on getting more comfortable speaking in class, or dealing with fears surrounding 1L year might be more appropriate . . . . I appreciated that someone on the faculty recognized the existence of acute anxiety, and that you were willing to share some of your experiences with students.*
>
> *I thought the first part of the training was great, and you did a good job of speaking to a wide range of experiences. The second part, at your house, was fun, but it didn't quite feel small enough for people to feel comfortable sharing or talking through things that are maybe quite personal.*
>
> *I think the training is only likely to be helpful for those students who are still on top of things enough to be able to self-treat (which may be a large number). For those students who already feel too overwhelmed to add another "program"—more tasks and reminders—trainings like this are unlikely to have a lasting impact, as interesting as they might be.*

Fall 2014

The students expressed a similar level of satisfaction with the training in 2014 (86.4% of respondents) as in 2013. However, a considerably lower percentage of students in 2014 reported having used the techniques suggested in the training in the weeks following the training. Despite fewer students applying the new technique, roughly the same percentage of respondents in both years reported experiencing a lessening of the anxiety (57.9% and 54.5% of respondents in 2013 and 2014, respectively).

We find that students who applied the techniques were likely to have reported previously worrying about school performance (corr = 0.254), previously having difficulty controlling this worry (corr = 0.1429), previously feeling restless, irritable, or on edge (corr = 0.3248), and being afraid of common social situations such as speaking up or working in public (corr = 0.2901). Similarly, students who reported previously having these anxieties were more likely to have participated in class since the first training (e.g., the

correlation between class participation after the training and worry about school was 0.45) and to have reported having less severe symptoms of anxiety (e.g., the correlation between worries about common social situations and lessening symptoms was 0.29).

As we did at the end of the 2013 survey, we asked for "any other thoughts about the training, how it might be improved, or whether it should be continued." Individual students offered the following comments:

I thought the training was great. I am coming from a particularly small academic program, so I was previously forced to confront many of the classroom anxieties described above (participating, being corrected, etc.) . . . . [It] definitely made me feel more comfortable at the school (even if my behavior was not necessarily altered).

I think the training should be continued and think it might be useful to make it a bimonthly or monthly meeting.

The anxiety that I occasionally experience is not tied directly toward academic performance. I felt that a lot of the training focused on an academic context, but I was still able to learn from it . . . . While my personality is not such that I find law school unhealthily stressful, I need to exert a lot of mental energy to prevent others' stressful perspectives from exerting a negative influence on me.

I think the trainings were a little bit useful, but I could have benefitted from more frequent and/or smaller sessions. It's difficult to come up with methods for coping with anxiety that help everyone equally, so smaller sessions where people could ask more specific questions would be more helpful.

At the second training, I think more discussion would have been helpful; there was much more lecturing than I had anticipated. Also, having more testimonials from current students, whether anonymous or in person at these events, would have helped.

VII. Future Directions

Both teachers have continued to offer classes on anxiety psychoeducation. One teacher (Fried) has expanded the focus beyond class participation to include other common sources of professional anxiety, such as writing papers and meeting deadlines.

VIII. Conclusion

The Stanford and Yale classes were built around the cognitive behavioral model of anxiety and constructed by authors with clinical experience in psychology. This model was chosen because its empirical support when used in therapy suggested it might be effective in a nonclinical setting, because its emphasis on analytic thought seemed congruent with a law school audience, and because two of the authors had experience with using this model in therapy. However, the courses were designed to be taught, and were taught, by faculty without that experience. Each teacher modified the course to reflect personal teaching style, the particulars of the course being taught, and his or

her sense of what inside or outside the cognitive behavioral model was most compelling.[54]

The two courses differed in many ways. The Stanford class was taught by a contracts professor to a group of approximately thirty students who had all their first-semester, first-year courses together, and it was structured to facilitate group discussion. The Yale class was organized as a lecture offered to all first-year students, followed by a more informal talk and discussion at the professor's home.

Each class was voluntary and was popular with students. Virtually all Stanford students who were invited to attend chose to participate in the class. Student evaluations were unanimous in recommending the class continue to be taught; follow-up surveys showed that many students used cognitive behavioral techniques to reduce anxiety more than a year after the course ended. The Yale course attracted a majority of the first-year student body for the first, general lecture; a substantial number of students elected to attend a follow-up discussion. A substantial majority of students expressed satisfaction with the class, and a majority of students reported using techniques suggested in the class and reported a decrease in anxiety.

Considered together, the Stanford and Yale classes suggest that brief psychoeducation on anxiety can be successfully taught by law faculty without clinical experience in psychology. An up-to-date version of that program, along with an explanatory manual for faculty, is maintained on the Stanford Law School Wellness website.[55] Other faculty might experiment with that program, and other researchers might test, or improve and test, that program.

The Stanford and Yale classes also suggest that similar programs, built around other promising techniques or methodologies, such as mindfulness or positive psychology, might also do well in a law school setting.[56]

54. For example, the Carol Dweck material used in the Stanford classes, while congruent with a cognitive behavioral (and other frameworks), is not within that framework.

55. *See* note 1.

56. *See* note 1 for a list of sites that describe current law school-based research and pedagogy in this area.