

CLIENT AND ATTORNEY SELF-CARE

HELPING MAKE BAD DAYS BETTER



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WHO AM I?



WHO AM I?



DYER LAW PC, L.L.O.

*Calls Returned. Questions Answered.
We're Your Team.*

WHO AM I?



SELF-CARE

- Self-care has been defined as the process of establishing behaviors to ensure holistic well-being of oneself, to promote health, and to actively management of illness when it occurs. Individuals engage in some form of self-care daily with food choices, exercise, sleep, and dental care -[Wikipedia](#)

WHY DO PEOPLE HELP OTHER PEOPLE?

- Reciprocity: quid pro quo.
- Spatial selection: proximity relationships.
 - Same church
 - Gym
 - Card Club
 - Neighbors
 - Co-workers
- Genetic selection: family members.
- Indirect reciprocity: the most powerful.
 - We'll help you if you're seen as a desirable person to assist (good reputation, helps others).
- Group selection: helping you furthers greater good.

I'M GOING TO TALK ABOUT...

Helping your client

Helping yourself as an attorney

Ethical considerations of dealing with suicidal clients

Information to help someone and, maybe, even save a life

STATISTICS FROM AMERICAN FOUNDATION FOR SUICIDE PREVENTION

- American Foundation for Suicide Prevention gives the statistic from 2014 at 42,773 suicides that year in the US, 2020 at 45,979 suicides that year in the US and that number is 5-25% under reported
- Military active and veteran 23 a day
- 2014 Firearms deaths were 33,599 -21,334 of them were suicides (About half of all suicides) while in 202 firearms accounted for 52.83% of all suicide deaths

CURRENT STATISTICS

- American Foundation for Suicide Prevention
- In 2014 Suicide was the 10th leading cause for death in the US while in 2020 Suicide was 12%
- In 2017, 47,173 Americans died by suicide
- In 2017 there was an estimated 1,4000,000 suicide attempts
- In 2015, suicide cost the US \$69 Billion
- The age-adjusted suicide rate in 2017 was **14.0 per 100,000** individuals.
- The rate of suicide is **highest in middle-age** white men in particular.
- In 2017, men died by suicide **3.54x** more often than women while in 2020 men died 3.88x more than women .
- On average, in 2017 there are **129** suicides per day, while in 2020 there were 130 suicides per day.
- White males accounted for **77.97%** of suicide deaths in 2016 while in 2020 white males account ted for 69.68%



INVITATIONS THAT SOMEONE MIGHT BE SUICIDAL

HINTS TO LOOK FOR



ACTIONS

- Giving away possessions
- Withdrawal from family friends
- Abuse of alcohol & drugs
- Extreme behavior changes
- Reckless behavior
- Self-mutilation

FEELINGS

- Desperate
- Angry
- Guilty
- Lonely
- Sad
- Hopeless
- Helpless

THOUGHTS

- “I wish I were dead”
- “I won’t be needing these things anymore”
- “I can’t keep my thoughts straight”
- “Everyone will be better off without me”
- “Now I know what they were going through”

PHYSICAL

- Lack of interest in appearance
- Change/loss in sex interest
- Disturbed sleep
- Change/loss of appetite
- Physical health complaints



AFTER REVIEWING THE RISKS, CONSIDER
ASKING THE QUESTION:

“ARE YOU HAVING THOUGHTS OF SUICIDE?”

WAIT FOR THE ANSWER







FOLLOW THAT UP WITH A DIRECT
QUESTION:

“DO YOU WANT TO KILL YOURSELF”

AGAIN WAIT FOR THE ANSWER



- 
- You want to ask the person WHY they want to kill themselves. Without judgement.
 - When talking to the person repeat back what they are saying,
 - “What I hear you saying is you’ve broken up with your girlfriend and that’s why you want to kill yourself”
- 

A FEW THINGS NOT TO DO

- Don't say look what you have to live for, you have a wife, kids, nice house ect. Those might be the very reason they want to kill themselves.
- Please, Don't make light of it.
- Don't say, "if you're going to kill yourself do it outside so you don't make a mess."
 - Police Helicopter above a bridge in NY, hey you're creating a traffic jam either get down or jump. He jumped .

IF THEY ARE SUICIDAL

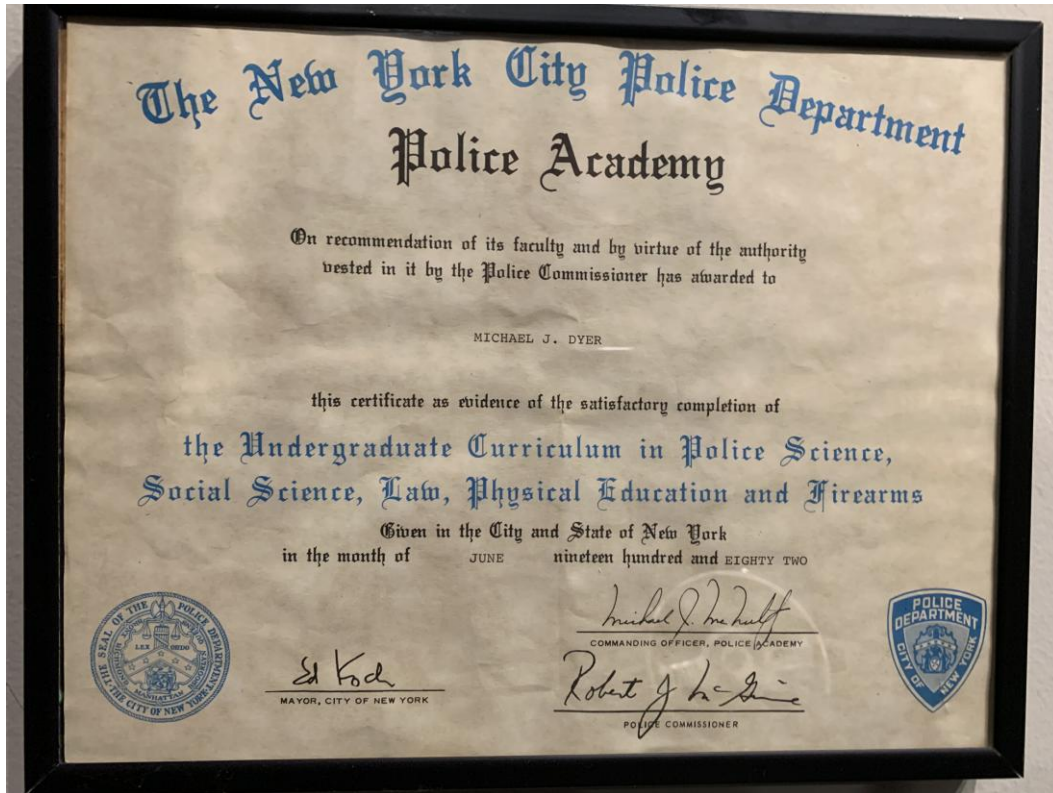
- Do they have a current suicide plan? - How, how prepared, how soon?
- Pain - Do they have pain that at times feels unbearable?
- Resources - Do they have few if any resources? Clergy, Therapist, Medical Doctor

WHAT LED ME TO THE POPPA PROGRAM?



JANUARY 1982 – DECEMBER 1985: NYPD

- After 4 years I was retired on a permanent total disability due to a line of duty injury.



MY RETIREMENT



MY RETIREMENT

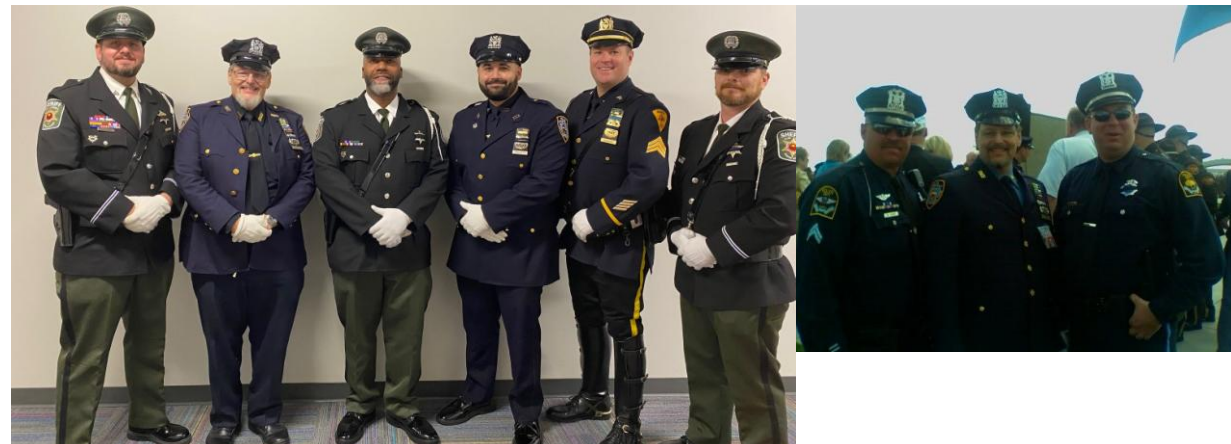
- Returned to School, Long Island University, and moved to Nebraska to attend Creighton School of law in 1987, graduated 1990
- Still active in a few NYPD organizations
 - POPPA Police Organization Providing Peer Assistance
 - RMP Retiree Mobilization Program (Originally Retired Officers Mobilization Plan but the acronym, ROMP, was unfortunate)
 - Emerald Society NYC to march in the St. Patrick's Day parade for the 40th consecutive time (excluding COVID sideline of the parade in 2020 & 2021)
 - NYPD Brotherhood of the Fallen. Attend the funeral of fallen Law Enforcement with Brotherhood of the Fallen lodges from Chicago, Dallas, Houston Long Island NY, Denver, Arkansas, Philadelphia and others in uniform

MY RETIREMENT

- Member of the Retirees Mobilization Plan that was set up after 9/11 for future terrorist or other states of emergency and have been back for training and intelligence briefing. The plan was activated for the 1st time and only time so far in November 2012 for Super Storm Sandy and I went back to help wearing NYPD vest & hat & having people call me Officer for a few days.



BROTHERHOOD OF THE FALLEN



POPPA

- Another group is Police Organization Providing Peer Assistance started in 1995 when 26 officers had completed suicide in two years
- They listen, talk, and assist their fellow officer, when required, in securing the right professional services.
- POPPA is set up for 100,000 NYPD active & retired members who all have the same insurance.
- POPPA has system. The system begins with a Peer Officer who takes the call & immediately reports to the POPPA office what the call was about.
- A network of clinicians, psychologists, doctors & councilors are available.
- Through its tenacious networking, the POPPA Organization has begun to change the way officers think about reaching out for help. Cops traditionally have tended to think of themselves as problem-solvers, not as people with problems.

POPPA TRAINING



POPPA CONT.

- Can anyone think of another group of professionals that might think that way
- Many have considered counseling as stigmatizing and career-threatening. According to the POPPA Organization, seeking support and averting a crisis is a sign of strength, not weakness. The POPPA Organization helps the strong stay strong
- I applied for the POPPA program in 2008, passed the interview process, completed the basic 38 hour course and have attended numerous spring & Fall training seminars in New York

POPPA CONT.

- 4 active-duty NYPD succeeded with suicide in 2015. Lots of different underlying issues but just about everyone that is verified with a note or an investigation, the final straw was a broken relationship.
- A white paper study commissioned by the Ruderman Family Foundation on mental health and suicide among first responders (April 2018) revealed that police officers and firefighters are more likely to die by suicide than in the line of duty. According to the study, there were at least 103 firefighter suicides and 140 police officer suicides in 2017, compared to the 93 firefighters and 129 police officers who died in the line of duty.
- I spoke to an Omaha Police Lieutenant who personally knew 3 Police Officers killed in the line of Duty but also knew 4 that completed suicide.
- What are we dealing with as attorneys?
- How many people have had a client complete suicide?
- Does anyone know of an attorney who might have?

WHY I DO THIS

- I became a cop to help people.
- I became a lawyer to help people.
- I do some things really well, but not everything and need to know my limitations.
 - I'm not a therapist,
 - I'm not a clinician
 - I'm not a medical doctor,

I have to know my limitations

LIMITING FACTORS

- The POPPA program can't be replicated in Nebraska or Iowa because in the NYPD everyone has the same insurance and a network of clinicians and doctors.
- We are not the mental health care providers
- The Peer Officer,(I'm the only one within 1,000 miles)is told not to become the band aid.
- As an Attorney and Counsellor at Law I can't be the band aid either.
- I do not poses the skill set or training to fix the problems I am confronted with and I need to remember that for myself and to tell that to the client.

SCREENING

Once you determine there might be a problem, start with “Are you having thoughts of hurting yourself or others?”

If yes, ask the client following questions:

When was the last time you felt that way?

Do you have a plan now?

If yes, ask yourself,

Is it lethal?

Can the client die?

Were there previous attempts?

How recent?

SCREENING

If the client seems suicidal ask

How would you do it?

Are you alone right now?

Where are your weapons now?

REMEMBER THE ACRONYM P.L.A.I.D. P.A.L.S.

- **P**lan
- **L**ethality
- **A**vailability
- **I**llness
- **D**epression
- **P**revious attempts
- **A** lone
- **L**oss
- **S**ubstance Abuse
- **NOTE:**You can determine suicide risk **ONLY** by asking, directly, the above questions.

THINGS TO WATCH FOR WHEN ASSESSING POTENTIAL RISK OF SUICIDE:

Plan- Do they have one?

Lethality- Is it lethal? Can they die?

Availability- Do they have the means to carry it out?

Illness- Do they have a mental or physical illness?

Depression - Chronic or specific incident(s)?

Previous attempts - How many? How recent?

Alone -Are they alone? Do they have a support system? Partner? Are they alone right now?

Loss Have they suffered a loss? Death, job, relationship, self esteem?

Substance Abuse (or use) - Drugs, alcohol, medicine? Current, chronic?

“CAGE” TEST FOR DRINKING

Have you ever felt you should **C**ut down on your drinking?

Have people **A**nnoyed you by criticizing your drinking?

Have you ever felt bad or **G**uilty about your drinking?

Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (**E**ye opener)?

This brief questionnaire was developed by Dr. John Ewing, National Institute of Alcohol Abuse & Alcoholism.

One "yes" answer suggests a possible alcohol problem. More than one "yes" answer means it is highly likely that a problem exists.

When it's nobody's business but yours, we'll keep it that way.

SELF-CARE

<https://www.everydayhealth.com/self-care/>

This is heavy stuff

You can't be the Band-Aid

Self-care is not synonymous with self-indulgence or being selfish. Self-care means taking care of yourself so that you can be healthy, you can be well, you can do your job, you can help and care for others, and you can do all the things you need to and want to accomplish in a day.

COMMON EXAMPLES OF SELF-CARE INCLUDE:

- Maintaining a regular sleeping routine,
- Eating healthy,
- Spending time in nature,
- doing a hobby you enjoy,
- Expressing gratitude.

TYPES OF SELF-CARE

- **Emotional self-care**, such as self-talk, weekly bubble baths, saying “no” to things that cause unnecessary stress, giving yourself permission to take a pause, or setting up a weekly coffee date with a friend
- **Physical self-care**, such as prioritizing sleep, adopting an exercise routine you can stick with, choosing healthy and nourishing foods over highly processed ones
- **Spiritual self-care**, such as attending a religious service, spending time in nature, meditating, incorporating regular acts of kindness into your day, or keeping a gratitude journal



Self-care can look different for everyone,
but to count as self-care,
the behavior should promote health and happiness for you.

SELF-CARE

Temporary

- Dinner with a friend
- Zoo with a friend
- Walk with a friend

Enduring

- Practicing mindfulness regularly
- Day at a time reading
- Daily reflections

TURNING CHORES INTO SELF-CARE

- Making your bed in the morning.
 - You started your day doing one thing right.
 - It can help calm your day and gives a sense of accomplishment.
- Showering-
 - for about 10 minutes instead of letting the monkey brain run wild,
 - focus on the physical sensations,
 - how does the warm water feel on your skin.

SELF CARE PRACTICES

Exercise

People who exercised between two and eight hours per week throughout their lives reduced their risk of dying by 29 to 36 percent, according to a March 2019 study published in *JAMA Network Open*.

Finding Purpose

According to the researchers behind a May 2019 study published in *JAMA Network Open*, having a strong life purpose was associated with decreased mortality rates.

Diet

Eating a diet filled with five servings of fruits and vegetables per day was associated with a lower risk of mortality, especially from heart-related issues, according to a July 2014 study published in *The BMJ*.

SELF CARE PRACTICES

Sleep

A study published in September 2017 in the *Journal of the American Heart Association* found too-little sleep (less than seven hours per night) was linked with higher mortality rates, though too-much sleep wasn't healthy either.

Getting Outside

According to a 2019 study published in *Lancet Planet Health*, time in green space is associated with a lower mortality rate.

HOW TO START A SELF-CARE ROUTINE

1. Determine which activities bring you joy, replenish your energy, and restore your balance.
2. Start small by choosing one behavior you'd like to incorporate into your routine in the next week.
3. Build up to practicing that behavior every day for one week.
4. Reflect on how you feel.
5. Add in additional practices when ready.
6. Get support through sharing practices from loved ones, a coach, a licensed professional (like a therapist or dietitian), or through your healthcare plan, community, or workplace.

PRACTICING SELF-CARE DOESN'T NEED TO BE A HEAVY LIFT RIGHT OUT OF THE GATE.

HERE ARE A FEW IDEAS TO EASE YOU INTO YOUR SELF-CARE JOURNEY:

- Journal.
- Start each day by paying attention to your breath for five minutes and setting intentions for the day.
- Eat breakfast.
- Reflect on what you're grateful for each night.
- Put your phone on airplane mode for a half hour each night and release yourself from the flurry of notifications.
- Call a friend just to say hello.
- Take up a relaxing hobby.
- Pick a bedtime and stick to it

LET'S LOOK AT THE LAW

■ Rule 1.6: Confidentiality of Information

Client-Lawyer Relationship

(a) A lawyer shall not reveal information relating to the representation of a client unless the client gives informed consent, the disclosure is impliedly authorized in order to carry out the representation or the disclosure is permitted by paragraph (b).

(b) A lawyer may reveal information relating to the representation of a client to the extent the lawyer reasonably believes necessary:



Client-Lawyer Relationship- Continued

(b) Continued:

(1) to prevent reasonably certain death or substantial bodily harm;

(2) to prevent the client from committing a crime or fraud that is reasonably certain to result in substantial injury to the financial interests or property of another and in furtherance of which the client has used or is using the lawyer's services;

(3) to prevent, mitigate or rectify substantial injury to the financial interests or property of another that is reasonably certain to result or has resulted from the client's commission of a crime or fraud in furtherance of which the client has used the lawyer's services;

(4) to secure legal advice about the lawyer's compliance with these Rules;





(b) Continued:

(5) to establish a claim or defense on behalf of the lawyer in a controversy between the lawyer and the client, to establish a defense to a criminal charge or civil claim against the lawyer based upon conduct in which the client was involved, or to respond to allegations in any proceeding concerning the lawyer's representation of the client;

(6) to comply with other law or a court order; or

(7) to detect and resolve conflicts of interest arising from the lawyer's change of employment or from changes in the composition or ownership of a firm, but only if the revealed information would not compromise the attorney-client privilege or otherwise prejudice the client.

(c) A lawyer shall make reasonable efforts to prevent the inadvertent or unauthorized disclosure of, or unauthorized access to, information relating to the representation of a client

- 
- To prevent reasonably certain death or substantial bodily harm
 - Nebraska rule states that for purposes of Rule 1.6 , a lawyer-client relationship shall exist “between a member of the Nebraska State Bar Association Committee on the Nebraska Lawyers Assistance Program or an employee of the Nebraska Lawyers Assistance Program and a lawyer who seeks or receives assistance through that committee or program
 - Disclosure: Preventing Death of Bodily Harm
- 

NEBRASKA COUNCIL FOR DISCIPLINE.

- There are no advisory opinions or case law in Nebraska that they are aware
- They get regular calls from attorneys asking for advice from primarily family law attorneys followed by criminal defense attorneys and attorneys from many other fields



THERE ARE TWO WAYS TO LOOK AT THE
WORD “MAY”...

MAY OR MAY NOT



ATTORNEY VIEWS OF SUICIDE

- A rang of views from “you’re just talking silly” or “if your going kill yourself take it out of my office” to...
- *I want to help*
- Clients come to see us for an event in their lives they will never forget

THERE'S AN EXPRESSION I HEARD...

It's not the dirty plates in the sink that makes someone lose their cool it's all the stuff that leads up to that.

WE TAKE OUR CLIENTS THE WAY WE FIND THEM

- Some living paycheck to paycheck
- Some have dysfunctional home lives
- Now add the injury or criminal; case or divorce
- **These people are not coming in to share the joy in their lives with a stranger**



YOU ARE AN ATTORNEY & COUNSELLOR AT LAW

WE ALL KNOW THE ATTORNEY PART AND THE NUTS AND BOLTS OF HOW TO PRACTICE... BUT
WHAT IS THE COUNSELLOR PART?





By the Appellate Division of the
Supreme Court
of the State of New York, in and
for the Second Judicial Department.

To all to whom these Presents shall come, Greeting:-

Know Ye, that **Michael Joseph Dyer**
having applied to be admitted to practice as an Attorney and
Counsellor, at Law, in the Courts of Record of this State, and
having been Examined, as provided by Statute, and found
qualified, and being a person of good moral character, the said
Michael Joseph Dyer at the July 1991
Term of this Court, having taken and subscribed the Consti-
tutional Oath of Office, as prescribed by Law, was duly admitted
and Licensed to practice as an Attorney and Counsellor in all
the Courts of this State, according to the Laws of this State,
and the rules, and orders, of said Courts.

In Testimony Whereof.

I, Guy James Mangano Presiding Justice
of said Court, have hereunto set my hand and
caused the Seal of said Court to be hereunto
affixed, this 25th day of July
in the year one thousand, nine hundred and
ninety-one in the 215th year of the
Independence of the United States of America.

Test
Wm. H. Brewster (Clerk)

Guy James Mangano
Presiding Justice



WE ALL KNOW THERE ARE PRIVILEGES

- Martial
- Medical doctor patient
- Clergy
- Attorney /client privilege

A CLIENT DROPPED BY MY OFFICE

- Wanted to bring a slander case
- Wrongfully accused of elder abuse, Accused of taking money that he assures me he had permission to use
- After some discussion I called Bill McGinn to set up an appointment about the possible criminal issues he might be facing
- Client said I might as well kill myself

HOW I TALKED TO THIS CLIENT

- I asked a few questions
- The client just wanted to figure out a way to do it without it hurting much
- I asked about prior attempts, there were some, prior hospitalizations
- I asked more questions and let him talk for about 20 minutes
- I told him this was a serious matter and asked if he might want help
- I suggested I call the police, he said if they come he will tell them he's not suicidal and they won't take him- he's right

AFTER THE CONVERSATION

- Told him to drive right to VA & check himself in, he had many things to take care of but when he did get them done, he would
- I called him 2 hours later, he was still busy getting things done
- Left voicemail before I left the office
- I called next day, right to voicemail, same for the next couple of days
- I called the next week & he answered, had checked himself in.

HOW I TALK TO MY CLIENT

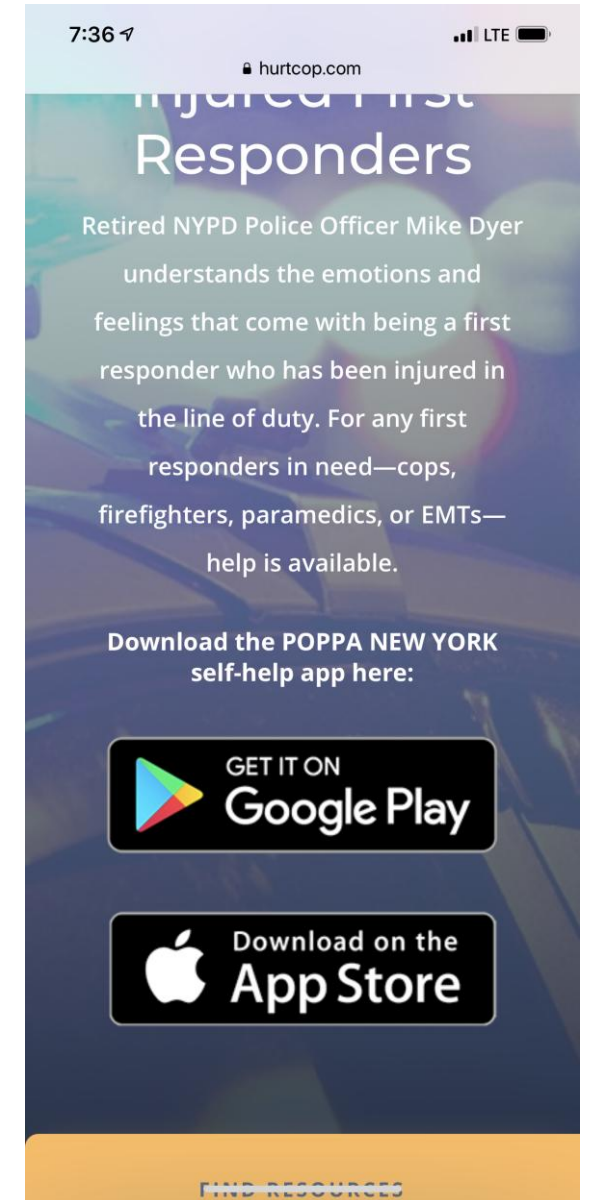
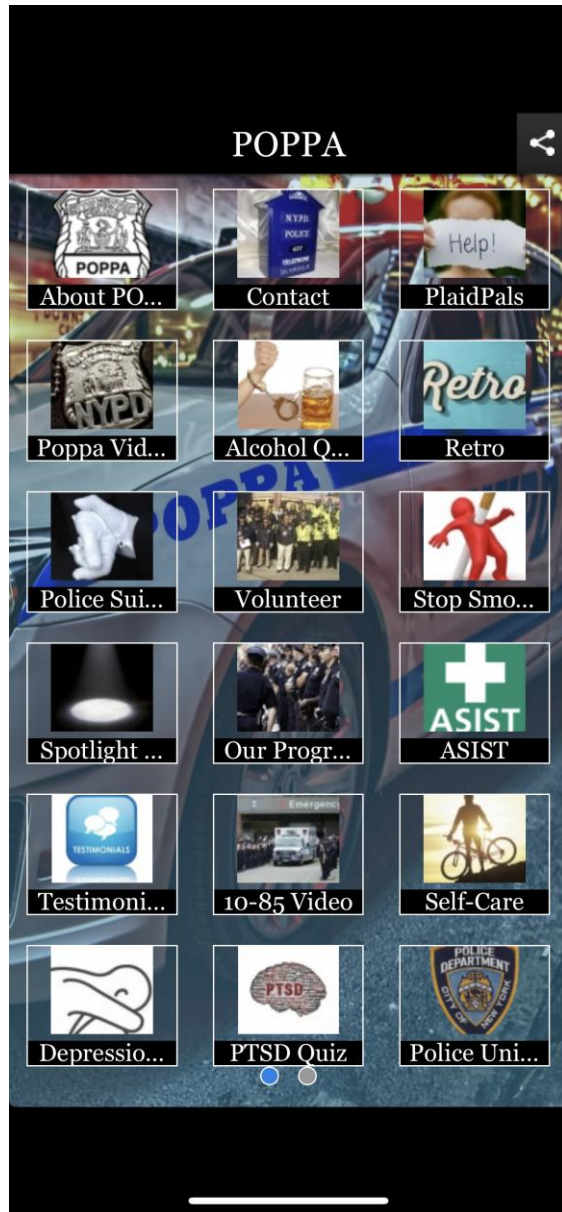
- I call each of my client who have not had contact with my office every month or so.
- Very simple “Hi, this is Mike, just wondering how you’re doing.”
- Talking to a 40 year old who was home for 2 months recovering from spine surgery
- He was feeling better but couldn’t pay his bills.
- He’s getting short with his loved ones.
- I actively listen and use his words in asking questions.


HOW SHOULD YOU TALK TO A POTENTIALLY SUICIDAL CLIENT

- Forget about the case and focus on the client.
- Are you feeling depressed?
- Check list?
- Are you a veteran (VA)
- Are you religious (Clergy)

ANOTHER INSTANCE OF SUICIDE PREVENTION

- Talking to an attorney about a case on a Monday morning, asked how things were going
- Well I had a choice between coming to work or going downstairs and getting my gun so I came to work
- It's a busy Monday for me, I've got things I've got to get done
- I knew enough that a comment like that could be a red flag
- I asked him a few questions about that comment, got evasive type answers and asked a few more.
- Told him that it sounded like a problem to me, that if he broke his arm he would get that treated and the potential outcome of this problem would be much worse
- I agreed to meet for coffee and after visiting for a while we drove over to Immanuel where the attorney was evaluated and agreed to check himself in





Be aware of your own
personal issues, get
help as **needed.**