Oregon Attorney Assistance Program

presents

Using Your Resilient Lawyer Brain to Overcome Life's Challenges

Approved 1 Practical Skills and 1 Personal Management Assistance MCLE Credits

This CLE was presented on April 13, 2017, in partnership with the Oregon Attorney Assistance Program (OAAP) as a fundraiser for the Oregon Lawyer Assistance Foundation (OLAF).

OLAF provides mental health and substance use treatment loans and grants to Oregon lawyers who access the Oregon Attorney Assistance Program (OAAP) and who want assistance, but who do not have the funds to obtain the treatment they need. OLAF helps to close the financial gap between the free services provided by the OAAP and the pay-for-service mental health or addiction treatment the lawyer needs.

OLAF is funded entirely by donations. All donations make a difference in the life of a lawyer in need.

There is no charge for viewing this program. If you are able, we encourage you to send a donation of your choice to Barbara S. Fishleder, OLAF, P.O. Box 231600, Tigard, OR 97281-1600. Suggested donation: $75; however, we are grateful for donations of any amount.

For more information about OLAF, go to www.oaap.org and click on the OLAF icon on the right side of the navigation bar. Or view OLAF - Frequently Asked Questions included in these materials.

Oregon Lawyer Assistance Foundation

Helping lawyers in need receive addiction and mental health treatment

OLAF - FREQUENTLY ASKED QUESTIONS

WHAT IS THE OREGON LAWYER ASSISTANCE FOUNDATION? The Oregon Lawyer Assistance Foundation (OLAF) provides grants and loans to Oregon lawyers who need financial help in order to obtain the addiction or mental health treatment they need.

WHY ARE THESE FUNDS NEEDED? Most Oregon lawyers needing financial assistance for mental health or addiction treatment have been significantly impacted by their disease and, as a result, they've lost much of their legal practice and are deeply in debt. In many instances the lawyer has no insurance coverage, or cannot afford the required copayment. In other instances, due to substantial state and county budget cuts, social services are not available to meet the lawyer's treatment needs.

WHERE DOES THE MONEY COME FROM? All OLAF money comes from private donations. Donations come from a wide range of sources. This includes sole practitioners, large firms, small and medium-sized firms, as well as contributions from family members or friends who wish to commemorate a special occasion or donate in honor or memory of a loved one.

HOW DOES THE MONEY GET USED? OLAF money is used for treatment and treatment-related expenses including in-patient treatment, psychiatric counseling, out-patient treatment, and follow up addiction care.

HOW DOES SOMEONE APPLY FOR A GRANT OR LOAN? Applications for loans or grants are brought to OLAF through the Oregon Attorney Assistance Program. OLAF requires that the applicant: 1) is a member of the Oregon State Bar, 2) accesses the OAAP for assistance, 3) meets the financial need criteria, and 4) be willing to give back to OLAF when able. The applicant's identity is protected by the OAAP.

WHAT ARE THE DEBORAH DEALY-BROWNING, THE MICHAEL J. SWEENEY, AND THE DON MUCCIGROSSO MEMORIAL GRANTS? When Deborah Dealy-Browning died after a long battle with alcoholism, her family members and friends donated money to help Oregon attorneys who needed financial help obtaining the addiction treatment they needed. After researching options for helping lawyers in financial need, OAAP Attorney Counselor, Michael J. Sweeney, inspired members of the legal community to create the Oregon Lawyers Assistance Foundation. The Deborah Dealy-Browning Grant honors Deborah Dealy-Browning's efforts to combat her disease and commemorates the origins of the OLAF. The Michael J. Sweeney grant and the Don Muccigrosso grant honor Michael and Don's life-long dedication to helping people into recovery. The grants are made to lawyers in recovery from alcoholism.

WHY HAVEN'T I HEARD ABOUT OLAF BEFORE? OLAF and the OAAP are committed to protecting the identity and situations of the applicants. As a result, we are unable to feature stories about specifics. Since its inception, OLAF has issued over 60 grants and loans to lawyers in need.

HOW CAN I CONTRIBUTE? A donation can be made to honor someone, in memory of someone, anonymously, or by a person or law firm. Donations should be sent to OLAF Board member Robert Moore, 1940 SW Broadleaf Drive, Portland, OR 97219, or Barbara Fishleder, OLAF Treasurer, P.O. Box 231600, Tigard, Or 97281-1600.

Why We Need the Oregon Lawyer Assistance Foundation

- OLAF is a charitable foundation dedicated to providing financial assistance for Oregon lawyers who do not have the resources to obtain needed treatment for mental health and addiction disorders.
- Most Oregon lawyers know at least one professional colleague who has suffered from some form of mental health or addiction disorder.
- While the legal profession can be a stimulating and rewarding career, it can also be very mentally and emotionally demanding. Consider the following research findings:
    - Out of over 100 professions studied by Johns Hopkins University, lawyers *top the list* in the incidence of major depression.
    - Anxiety and related mental health conditions are significantly higher among lawyers when compared with the general population.
    - The American Bar Association estimates that substance abuse among lawyers is as much as double the national average.
    - Substance abusers are 10 times more likely to commit suicide.
    - Male lawyers in the United States are two times more likely to commit suicide than men in the general population.
- Public and charitable funding for mental health services for Oregonians in need has been dramatically impacted by the recent economic downturn.
- OAAP Attorney Counselors estimate that at least 1 out of every 2 Oregon lawyers they see with mental health and addiction disorders are unable to pay for the treatment they need.
- Most Oregon lawyers needing financial assistance for mental health and addiction disorder treatment have been significantly impacted by those disorders and, as a result, have lost much of their legal practices and are deeply in debt.
- The types of mental health and addiction disorder treatments for which financial resources are needed by Oregon lawyers include substance abuse detoxification, residential and out-patient substance abuse treatment, long-term therapy, and prescription medications.
- OAAP estimates that approximately $150-200,000 is required for Oregon lawyers currently needing financial assistance for mental health and substance abuse treatment.
- Most mental health and substance use/addiction disorders are *highly treatable* when access to proper resources is made available; lives can be saved, and families and careers salvaged when funding for such resources is provided.
- Lawyers receiving OLAF funds are asked to contribute back to the foundation once they return to health and a productive career.

MCLE FORM 1: Recordkeeping Form *(Do Not Return This Form to the Bar)*

Instructions:
Pursuant to MCLE Rule 7.2, every active member shall maintain records of participation in **accredited** CLE activities. You may wish to use this form to record your CLE activities, attaching it to a copy of the program brochure or other information regarding the CLE activity.

Do not return this form to the Oregon State Bar. This is to be retained in your own MCLE file.

Name:	Bar Number:
Sponsor of CLE Activity: Oregon Attorney Assistance Program	
Title of CLE Activity: Using Your Resilient Lawyer Brain To Overcome Life's Challenges	Program Number: 558*2151
Date: 4/13/2017	Location: OSB Center, Tigard, Oregon

■ *Activity has been accredited by the Oregon State Bar for the following credit:*	❑ **Full Credit.** *I attended the entire program and the total of authorized credits are:*	❑ **Partial Credit.** *I attended _________ hours of the program and am entitled to the following credits*:*
____ **General**	____ **General**	____ **General**
____ **Prof Resp-Ethics**	____ **Prof Resp-Ethics**	____ **Prof Resp-Ethics**
____ **Access to Justice**	____ **Access to Justice**	____ **Access to Justice**
____ **Child Abuse Rep.**	____ **Child Abuse Rep.**	____ **Child Abuse Rep.**
____ **Elder Abuse Rep.**	____ **Elder Abuse Rep.**	____ **Elder Abuse Rep.**
1 **Practical Skills**	____ **Practical Skills**	____ **Practical Skills**
1 **Pers. Mgmt/Bus. Dev.***	____ **Pers. Mgmt/Bus. Dev.***	____ **Pers. Mgmt/Bus. Dev.***

***Credit Calculation:**
One (1) MCLE credit may be claimed for each sixty (60) minutes of actual participation. Do not include registration, introductions, business meetings and programs less than 30 minutes. MCLE credits may not be claimed for any activity that has not been accredited by the MCLE Administrator. If the program has not been accredited by the MCLE Administrator, you must submit a Group CLE Activity Accreditation application (See MCLE Form 2.)

Caveat:
If the actual program length is less than the credit hours approved, Bar members are responsible for making the appropriate adjustments in their compliance reports. Adjustments must also be made for late arrival, early departure or other periods of absence or non-participation.

*Personal Management Assistance/Business Development. See MCLE Rule 5.11 and Regulation 5.300 for additional information regarding Category III activities. Maximum credit that may be claimed for Category III activities is 6.0 in a three-year reporting period and 3.0 in a short reporting period.

The Oregon Attorney Assistance Program
presents
A CLE Fundraiser for the Oregon Lawyer Assistance Foundation (OLAF)

USING YOUR RESILIENT LAWYER BRAIN TO OVERCOME LIFE'S CHALLENGES
APRIL 13, 2017

Location: OSB Center
Columbia Rooms
16037 SW Upper Boones Ferry Road
Tigard, OR 97224

Date: Thursday, April 13, 2017

Registration: Begins at 2:45 p.m.
CLE begins at 3:00 p.m., Reception from 5:10 p.m. to 6:00 p.m.

Donation: This is a fundraiser for the Oregon Lawyer Assistance Foundation (OLAF).
All donations and attendees are welcome. Suggested donation – $75.

Approved for 2 MCLE credits. 1 Practical Skills and 1 Personal Management Assistance MCLE Credits.

3:00 p.m. - 4:00 p.m.	*Lawyers, Health, and Well-Being: Causes, Signs, Treatment, and Recovery* *Speakers: Douglas J. Querin, JD, LPC, CADC I, OAAP Attorney Counselor and Bryan Welch, JD, CADC I, OAAP Attorney Counselor*
4:00 p.m. - 4:10 p.m.	*Break*
4:10 p.m. - 5:10 p.m.	*The Resilient Lawyer: How the Brain Overcomes Common Challenges* *Speaker: Dr. Anthony J. Mele, Chief Clinical Officer, Sovereign Health*
5:10 p.m. - 6:00 p.m.	*Reception - join us for refreshments and an opportunity to socialize with your colleagues*

This CLE is a fundraiser for the Oregon Lawyer Assistance Foundation (OLAF). OLAF provides mental health and substance use treatment loans and grants to lawyers who are in financial need. Since inception, OLAF has issued over 60 loans and grants to lawyers who wanted and needed treatment and would otherwise be unable to afford it. For more information about OLAF, go to www.oaap.org and click on the OLAF icon.

Douglas S. Querin JD, LPC, CADC I

Douglas S. Querin, JD, LPC, CADC I, is a graduate of the University of Oregon (JD 1971) and George Fox University (MA in Counseling 2006). He was in the private practice of law in Portland for over 25 years, working as a trial lawyer in state and federal courts throughout the Pacific Northwest. In recovery since 2002, Mr. Querin joined the OAAP staff in 2006. He is a Licensed Professional Counselor (LPC) and a Certified Alcohol and Drug Counselor (CADC I). Mr. Querin is the 2008 and 2013 recipient of the Oregon Counseling Association Distinguished Service Award.

Bryan R. Welch, JD, CADC I

Bryan R. Welch, JD, CADC I, is a graduate of Northwestern School of Law at Lewis and Clark College (JD 2003) and a Certified Alcohol and Drug Counselor (CADC I). Prior to joining the OAAP staff in 2015, he was in the private practice of law for 12 years, primarily in family law and family mediation. In addition to his work at the OAAP, his experience includes providing drug and alcohol counseling services for a court-mandated DUII treatment program. Mr. Welch also brings insight to the OAAP, having previously served as a volunteer member of the State Lawyer Assistance Committee. He has been in recovery since 2001, and has been actively involved in the recovery community, including the OAAP, since 2001.

Dr. Anthony J. Mele

Anthony J. Mele is the chief clinical officer with Sovereign Health. He earned his doctorate of psychology at Widener University in Pennsylvania. More recently, Dr. Mele established the Catholic Clinical Consultants for Catholic Health Care Services in Pennsylvania. As the founding executive director, he established the clinical and operational infrastructure of the company. He also maintained several corporate and clinical responsibilities such as meeting financial goals and providing patient care. Before that, Dr. Mele was the senior vice president at A&M Philadelphia in Pennsylvania, a behavioral health care consulting and marketing company that provided health care and service industry clients with operational consultation based on the principles of organizational and clinical psychology.

Resilience & Self-Care in the Legal Profession

Presentation By
Oregon Attorney Assistance Program
Douglas S. Querin, JD, LPC, CADC-I & Bryan Welch, JD, CADC-1
Attorney Counselors

April 13, 2017

I. Introductions

II. Oregon Attorney Assistance Program (OAAP)

- OAAP History & Basics
- OAAP Services

III. Common Behavioral Health Conditions in U.S. Adult Population

- Anxiety, Depression, Stress, Substance Use Disorders
- Prevalence
    - i. Nearly 60% of U.S. adults will experience a diagnosable mental health condition in their *lifetime*
    - ii. Approximately one in five U.S. adults (20%) will experience a diagnosable mental health condition in any given year.
    - iii. Anxiety, Depression, Stress, and problematic Substance Use are among the most common mental health conditions in U.S.
    - iv. Problematic alcohol use rate among U.S. adults is approximately 8-10%
    - v. Approximately 35% of American adults do *not* consume *any* alcohol
- Approximately 60% of people in U.S. with a diagnosable mental health condition *do not* receive professional mental health services
- Many reasons people do not seek help:
    - i. Stigma
    - ii. Unaware of their condition
    - iii. In denial
    - iv. Lack of resources for needed services
    - v. Lack of access to needed services

IV. 2016 Survey of U.S. Lawyers

- ABA & Hazelden Betty Ford Foundation Collaboration
    - i. http://journals.lww.com/journaladdictionmedicine/Fulltext/2016/02000/The_Prevalence_of_Substance_Use_and_Other_Mental.8.aspx
- Focus of survey: Identify rates of substance use, depression, anxiety, and stress within the U.S. legal profession.
- Survey of 13,000 currently employed lawyers
- Definition: "Problematic alcohol use" = "hazardous use, harmful use, or potential for alcohol dependence" (per World Health Organization's Alcohol Use Disorder Identification Test, AUDIT, screening instrument)

- Findings of survey: ***Rates of Problematic Drinking Among U.S. Lawyers***:
    i. Over 20% of responding lawyers (i.e., *twice* that of general adult population)
    ii. Men (25.1%) vs. women (15.5%)
    iii. Highest rates found in *early* stages of legal career
        a) <10 yrs – 28.1%
        b) 11-20 yrs – 19.2%
        c) 21-30 yrs – 15.6%
        d) 31-40 yrs – 15.0%
        e) 41+ yrs – 13.2%
    iv. *Work environments* and problematic drinking:
        a) Private firms – 23.4%
        b) In-house: gov't, public, or non-profit – 19.2%
        c) Solos – 19.0%
        d) In-house: corporation or for-profit institution – 17.8%
    v. In *private firms*, elevated levels of problematic drinking was *inversely* related to law firm seniority
        a) Junior associates – 31.1%
        b) Senior associates – 26.1%
        c) Junior partners – 23.6%
        d) Managing partners – 21.0%
        e) Senior partners – 18.5%
- Findings regarding ***Depression, Anxiety, and Stress Among U.S. Lawyers***:
    i. Lawyers reporting *mild or higher levels* of depression, anxiety, and stress were: 28%, 19%, and 23%, respectively – all substantially higher than general population
    ii. Correlation: the higher the levels of substance use, the greater the frequency of mental health issues
    iii. Males reported significantly higher levels of depression than women
    iv. Women reported higher levels of anxiety and stress than men
    v. Depression, anxiety, & stress generally declined with age & years of practice
    vi. Practice environments: Solos reported highest levels of depression, anxiety, and stress, followed by private firm lawyers

V. Causes & Challenges

- Nature of law practice:
    - Emotionally stressful and competitive
    - Frequent conflict; zero-sum game
    - Financially challenging; fee/hourly rate driven
    - A culture and acceptance of alcohol use within the profession
    - Some types of law practices are particularly conflict-laden
    - Job dissatisfaction

- The lawyer personality
    - Competitive
    - Perfectionistic
    - Ability to compartmentalize
    - Skeptical, critical, pessimistic – looking for problems
    - Problem solving style ("I can fix it myself")
    - *These traits can make lawyers good at what they do, but they are also correlated with higher levels of behavioral health issues*
- Stigma and concerns about professional reputation
    - Not wanting others to find out
    - Confidentiality/privacy
    - Difficulty asking for help
- Practical realities
    - Treatment can be expensive
    - Difficult taking time away from practice

VI. Diagnostic Criteria & Danger Signs of Substance Use Disorder

- Diagnostic criteria
    - Taking the substance in larger amounts or for longer than the person meant to
    - Persistent desire or unsuccessful efforts to cut down or stop using the substance
    - Not managing to do what person should at work, home or school, because of substance use
    - Continuing to use, even when it causes problems in relationships
    - Giving up important social, occupational or recreational activities because of substance use
    - Using substances again and again, even when it puts the person (or others) in danger
    - Continuing to use, even when the person knows they have a physical or psychological problem that could have been caused or made worse by the substance
    - Spending a lot of time getting, using, or recovering from use of the substance
    - Cravings and urges to use the substance
    - Needing more of the substance to get the desired effect (tolerance)
    - Development of withdrawal symptoms, which typically can be relieved by taking more of the substance
- Danger signs
    - Drop in functioning / effectiveness / attendance at work or school
    - Difficulty in paying attention; forgetfulness
    - Mood dysregulation
    - Change in emotional control
    - Relationship problems
    - Loss of interest or increased conflicts with family and friends
    - Lack of motivation, energy, "I don't care" attitude
    - Excessive need for privacy; unreachable
    - Tendency to isolate
    - Secretive or suspicious behavior
    - Accidents

- Legal issues; DUII
- Possession of drug paraphernalia
- Dishonesty; stealing money or objects; financial problems
- Change in personal grooming habits

VII. Things that Keep Us Healthy

- Treatment when needed
- Recovery community / peer support
- Finding heathier, safer alternatives for socializing, celebrating, relaxing
- Avoiding high risk people, places, situations
- If moderating: keeping track, setting limits and abiding by them
- Connection with family and friends
- Connection with nature, spirituality, religion (purpose and meaning)
- Sleep; diet; exercise
- Gratitude / Optimism
- Meditation
- Volunteering / service to others
- Reducing stigma (as a profession)
- OAAP

Appendix

I. Signs & Symptoms of Common Behavioral Health Problems
II. Alcohol/Drugs – Statistics
III. Drug Specific Physical and Behavioral Signs/Symptoms
IV. Suggestions – Dealing with an Impaired Colleague

I. Signs and Symptoms of Anxiety & Depression:

- **Anxiety:** Fight, flight, or freeze response is locked in the on-position
  - Prolonged debilitating anxiety or worry
  - Procrastination
  - Prolonged disruption of sleep (inability to fall asleep/ stay asleep)
  - Avoidance of situations
  - Distress in social situations
  - Obsessive or compulsive behavior
  - Difficulty focusing, concentrating, tracking
  - Difficulty self-regulating emotions (crying, irritability, anger, restlessness)
  - Paralyzed from taking action in their self interest
  - Panic attacks: The sudden onset of intense apprehension, fearfulness or terror. During these attacks, symptoms such as shortness of breath, heart palpitations, chest pains, chocking or smothering sensations and/or fear of "going crazy" or losing control.

- **Depression**
  - Prolonged and debilitating feelings of sadness, hopelessness, worthlessness, despair
  - Loss of interest in activities once enjoyable
  - Difficulty focusing, concentrating, tracking
  - Changes in:
    - Energy (agitation or lethargy)
    - Sleep Habits (insomnia or sleeping too much)
    - Eating (eating too much or too little; losing or gaining weight)
  - Paralyzed from taking action in their own best interest; procrastination
  - Can include recurrent thoughts of death or suicide

II. Alcohol/Drugs - Statistics re: Substance Use

Non-Alcohol Substances	Adult U.S. Population Reporting Use in Last 30 days	
• Marijuana	7.6%	(18,048,000)
• Cocaine	0.6%	(1,505,000)
• Inhalants	0.2%	(375,000)
• Hallucinogens	0.5%	(1,179,000)
• Heroin	0.1%	(277,000)
• Non-medical use of		
• Prescription drugs	2.5%	(5,935,000)

Alcohol	Adult U.S. Population Reporting Use in Last 30 days	
• Binge Drinking (5 or more drinks on same occasion last 30 days)	24.6%	(58,500,000)
• Heavy Drinking (5 or more drinks 5 or more times in last 30 days)	6.8%	(16,200,000)

- An estimated 20.3 million adults aged 18 or older in 2013 had substance use disorder in the past year, which translates to 8.5 percent of adults. Of those, only approximately 10% received treatment. (Source: SAMHSA, National Survey on Drug Use and Health (NSDUH), 2013)

III. Drug Specific Physical and Behavioral Signs/Symptoms

- **Alcohol**: Odor of alcohol; redness or flushing in face; clumsiness; difficulty walking; slurred speech; sleepiness; poor judgment; dilated pupils;
- **Marijuana**: Glassy, red eyes; loud talking and inappropriate laughter; a sweet burnt scent; loss of interest, motivation; weight gain or loss
- **Depressants/Downers**: (sedatives and anti-anxiety medication) seem drunk as if from alcohol but without the associated odor of alcohol; difficulty concentrating; short-term memory loss; clumsiness; poor judgment; slurred speech; sleepiness; contracted pupils
- **Stimulants/Uppers**: Hyperactivity, excessive talking; euphoria; restlessness, irritability, agitation; anxiety; may go long periods of time without eating or sleeping followed by depression or excessive sleeping at odd times; dilated pupils; weight loss; dry mouth and nose
- **Opiates/Opioids**; Confusion; poor coordination; sleeping at unusual times; sweating; vomiting; coughing and sniffling; twitching; loss of appetite; constipation, low blood pressure, decreased breathing rate contracted pupils; no response of pupils to light; with heroin use, needle marks

- **Hallucinogens**; Dilated pupils; bizarre and irrational behavior including paranoia, aggression, hallucinations; mood swings; detachment from people; absorption with self or other objects; slurred speech; confusion
- **Inhalants**; (Glues, aerosols, and vapors) watery eyes; impaired vision, memory and thought; secretions from the nose or rashes around the nose and mouth; headaches and nausea; appearance of intoxication; drowsiness; poor muscle control; changes in appetite; anxiety; irritability; an unusual number of spray cans in the trash

VI. Suggestions for Dealing with an Impaired Colleague

- You do not have to be a mental health expert to assist an impaired colleague
- Don't deny your own "gut" instincts (If it looks like a duck , walks like a duck.....)
- Be careful, appearances can be deceptive
- Doing something is *generally* better than doing nothing
- Compassion & candor can go together; be direct (I'm really concerned about you. You seem to be really struggling with.......... Can I help you?)
- If you do talk with a distressed colleague, be willing to listen and acknowledge the colleague's distress
- When the potentially impaired person, lawyer, colleague is someone you do not feel comfortable dealing with directly, look for alternatives (e.g., call OAAP)
- Personal contact (phone or in-person) is generally better than emails & texts
- Emails & texts are generally better than no contact
- Law firm professionals who are personally/professionally struggling are often unwilling to seek assistance; they are embarrassed, do not want to impose on others, or are in denial
- In most cases, professionals who emotionally implode or get into serious personal and/or professional trouble were previously known by others to be struggling; many of the signs of a problem have existed for some time and have been observed by others
- In most cases, if one professional has concerns about a potentially impaired colleague, there are likely others who have similar concerns
- You may want to contact the OAAP and discuss the situation before taking action – the conversation is completely confidential
- You may want to have OAAP reach out to the potentially impaired colleague; this outreach can be done keeping your involvement *confidential*
- OAAP is a good resource for finding medical and mental health professionals in your area
- Do we have an ethical or moral responsibility to the public, our profession, and/or our colleagues to take some action to assist a potentially impaired colleague?

#########

Oregon Attorney Assistance Program
520 SW Yamhill St., Suite 1050
Portland, OR 97204
(503) 226-1057
1 (800) 321-OAAP
www.oaap.org

We understand the competition, constant stress, and high expectations you face as a member of the legal profession. Anxiety, substance use, depression, finances, and career concerns can make these challenges even more overwhelming.

Our attorney counselors provide **professional**, **free**, and completely **confidential** counseling, workshops, support, education, and resource referral to Oregon lawyers, judges and law students.

Sometimes the most difficult trials happen outside the courtroom.

We are just a phone call or click away.

Douglas S. Querin, JD, LPC, CADC I, is a graduate of the University of Oregon (JD 1971) and George Fox University (MA in Counseling 2006). He was in the private practice of law in Portland for over 25 years, working as a trial lawyer in state and federal courts throughout the Pacific Northwest. In recovery since 2002, Mr. Querin joined the OAAP staff in 2006. He is a Licensed Professional Counselor (LPC) and a Certified Alcohol and Drug Counselor (CADC I). Mr. Querin is the 2008 and 2013 recipient of the Oregon Counseling Association Distinguished Service Award. He can be reached at (503) 226-1057 ext. 12; douglasq@oaap.org.

Bryan R. Welch, JD, CADC I, is a graduate of Northwestern School of Law at Lewis and Clark College (JD 2003) and a Certified Alcohol and Drug Counselor (CADC I). Prior to joining the OAAP staff in 2015, he was in the private practice of law for 12 years, primarily in family law and family mediation. In addition to his work at the OAAP, his experience includes providing drug and alcohol counseling services for a court-mandated DUII treatment program and for a local non-profit working with people impacted by homelessness, poverty and addiction. He has been in recovery since 2001, and has been actively involved in the recovery community, including the OAAP, since then. He can be reached at (503) 226-1057 ext. 19; bryanw@oaap.org.

Box 10

The Alcohol Use Disorders Identification Test (AUDIT)

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest.
Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

*20.6% of lawyers surveyed scored 8 or higher, indicating "problematic use," that is, "hazardous or harmful alcohol intake, and also possible dependence."

100th Issue!

OREGON ATTORNEY ASSISTANCE PROGRAM

OAAP
June 2016
Issue No. 100

IN SIGHT for Oregon Lawyers and Judges

IMPROVING THE QUALITY OF YOUR PERSONAL AND PROFESSIONAL LIFE

National Study on Lawyer Substance Use and Mental Health
Page 1

Finding My Balance: Perspectives from a Lawyer Parent
Page 4

Positive Emotions and Taking in the Good
Page 6

Lawyers in Transition Presentation Calendar
Page 8

OREGON ATTORNEY ASSISTANCE PROGRAM

503-226-1057
1-800-321-OAAP
www.oaap.org

Helping lawyers and judges since 1982

- Alcohol & Chemical Dependency
- Career Change & Transition
- Gambling Addiction
- Mental Health
- Procrastination & Time Management

A free, nonprofit, confidential program for you.

NATIONAL STUDY ON LAWYER SUBSTANCE USE AND MENTAL HEALTH

For the first time ever, a national research study has been undertaken to empirically quantify the prevalence of substance use and other behavioral health conditions within the lawyer population of the United States. Results of the study, jointly undertaken by the American Bar Association (ABA) and the Hazelden Betty Ford Foundation (ABA-Hazelden Study), have been published in the February 2016 edition of the *Journal of Addiction Medicine*. The study, "The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys," presents a revealing picture of our profession that is old news to some and disturbing news to many others.[1]

Nearly 13,000 currently employed attorneys completed anonymous surveys assessing alcohol and drug use and symptoms of depression, anxiety, and stress. Specifically, the survey utilized (1) the Alcohol Use Disorders Identification Test (AUDIT)[2], a self-report instrument developed by the World Health Organization to screen for hazardous use, harmful use, and the potential for alcohol dependence; and (2) the Depression Anxiety Stress Scales-21 (DASS-21)[3], a widely used self-report mental health questionnaire.

The study sample's demographic profile was obtained by the participants' self-reports. The personal characteristics of the group were as follows:

GENDER*	
Men	53.4%
Women	46.5%

*Election options limited to the male-female gender binary.

AGE	
30 or younger	11.9%
31-40	25.2%
41-50	21.0%
51-60	23.2%
61-70	16.1%
71 or older	2.7%

Participants were asked to identify legal, illicit, and prescribed substance use within the preceding 12 months. Participants reported as follows:

Alcohol	84.1%
Tobacco	16.9%
Sedatives	15.7%
Marijuana	10.2%
Opioids	5.6%
Stimulants	4.8%
Cocaine	0.8%

The study also elicited detailed information about the participants' professional characteristics, asking respondents to identify their age (≤30, 31-40, 41-50, etc.), their years in the field (≤10, 11-20, 21-30, etc.), work environments (solo practitioner, private firm, government, non-profit, corporation in-house, etc.), firm position (junior associate, senior associate, junior partner, etc.), hours worked per week (≤10, 11-20, 21-30, etc.), and whether or not they did litigation. All personal and professional data obtained were statistically analyzed, revealing the following regarding the rates of substance use[4] among practicing attorneys in the United States:

● Over 20% of the lawyers who responded scored at a level consistent with problematic drinking[5]; that is, using AUDIT criteria, they screened positive for hazardous and/or harmful use, having the potential for alcohol dependence. This rate is over twice that of the general adult population in this country.[6]

● Men scored significantly higher for problematic alcohol use than women, reporting 25.1% and 15.5%, respectively.

● Problematic alcohol use was highest (28.1%) among attorneys in the early stages of their careers (0-10 years), with declining rates reported thereafter:

Years in Legal Field	Problematic %
0-10	28.1%
11-20	19.2%
21-30	15.6%
31-40	15.0%
41 or more	13.2%

● Problematic alcohol use was highest (31.9%) among attorneys ages 30 or younger, with declining rates reported thereafter:

Age Category	Problematic %
30 or younger	31.9%
31-40	25.1%
41-50	19.1%
51-60	16.2%
61-70	14.4%
71 or older	12.1%

● Within different work environments, reported problematic alcohol use rates were varied, though clearly highest in private law firms (23.4%):

Work Environment	Problematic %
Private firms	23.4%
In-house gov't, public, or non-profit	19.2%
Solo practitioner	19.0%
In-house corp. or for-profit institution	17.8%

● Within private firms, reported problematic alcohol use rates tended to be inversely related to law firm seniority:

Firm Position	Problematic %
Junior associate	31.1%
Senior associate	26.1%
Junior partner	23.6%
Managing partner	21.0%
Senior partner	18.5%

The ABA-Hazelden Study produced a second, and equally revealing, set of statistical data concerning depression, anxiety, and stress within the American lawyer population, as follows:

● Utilizing the DASS-21 mental health questionnaire, male respondents reported significantly higher levels of depression than women, a finding generally contrary to conventional findings among the U.S. adult population.[7]

● Female respondents' anxiety and stress scores were higher than corresponding male scores.

● Depression, anxiety, and stress scores among responding lawyers generally decreased as age increased and also as years in practice increased.

● Solo practitioners in private practice reported the highest levels of depression, anxiety, and stress, followed by lawyers working in private firms.

● In private law firm environments, more senior positions were generally associated with lower reported symptoms of depression, anxiety, and stress; that is, fewer senior lawyers reported greater symptom levels of these conditions.

● Significantly, when respondents' AUDIT and DASS-21 scores were compared, a correlation was found – those with problematic alcohol use scores reported higher rates of depression, anxiety, and stress.

● Finally, participating lawyers were asked about past mental health concerns over their legal career. The most common mental health conditions reported were anxiety (61.1%), depression (45.7%), social anxiety (16.1%), attention deficit hyperactivity disorder (12.5%), panic disorder (8.0%), and bipolar disorder (2.4%).

While this study is subject to certain inherent limitations (e.g., participants were not randomly selected, but rather self-selected by voluntarily responding to emails, news postings, and websites; given the nature of the survey, the participants may have overstated or understated their individual symptoms, etc.), it does produce an abundance of data that seem to reinforce in an empirical way what many intuitively suspect represents a fairly accurate description of the behavioral health of our profession. At a minimum, the study does suggest that the prevalence of problematic drinking, depression, anxiety, and stress within the American lawyer population should be cause for significant concern.

In Part II of this article we will discuss some of the implications of the ABA-Hazelden Study and, in particular, provide some recommendations that may be of value in specifically assisting our Oregon legal community.

Douglas Querin, JD, LPC, CADC I
OAAP Attorney Counselor

References

[1] http://journals.lww.com/journaladdictionmedicine/Fulltext/2016/02000/The_Prevalence_of_Substance_Use_and_Other_Mental.8.aspx

[2] http://pubs.niaaa.nih.gov/publications/Audit.pdf

[3] https://www.cesphn.org.au/images/mental_health/Frequently_Used/Outcome_Tools/Dass21.pdf

[4] For statistical reasons, no significant inferences could be drawn about participating lawyers' use or misuse of substances other than alcohol.

[5] The AUDIT generates scores ranging from 0 to 40. Scores of 8 or higher indicate hazardous or harmful alcohol intake and also possible dependence. Scores are categorized into zones to reflect increasing severity, with zone II reflective of hazardous use, zone III indicative of harmful use, and zone IV warranting full diagnostic evaluation for alcohol use disorder. The study uses the phrase "problematic use" to capture all three of the zones related to a positive AUDIT score.

[6] https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-use-disorders

[7] http://www.mayoclinic.org/diseases-conditions/depression/in-depth/depression/art-20047725?p=1.

OAAP
December 2016
Issue No. 102

OREGON ATTORNEY ASSISTANCE PROGRAM

IN SIGHT *for Oregon Lawyers and Judges*

IMPROVING THE QUALITY OF YOUR PERSONAL AND PROFESSIONAL LIFE

LOOKING FORWARD: IMPROVING OUR HEALTH AND WELL-BEING

The following is Part II of In Sight's June 2016 article "National Study on Lawyer Substance Use and Mental Health"

The 2015 landmark study jointly undertaken by the American Bar Association and Hazelden Betty Ford Foundation (ABA-Hazelden Study) presented a revealing picture of the prevalence of substance use and other behavioral health conditions within the U.S. lawyer population. The study, surveying nearly 13,000 practicing lawyers, was published in early 2016 in the Journal of Addiction Medicine. [1]

Summary of Primary Findings

Over 20% of lawyers surveyed scored at levels consistent with problematic alcohol use, over twice that of the general U.S. adult population.

- Problematic alcohol use was highest among younger lawyers: 32% among lawyers aged 30 or younger; 25% among those aged 31 through 40, with modest declines thereafter.

- Comparing work environments, the study reported problematic alcohol use was highest in private law firms (23%). Within those firms, there were clear correlations between firm positions and levels of problematic use: 31% among junior associates, 26% among senior associates, 24% among junior partners, and 19% among senior partners.

- Solo practitioners reported problematic alcohol use levels of 19%. Lawyers in other types of practices (government, corporate in-house, non-profit, etc.) reported rates between 17% and 19%.

Rates of depression were reported at 28%, more than three times that of the general U.S. adult population. Reported rates of anxiety (19%) and stress (23%) were also considerably higher than that of the general U.S. adult population.

- Attorneys reporting problematic alcohol use also tended to report higher levels of depression, anxiety, and stress when compared to those screening within the normal range for alcohol use.

- Rates of depression, anxiety, and stress were reported highest among younger and newer lawyers, a pattern also seen for reports of problematic alcohol use among these lawyers.

A Clarion Call

The ABA-Hazelden Study and the attention it received within the profession and from the national media have created a clarion call for responsive action by the various institutions, organizations, and regulatory bodies within our profession. Among those best positioned to play leading roles in helping to improve the health and well-being of our lawyers are law schools, law offices/firms, and professional legal associations. It will take a coordinated effort, and the Oregon Attorney Assistance Program is committed to working with these groups to improve the health and well-being of lawyers and law students. Let's look at how we might work together for the benefit of our local legal community.

Law Schools

In its 2015 publication, Substance Abuse and Mental Health Tool Kit for Law

OREGON ATTORNEY ASSISTANCE PROGRAM

503-226-1057
1-800-321-OAAP
www.oaap.org

Helping lawyers and judges since 1982

- Alcohol & Chemical Dependency
- Career Change & Transition
- Gambling Addiction
- Mental Health
- Procrastination & Time Management

A free, nonprofit, confidential program for you.

Students, the ABA noted that, on entering law school, law students have clinical stress and depression rates consistent with national averages, but those rates sharply increase during their first year of law school. Thereafter, the rates of law students grappling with substance abuse and mental health problems increase dramatically. [2]

Referencing a 2014 national law student survey, the ABA further reported:

- 22% reported binge drinking at least twice in the past two weeks;
- 17% screened positive for depression; and
- 20% reported they had thought seriously about suicide sometime in their life; 6% reporting thinking seriously about suicide in the prior 12 months. [3]

The OAAP is committed to improving the well-being of Oregon law students and is available to partner with law schools as they serve their students. We can brainstorm ways in which we can work together. The following are just some of the actions law schools might consider as we seek to address the concerns raised by the ABA Hazelden Study: [4]

- Promote anonymous and confidential support groups for law students;
- Offer health, wellness, and self-care information as an integrated part of students' curricula;
- Increase coordination of services between university counseling departments and the OAAP;
- Utilize OAAP as resources for presentations to faculty and students and for referrals for students needing help; and
- Address the social stigma and fear of consequences that discourage many law students from getting help. [5]

Law Offices

The ABA-Hazelden Study made clear there are startlingly high levels of problematic alcohol use, depression, anxiety, and stress in our profession. Our newer and younger lawyers appear to be at especially high risk and, as is the case with law students, many lawyers avoid getting needed help because of social stigma and fear of professional consequences.

As with law students, the OAAP is also committed to the well-being of Oregon lawyers and is available to work together with law firms as they seek to address the findings of the study.

Here are some possible approaches law offices might consider:

- Provide health and wellness resources to lawyers in their work environments;
- Provide training to law office management, attorneys, and staff to recognize signs of impairment and health-related problems;
- Consider what role alcohol plays in social gatherings and professional events;
- Establish effective response protocols for when someone is concerned about a colleague;
- Help to reduce the stigma that often accompanies lawyers' behavioral health challenges and prevents them from getting needed help;
- Establish protocols to assist lawyers needing treatment or recovering from behavioral health conditions; and
- Become familiar with the resources available through the Oregon Attorney Assistance Program.

Professional Organizations

Oregon has a variety of professional associations, both affiliated and not affiliated with state and local bars organizations. These associations can play an important leadership role in addressing the behavioral health issues that disproportionately affect our profession. The OAAP reaffirms its commitment to the Oregon legal community and is available to work alongside these organizations toward our common goal of lawyer wellness. Here are some approaches to consider:

- Be cautious about how alcohol is used in the advertising of conferences, retreats, and social events;
- Provide a variety of non-alcoholic beverage alternatives to attendees at conferences, retreats, and social events;
- Include presentations and speakers addressing lawyer health, wellness, and self-care issues at continuing legal education events and conferences;
- In membership publications, include articles that address lawyer health, wellness, and self-care issues; and
- Include wellness information and a resource table at conferences and retreats.

Conclusion

The ABA-Hazelden Study has resulted in a national discussion and a definite call to action. Its findings have dramatically underlined the fact that today's levels of depression, anxiety, stress, and problematic alcohol use within our profession are so significantly elevated that they simply cannot be ignored. Past efforts to address these issues have not been sufficient.

In this article, we have addressed only a few of the actions that might be considered by law schools, law offices, and law-related professional associations in collaboration with the OAAP. Many other entities will need to be part of a coordinated effort to address the challenges we face, including actions by bar regulatory agencies; bar admission offices; disciplinary departments; lawyer assistance programs; and various other state and national institutions, entities, and organizations. If we are to improve the health and well-being of our lawyers and law students, it will likely come only as the result of a systemic and sustained effort by all sectors of our profession.

Douglas Querin, JD, LPC, CADC I
OAAP Attorney Counselor

	Stress Management Tools
1.	**Breathing –** There are many different ways to do this. The most important part is to breathe slowly and deeply. It is the fastest and best way to communicate with the nonverbal part of your brain. http://www.drweil.com/drw/u/ART00521/three-breathing-exercises.html http://cdn.marksdailyapple.com/wordpress/wp-content/uploads/2010/12/NPRDeepBreathing.mp3 **APPS- Breathe2Relax**
2.	**Meditation -** It rewards your brain and changes your brain's wiring in positive ways that to tend toward contentment. http://www.nmr.mgh.harvard.edu/~britta/SUN_July11_Baime.pdf http://palousemindfulness.com/selfguidedMBSR.html https://www.youtube.com/watch?v=iZIjDtHUsR0 **APPS – Insight Meditation Timer, Buddhify, Headspace, Zazn**
3.	**Avoid isolation; connect with family and friends -** Social connectedness is vitally important. It helps to reduce the effects of stress on brain and body; Good hormones (e.g., oxytocin) are released. http://www.mayoclinic.org/healthy-living/stress-management/in-depth/social-support/art-20044445?pg=2
4.	**Exercise** – It's good for your body: it helps reduce stress, combats anxiety and depression, improves cognitive functioning, improves memory, and enhances mood. Good hormones (endorphins) are released – aka "the runner's high." *Spark: Revolutionary New Science of Exercise and the Brain*, John Ratey (2013) http://www.mayoclinic.org/healthy-living/stress-management/in-depth/exercise-and-stress/art-20044469
5.	**Take a fun class** – Learn something new, exercise the creative side of your brain; have a scheduled time for your class, prepay for it; E.g., Guitar Lessons, Dog Agility Class, Knitting Class, Tai Chi, Toastmasters, Poetry Writing. Something that is new, different, and that you look forward to - especially with a friend! No homework! http://articles.mercola.com/sites/articles/archive/2014/11/06/crafting-knitting.aspx http://www.scientificamerican.com/article/mental-downtime/
6.	**Volunteer** – It lowers stress, contributes to a sense of well-being, and improves physical health as well! http://www.health.harvard.edu/blog/volunteering-may-be-good-for-body-and-mind-201306266428
7.	**Power song** – Taking breaks is really important for your brain. You can use listening to a song as a meditation or to pump you up! (Choose "We Will Rock You" not "Who Let the Dogs Out.") Join a choir. It does awesome things for you! http://www.cnn.com/2013/04/15/health/brain-music-research/ http://www.unr.edu/counseling/virtual-relaxation-room/releasing-stress-through-the-power-of-music http://www.telegraph.co.uk/news/health/news/10496056/Choir-singing-boosts-your-mental-health.html
8.	**Humor break –** Breaks are vitally important and if you can combine that with some laughter, you have provided your body and your brain with some much needed feel-good time. Laughing stimulates many organs, activates your stress response, and then relaxes your body systems. Laughing also strengthens your immune system.

	http://www.mayoclinic.org/healthy-living/stress-management/in-depth/stress-relief/art-20044456 http://www.healthsystem.virginia.edu/pub/feap/work-slife/newsletters/Humor%20and%20Stress.pdf
9.	**Spirituality, religion, and connecting with nature -** Spirituality, organized religion, or just communing with nature can help to foster a sense of meaning and purpose (and offer perspective when you are wrapped up in the minutiae of torts, trademarks, or taxation). Being in nature or at least looking out a window at some nature is great for your brain. Light increases serotonin – one of our neurochemicals that helps mood and fights depression. Benefits of being outside: increased attention, focus, and memory; lowered stress, and reduced brain fatigue. http://www.mayoclinic.org/healthy-living/stress-management/in-depth/stress-relief/art-20044464
10.	**Pets –** if you have pets, try to maximize your interactions with them; this increases our feel-good hormones, lowers stress levels, and lowers blood pressure. If you don't have pets, you can volunteer to walk dogs at the Humane Society or go visit someplace with a fish tank! **http://usatoday30.usatoday.com/news/education/story/2012-05-13/dogs-stress-relief-on-campus/54921444/1** **http://hyper.ahajournals.org/content/38/4/815.full**
11.	**Commitment & accountability –** We are more likely to do pretty much everything if we have another person we feel accountable to. So, get a gym buddy, a walking or running partner, a meditation buddy, a movie break buddy. You get the point! **APPS-** https://www.stickk.com/
12.	**Read-** Reading for pleasure can help relax you and reduce stress. http://www.takingcharge.csh.umn.edu/tips-change/reading-stress-relief
13.	**Intimacy –** Healthy intimate relationships can be a huge source of support in high stress times; physical contact with other people (even something as simple as a hug or a pat) releases oxytocin in our brains (that's good) and reduces stress and anxiety (that's also good). http://www.npr.org/templates/story/story.php?storyId=128795325 http://psychcentral.com/blog/archives/2014/03/10/the-surprising-psychological-value-of-human-touch/
14.	**Gratitude –** It's good for our well-being to make a practice of appreciation. It is also a state of being that increases our social connections. http://greatergood.berkeley.edu/pdfs/GratitudePDFs/2Wood-GratitudeWell-BeingReview.pdf http://greatergood.berkeley.edu/article/item/how_gratitude_can_help_you_through_hard_times
15.	**Savoring practice –** Our brain has a *negativity bias*. Bad experiences stick in our memories while positive experiences flow through like water through a sieve. You can shift your brain toward positivity by savoring a positive moment for just 10-30 seconds. This attention to the positive cements those moments in our memories just like the negative moments. http://greatergood.berkeley.edu/article/item/10_steps_to_savoring_the_good_things_in_life

16.	**Diet –** Quick Tips: (1) Hunger hurts Concentration → eat breakfast (oatmeal is a natural brain food); (2) Good Foods = Alertness → spinach, broccoli, and beans are great alertness foods; (3) Good Glucose = Good Memory → complex carbs (e.g., green veggies, whole grains, beans, lentils, peas and potatoes) provide steady source of glucose, avoiding sugar spikes. Comfort foods (chips, candy bars, pastries) work ok in the moment, but can cause blood-sugar fluctuations that can increase stress and mood swings. http://www.helpguide.org/articles/diet-weight-loss/emotional-eating.htm http://www.webmd.com/food-recipes/healthy-foods-eat-brain-power https://www.psychologytoday.com/blog/the-science-willpower/201111/stress-sugar-and-self-control
17.	**Sleep –** Sleep deprivation and elevated stress hormones tend to be related. Healthy Tips: Stick to a sleep schedule; develop a relaxing pre-bedtime ritual; exercise daily; avoid alcohol/drugs, tobacco, caffeine, and heavy meals before bedtime; have a bedroom that is cool, quiet, and dark. Sweet Dreams! http://sleepfoundation.org/ http://www.webmd.com/sleep-disorders/guide/tips-reduce-stress; http://consumer.healthday.com/encyclopedia/stress-management-37/stress-health-news-640/sleep-deprivation-and-stress-646063.html
18.	**Self-Awareness –** Our daily lives are filled with innumerable things, people, obligations, and responsibilities competing for our attention. Add to this the demands of practicing law, (or studies and preparation for a Bar Exam) and you quickly realize that our self and our thoughts, feelings, and emotions are often totally ignored. Practicing self-awareness simply means stopping and taking time to inwardly reflect on ourselves and what is going on within us in the present moment. For example, are we angry, tired, anxious, fearful, or sad, etc.? When we practice self-awareness, in a compassionate, non-self-blaming way, we are more likely to avoid unwanted stress-induced behaviors and reactions, more likely to regulate our emotions in a healthy way, and more likely to develop an understanding of ourselves and our thoughts, feelings, and emotions. Meditation, mindfulness, yoga, journaling, and Tai Chi are practices that people often use to increase their self-awareness. http://www.rebeccaanhalt.com/self-awareness-and-stress-relief/ http://www.turn-stress-into-bliss.com/self-awareness.html
19.	**Listen to your body** -- Do a *self-care body scan*: check in with yourself. Are you experiencing any aches, pains, or other discomfort? If so, your body may be telling you something like: get some exercise, eat something, cut down on the caffeine, take a time out, or call a friend? Listen to your body! http://www.mindful.org/the-body-scan-practice/

20.	**Structure and schedules** – Develop regular daily habits and routines for activities that are repetitive (e.g., going to bed, getting up in morning; work times, meal times, social times, self-care times, zoning out times, etc.). Perhaps even keep a simple log, journal, or calendar to record your success in maintaining your schedule and routine; for some, a visual track record of accomplishments tends to reinforce success. Having a regular daily schedule reduces the need to make minor or routine decisions and choices. This practice: (1) eliminates needless decision-making, preserving the brain's energy for higher level tasks (like practicing law); (2) creates a sense of control and empowerment; (3) encourages planning one's day; (4) encourages the creation of healthy self-care habits, like exercising and visiting with family and friends. http://www.rebeccaanhalt.com/schedule-more-and-stress-less/
21.	**To-Do Lists can be two-edged swords** – For some to-do lists are helpful and stress-relieving, for others they are stress-producing. The longer the list, the less likely you are to get things done. If you make a to-do list, keep it simple and relatively short (eliminate low-priority items), and don't jump from one task to another – try to complete one item at a time. If you really like lists, consider including a "done list" at the end of the day to celebrate your accomplishments. All lists of things to do should include one or more healthy self-care activities. http://www.jillkonrath.com/sales-blog/quickly-reduce-your-to-do-list
22.	**Avoid relationship drama** – If you have personal relationships that are occasionally volatile, respectfully inform the other person that all your energies right now must be focused on your self-care and you will not engage in any relationship drama – and stick to this rule. This is called *maintaining healthy boundaries*! http://www.huffingtonpost.com/jennifer-twardowski/6-steps-to-setting-boundaries-in-relationships_b_6142248.html
23.	**Inspirational reading, dream, imagine, visualize success** – Help your brain by doing things that encourage positive thinking. http://www.wisebrain.org/TakingintheGood.pdf
24.	**Do something you love** – If there is an activity that you enjoy doing right now, make sure you do not lose that as part of your proactive self-care strategy. http://www.sparkpeople.com/resource/wellness_articles.asp?id=1657 http://greatergood.berkeley.edu/article/item/a_better_way_to_pursue_happiness
25.	**Reach out for help: OAAP – If you have questions, concerns, or simply need to talk with someone, call or contact OAAP @ www.oaap.org; 503-226-1057.**

OAAP
helping lawyers and judges since 1982

The Resilient Lawyer: How the Brain Overcomes Common Challenges

Dr. Anthony J. Mele
Chief Clinical Officer
Sovereign Health

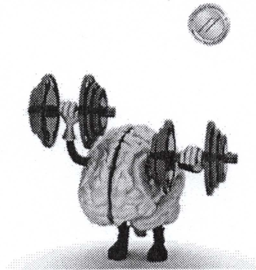
1. Defining Brain Resilience
    a. What is resilience and how does it benefit lawyers?
    b. Neuroplasticity: how the brain recovers and repairs
        i. Types of brain decline / impairment
            1. Disease / addiction
            2. Aging
            3. Acquired / acute trauma
    c. Implications of neuroplasticity on resilience

2. Identify common challenges and behaviors that impact the practice of law
    a. Follow-up on the ABA-Hazelden Study
        i. SUD Rates
        ii. Mental Health Disorders
        iii. Personality Disorders
            1. Definition
            2. examples
        iv. Lawyer Personality Types
            1. Professional functioning
            2. Personal functioning
                a. Low resilience
            3. Neuroplasticity and recovery from low resilience
                a. Reduces stress symptoms of low Resilience
                b. Supports recovery from adverse events
                c. Modulates overly negative and distorted responses
                d. Develops stress inoculation against future triggers
                e. Teaches prosocial responses and coping strategies towards criticism, rejection, setbacks, and other real or perceived threats to the self.
                f. Supports the development of unique / atypical positive responses to social situations.
                g. Supports the development of an affirming self-appraisal
    b. Normal Aging, Pre-retirement, Retirement
        i. Differentiating: Normal Aging, Mild Cognitive Impairment, Depression
            1. Impact on the practice of Law

3. Skills of the Lawyer of the Future and Brain resilience

    a. technology skills
    b. leadership skills vs management techniques
    c. entrepreneurial skills
    d. business acumen
    e. presence or gravitas
    f. collaboration skills
    g. emotional intelligence and empathy
    h. resilience skills
    i. agility or adaptability
    j. multiculturalism or bilingualism, and a global mindset
    k. ability to synthesize
    l. joint degree of one sort or another
    m. buyers market; more for less

4. Simple Stress Reduction Techniques



The Resilient Brain:
Helping Lawyers Manage
Personal and Professional Stressors

Anthony J. Mele, Psy.D
Chief Clinical Officer
Sovereign Health

Freedom from Conflicts of Interest

- The presenter and this presentation are representative of Sovereign Health.
- The presenter is a full time employee of Sovereign Health and reports no renumeration in any form from any other organization.
- Sovereign Health provides the full continuum of behavioral health treatment to a wide range of clients including licensed professionals.

Abstract

Attorneys experience significant stress as evidenced by the higher than average rates of anxiety, depression. These levels of problematic drinking have a strong association with both personal and professional characteristics, most notably sex, age, years in practice, position within firm, and work environment. and substance abuse when compared to other professionals and the general population.

Recent research indicates that the brain is capable of recovering from certain behaviors, personality styles and aspects of cognitive functioning. For lawyers with addictive behaviors, maladaptive personality styles and signs of cognitive decline, such brain resilience or neuroplasticity, offers hope for recovery.

Presentation Goals

1. Identify and describe factors that may interfere with optimal emotional and cognitive functioning through the life-span.
2. Discuss how these risk factors may negatively impact legal practice.
3. Define brain resilience and neuroplasticity.
4. Apply research in neuroplasticity to models of recovery and resilience.

Background: Opportunities and Challenges from the ABA-Hazelden Data

- SUD and Mental Health Disorders Prevalence
- Personality Traits, Styles, Disorders
- Aging: Normal, Impaired, Competence, Capacity
- Resilience: personal and professional

Substance Abuse Among Attorneys

"Our research reveals a concerning amount of behavioral health problems among attorneys in the United States."
(Krill et al, Feb 2016)

<u>Significant findings</u>

High rates of hazardous, harmful, potentially alcohol dependent drinking
High rates of depression & anxiety symptoms compared to other professionals

Lawyers: 20.6% - 28.9 % problematic alcohol abuse.
Physicians: 11.8% - 15% problematic alcohol abuse.

Life-Span Risk Factors

- Addiction
  - SUD and MH Disorders
  - Impaired Professional
- Cognitive Aging
  - Normal vs Mild Cognitive Impairment vs Dementia
- Retirement: Competence and Capacity

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Addictions

Substance Use Disorder
Process Addiction

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

American Society of Addiction Medicine - 2011

"Addiction is a primary, chronic disease involving brain reward, motivation, memory and related circuitry.

Can lead to relapse, progressive development, and the potential for fatality if not treated.

While pathological use of alcohol and, more recently, psychoactive substances have been accepted as addictive diseases, developing brain science has set the stage for inclusion of the process addictions, including food, sex, shopping and gambling problems..."

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

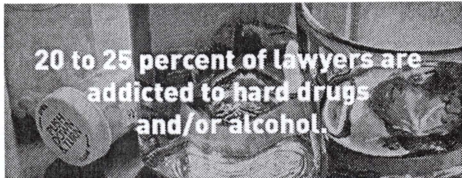
Process Addiction and Substance Addiction

Addiction: progressive, preoccupation, continued use, loss of control, increased consequences.

Frequency of use, amount, cost (money, time, and other consequences), and sense of being owned by the addiction all increase.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

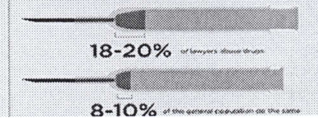
The Addicted Attorney by the Numbers



www.sovcal.com
24/7 Admissions Helpline
866-594-3271

DRUG ABUSE AMONG LAWYERS

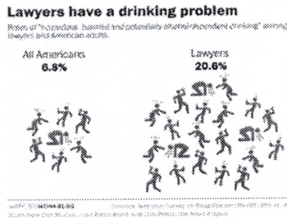
ADDICTION STRIKES THE BEST LAWYERS



www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Lawyers' vs General Population Addiction Rates

- General Population: 8-10% addiction / drug abuse
- Lawyers: 18 to 21% addiction / drug abuse
- 25% of lawyers facing disciplinary action abuse drugs or alcohol and have a mental health diagnosis.



www.sovcal.com

24/7 Admissions Helpline
866-594-3271

Changes from 1990 - 2015

1990: positive association between the increased prevalence of problematic drinking and increased number of years in the profession (Benjamin et al 1990) Longer in practice: greater alcohol problems.

2015: direct reversal of that association. Attorneys in the first 10 years of their practice have the highest rates of problematic alcohol use (28.9%), followed by attorneys practicing for 11 to 20 years (20.6%), and continuing to decrease slightly from 21+ years.

Why was there a 25 year gap between studies?

www.sovcal.com

24/7 Admissions Helpline
866-594-3271

Stages of career and Substance Abuse

Rates of alcohol abuse Highest to Lowest:
Junior associates > senior associates > junior partners > senior partners.

Senior Partners (retrospective self-report)
23% believe their alcohol use has been a problem during their career.
44% indicate their problem began within the first 15 years of practice.
26.75% believe their problem started before law school.
14.5% believe their alcohol problem began after 15+ years in the profession.

www.sovcal.com

24/7 Admissions Helpline
866-594-3271

Lawyer's age and substance abuse

Being in the early stages of one's legal career is strongly correlated with a high risk of developing an alcohol use disorder.

AGE	Problematic Alcohol Use
<30	32.3%
31-40	26.1
>40	declining rates thereafter

www.sovcal.com

24/7 Admissions Helpline
866-594-3271

Am I an alcoholic?

Washington DC, LAP Quiz

1. Do I plan my office routine around my drinking or drug use?
2. Have I tried unsuccessfully to control or abstain from alcohol or drugs?
3. Do my clients, associates, support personnel contend that my alcohol/drug use interferes with my work?
4. Have I avoided important professional, social, or recreational activities due to my alcohol/drug use?
5. Do I ever use alcohol or drugs before meetings or court appearances, to calm my nerves, or to feel more confident of my performance?

www.sovcal.com

24/7 Admissions Helpline
866-594-3271

6. Do I frequently drink or use drugs alone?
7. Have I ever neglected my office operations or misused funds due to my alcohol /drug use?
8. Have I ever had a loss of memory when I seemed to be alert and functioning but had been using alcohol or drugs?
9. Have I missed or adjourned closings, court appearances, or other appointments because of my alcohol or drug use?

www.sovcal.com

24/7 Admissions Helpline
866-594-3271

10. Is drinking or drug use leading me to become careless of my family's welfare or other personal responsibilities?

11. Has my ambition or efficiency decreased along with an increase in my use of drugs or alcohol?

12. Have I continued to drink or use drugs despite adverse consequences to my practice, health, legal status, or family relationships?

13. Do strong emotions, related to my drinking or drug use (e.g., fear, guilt, depression, severe anxiety) interfere with my professional functions?

www.sovcal.com

24/7 Admissions Helpline
866-594-3271

14. Are otherwise close friends avoiding being around me because of my alcohol or drug use?

15. Have I been neglecting my hygiene, health care, or nutrition?

16. Am I becoming increasingly reluctant to face my clients or colleagues in order to hide my alcohol/drug use?

A "yes" answer to any of these questions suggests that it would be wise to seek professional evaluation but may or may not indicate that you have a diagnosable addictive disorder. Evaluations of alcohol/drug problems should be done by a clinician with addiction credentials and/or experience working in an addiction-oriented setting.

www.sovcal.com

24/7 Admissions Helpline
866-594-3271

Impaired Addicted Lawyer: Effects on Professional Practice

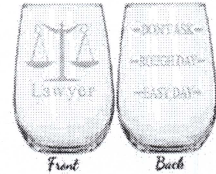
- Alcohol and drugs impair reasoning and judgment and create uncontrollable cravings they cannot ignore.
- Addicts do things inconsistent with their own long-held values, ethics and beliefs.
- Neglect cases because they are not thinking clearly or are hangover
- Misuse of client funds to cover debts or feed their addiction.
- Lie to cover professional mistakes and missed due dates.
- Unprepared for court proceedings, inappropriate courtroom behavior.
- May commit crimes.
- Require ever increasing use / exposure of the substance or activity.

www.sovcal.com

24/7 Admissions Helpline
866-594-3271

Addiction among lawyers: possible causes

- Disease PROCESS (personality + biology)
- Work-related stress.
- Environment: social, work-related drinking (the normative standard).
  - Mad Men,
  - Distortion and Desensitization: "How can I have a drinking problem? I just drink like everybody else. Everybody in my profession drinks."
- Denial: attorneys think that they are the problem solvers, therefore, how can they have a problem?



www.sovcal.com

24/7 Admissions Helpline
866-594-3271

Lawyer Work Hours

People who work 50+ hours / week are significantly more likely to engage in risky drinking than people who work 35 - 40 hours / week.

www.sovcal.com

24/7 Admissions Helpline
866-594-3271

The Depressed and Anxious Attorney

www.sovcal.com

24/7 Admissions Helpline
866-594-3271

Snapshot of MH Prevalence Rates

Lawyers
- Depression: 28%
- Anxiety: 19%
- Stress: 23%

General Population (NIMH 2014)
- Depression: 6.6%
- Anxiety: 3.2%

LAW: complicated, complex profession, (and cut-throat) with high competitive pressure.

Lawyers
- 33% of lawyers diagnosed to have mental disorders (anxiety, mood, depressive, etc)
- 3.60 X more prone to depression compared to professionals from 28 industries.
- 1.33 X more likely to suicide than the general population.

Average rates of depression,
- 6.5% US adults suffer from depression
- 20% of lawyers
- 40% law students

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Lawyers' Behavioral Health Status

Among professions: Lawyers consistently rank high incidence of depression and suicide.

Almost twice the rate of alcoholism than the general population:
15% to18% compared to 10% of the general population

NIMH: @15% of untreated major depressives or failed treatment suicide.

Correlation between economic factors with alcoholism and suicide.
↓ income + ↑ alcoholism = ↑ suicide risk

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Depression and Suicide and Lawyers

Lawyers: 3X more likely to have depression than the general population and about 2X more likely to be addicted to AOD than the general population.

Lawyers consistently rank within the top 5 professions with the highest rates of depression.
Not all depressives commit suicide, but most completed suicides were depressed.

Johns Hopkins (1990): lawyers had the highest rate of depression of any profession
40% of law students deal with depression at some point during Law School.

People with substance abuse are about 6X more likely to suicide.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Anxiety and Depression: Career Prevalence

Career prevalence: 61% reported anxiety at some point in their career.
Career prevalence: 46% reported depression.

Mental health concerns: trends similar to alcohol use disorders: generally decreased as both age and years in the field increased.

Lawyers with normal levels of depression, anxiety, and stress reported far fewer behaviors scores associated with problematic alcohol use.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Addiction and Personality Disorder Co-morbidity

50%- 75% chance that a drug or alcohol addict will also have one or more personality disorders→ Most personality disorder traits are obvious in adolescence.

Alcoholic: 20.8% obsessive compulsive, 10.4% paranoid, 9.4% dependent.

Cocaine, opioid w/ alcohol abusers: 21% antisocial, 14.5% narcissistic, 11.3% borderline.

Compare lawyer personality types with lawyer addiction rates.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Why?

Many professions are stress-filled with long hours.

Is there a ***lawyer personality type*** predisposing them to such high levels of SUD and MH?

Unique role of both hero and villain in society

Suicide is a real hazard: 3rd leading cause of death among lawyers; by comparison, suicide is only the 10th leading cause of death in the general population. (Kril, January, 2014 on CNN)

Background: Is there a ***Lawyer "type"?***

- Idealistic
- Perfectionistic
- Controller

The Idealist Lawyer: Inspired and Inspiring

Very sensitive to injustice; feels personally and overly responsible for client. Passionate about social and individual justice.

" To Kill a Mocking Bird", " Gideon's Trumpet", "Erin Brockovich", " Philadelphia ".

Effect on Professional Practice

- Saying no is very difficult.
- Disproportionate share of pro bono & reduced fees.
- May be overworked with no support staff.

The Perfectionist : focused on performance

Ranking is important: usually starts in childhood.

Super achiever: file the best brief or deliver the brilliant closing argument.

Errors are unforgiveable.

Effect on Professional Practice:

- Feel unable to risk being underprepared and losing any opportunity to win the high esteem of clients, colleagues, and judges.
- May suffer from hypertension, insomnia or imperfect support staff.

The Controller: outcomes, people, places, and things.

Difficulty delegating and letting go.

No one can do "it" as well as they can.

Overly involved in seemingly minor tasks.

May sometimes appear very inflexible and fussy.

Common but difficult personality type, especially when the controlling lawyer is anxious or stressed.

Effect on Professional Practice: physical health impairment, self-medicating substance abuse as stress reduction

Do Lawyer personality types predispose to substance abuse?

Some Personality traits common among lawyers:

self-reliance, ambition, perfectionism, competitiveness

do not always promote healthy coping skills and the emotional elasticity needed to cope with unrelenting pressures and unexpected disappointments that lawyers face.

Six traits that distinguish lawyers from general population

1. **Skepticism: natural to trust, learn to be skeptical.**
   1. Lawyers have a 90% score for this trait
   2. General Public scores only 50%.

Lawyers question data, people and information > Prove it!

People hire lawyers for their skepticism (among other traits).

2. Abstract Reasoning:

Lawyers score 82% for this trait
General Public: 50% score for this trait.

Lawyers like to solve problems, face challenges: stimulates the brain. Proud of their problem-solving.

Downsides:

"paralysis by analysis," too much planning, but ambivalent about acting.

"drilling a hole in your own boat": challenge something for the sake of challenging.

3. Autonomy:

Lawyers have an 89% score for this trait
General public scores only 50%.

Don't like being told what to do or receiving orders. Related to low sociability.

Lawyers resist external influences: especially adversarial forces.

Counter 'autonomy resistance' by inviting input; letting them shape their own destiny. Participation leads to commitment.

4. Sociability:

Lawyers score only 7% on this trait,
General Public: about 50%.

Ability to initiate new emotional connections, disclosing your inner life and remembering the details of others' inner lives.

The lawyer style avoids talking about anything personal or "touchy-feely".
Talk about sports, current events and recent Supreme Court case.

5. Urgency:

Lawyers have a 71% urgency score.
General Public: 50%

The need for closure and to get things done.
> Finish other people sentences
> Marketing people
> Not good at communications → You can't be efficient in a relationship.

You can't say, 'I see you're having a mid-life crisis, I've got three minutes until my next appointment. Tell me all about it.' It makes the other person feel they don't matter.

6. Resilience:

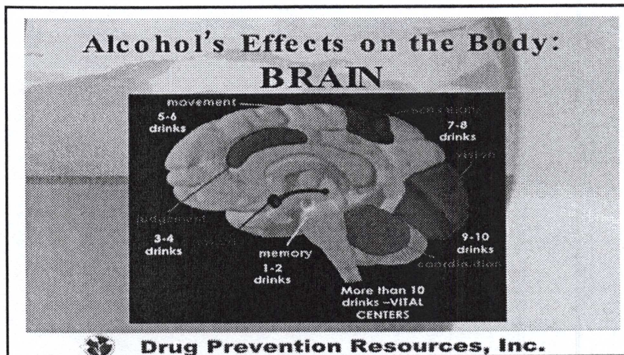
Lawyers scored low -- only at 30%
General Public – 50%

Resilience = resistance to criticism, i.e. door-to-door sales person.

Low resilience people deflect things, 'let's put that point aside.' and use denial, "I didn't do that."

- counterattack, respond with "stop criticizing about me. What about..."
- difficulty dealing with rejection. Prefer warm leads: opportunities to sell services where people who will say 'no' have been weeded out.
- Group practices can help lawyers find support and dissipate pain of rejection.

Effects on the Brain: Cognitive Functioning



Addiction Neurochemistry

Addictive substances and processes increase dopamine in the midbrain.

The midbrain equates the addictive substance/process with survival.

Becomes the best or most reliable way to produce the desired biochemical surge.

Over time, addiction is the only way to produce the biochemical surge.

Addiction is a Brain Disease

- Addictive drugs shortcut the brain's reward system by flooding the nucleus accumbens with dopamine. The hippocampus lays down memories of this rapid sense of satisfaction, and the amygdala creates a conditioned response to certain stimuli.
- *Alcohol* does not increase *dopamine* throughout the brain; it only causes an increase in *dopamine* in the area of the reward pathway (Boileau et al 2003).
- Drugs produce a level of dopamine that "conventional " activities such as intimacy, sex, food, friendships, sports, celebrations cannot match.

Alcohol and Drugs Addiction Effect on Professional Performance

- Obsessed w/substance use: time, resources re-directed to addiction.
- Relationships, money, work responsibilities are reduced or ended.
- Eventually most addicts reduce or give up entirely what they once considered important social, occupational or recreational activities in order to drink or use.
- Myth of the functional alcoholic.

Process Addictions

Process addictions are addictions to activities or processes such as:

gambling,
eating,
tanning,
video/gaming,
spending,
sex,
Internet surfing,
work

as opposed to a **"substance addiction"** like drugs or alcohol.

Process Addictions: Implications for Professional Practice

- Definition: Continue behavior despite persistent or recurrent social, financial, psychological, or physical problems or consequences.

- Attorney Confidentiality compromised: reputation, public scandal.
- Pre-occupation, diversion of time + cognition from professional responsibilities.
- Irritability and distracted when not "acting out".
- Client frustration and mistrust.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Cognitive Aging

- Normal Aging vs Mild Cognitive Impairment vs Dementia

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Normal Aging, Pre-retirement, Retirement

Competence and Capacity

Cognitive Functioning / Emotional Functioning

Differentiating: Normal Aging, Mild Cognitive Impairment, Depression
- Impact on the practice of Law

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Normal Aging

What is normal?:

*behaviors that are expected relative to an individual's age and education.

* individual's baseline.

* cohort effect. (i.e. age differences in technology use)

Normal Aging: also called ***Age-related cognitive decline.***

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Normal Physiological Aging

- Cardiovascular system
- Respiratory system
- Gastrointestinal system
- Urinary system
- Endocrine system
- Immune system
- Musculoskeletal system
- Sensory system
- Reproductive system
- **NERVOUS SYSTEM**

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Normal Changes in the Nervous System

- Attention / Concentration,
- Verbal Abilities / Language,
- Memory (especially Short Term),
- Visual-spatial / Perceptual,
- Conceptualization,
- Reasoning and Planning,
- Reaction Time,
- Speed and Accuracy,
- Spatial orientation,
- Numerical capabilities,
- Problem solving.

Impact on driving a car? Holding a job? Babysitting a child

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Normal Aging: Skills that remain stable in aging

Speech/Language:

expressive (speaking) and receptive (understanding) do not change much. (Unless there is a specific brain insult: CVA, temporal lobe).

General Intelligence: does not change too much.

ADLS: Using familiar objects (comb, fork, pencil).

Normal Changes in Personality

- Personality: remains relatively stable over time in *the absence of major trauma.*

(Recall earlier discussion of Lawyer Personality Types and Traits)

Normal Cognitive Aging or Mild Cognitive Impairment

- Language (receptive/expressive)
- Memory
- "Executive functioning"
  - Planning, reasoning,

Normal Changes in Spirituality

- Increased reflection,
- Less concern for material things,
- More interest in satisfaction with life,
- Emphasis on internal processes or inner experiences
- Time to meditate and fantasize can be healthy for older adults as they contemplate and reflect,
- Life satisfaction increases simultaneously with aging as a shift takes place from the material world to the spiritual.

Normal Aging and Traditional Measures of IQ

- Verbal (IQ) skills
  - Remain stable.
- Performance (IQ) skills
  - Reaction time decreases.
  - Visual-motor integration decreases.
  - Visual planning decreases.

Normal Physical Changes

- **Increased fat storage (diabetes risk)**
  - **Diet / nutrition can help manage this**
  - **Slower resting metabolism**
- **Cardiovascular disease**
  - **Walking, other exercise can help**
- **Hormone depletion: testosterone's peak: 20's**
- **Reduced muscle mass / deconditioning**
  - **Weight lifting can help**

Normal Aging: What skills decline?

Learning material / tasks. (cell phone, remote control, do you *tweet*?)

Processing new information.

Perceptual and Performance speed.

Reasoning abilities

Normal forgetfulness

Forgetting the details of conversations,
Becoming easily distracted: Trouble remembering what you just read.
Difficulty retrieving information you have "on the tip of your tongue",
Blocking one memory with a similar one, (calling a grandson by your son's name).
Forget where you left things you use regularly, such as glasses or keys.
Forget names of acquaintances or figures in the news.
Occasionally forgetting an appointment.
Walking into a room and forgetting why you entered.
Forget where you parked your car

Normal Aging: Memory Changes

Sensory Memory:
Look at a stimulus for a second and remember what it looked like.

Short-term memory:
Recall a stimulus after a few minutes. Some decline with age.

Long Term memory
- **Procedural memory:**
  - Recall of skills required to complete a task (driving a car, brushing teeth, writing a letter).
  - Small decline with age.
- **Semantic Memory:**
  - Recall of words, language, grammar.
  - Small decline with age.

Normal Changes in Memory

Sensory memory:
-Brief holding of stimulus: Minimally affected by age (unless organic insult).

Short Term memory
Primary memory:
-Memory span, amount of info that can be stored (phone #): Minimally affected by aging.

Working memory:
-Processing / acting on, storing info from primary memory. (recite phone # backwards): Declines with age.

Normal Changes in Memory

Long Term Memory

Episodic memory:
-Remember an event/detail.
-Greatest decline begins in young adulthood and progresses slowly throughout life.

Procedural memory:
-Recall skills required to complete a task (driving a car, brushing teeth, writing a letter). (Don't confuse with muscle weakness/de-conditioning)
-Some decline with age.

Semantic Memory:
-Recall of words, language, grammar.
-Some decline with age

Brain Changes with Mild Cognitive Impairment (MCI)

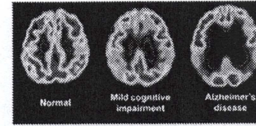
Hippocampus, brain region important for memory, shrinks.

Plaques (abnormal clumps of beta-amyloid protein) throughout the brain. (like Alzheimer's but less amount).

Enlargement of the brain's fluid-filled spaces (ventricles).

Reduced use of glucose (energy for cells) in key brain regions. (similar to Vascular dementia).

Reduced glucose metabolism in the brain



FDG-PET images show reduced glucose metabolism in temporal and parietal regions in Alzheimer's disease and mild cognitive impairment.

Courtesy of Drs. Suzanne Baker, William Jagust, and Susan Landau

Mild Cognitive Impairment (MCI)

- Intermediate stage between the expected / normal age-related cognitive decline and the more pronounced decline of dementia.
- Memory, language, thinking, judgment problems that are greater than typical age-related changes.
- Some awareness that memory or mental function has "slipped." Family, close friends also notice.
- Changes interfere with day-to-day life and usual activities.
- Increases risk of developing dementia, especially when main difficulty is memory.
- But some people with MCI never get worse, and a few eventually get better.

Memory problems: Beyond Normal Aging >>> Mild Cognitive Impairment

Forget things much more frequently,

Forget how to do things you've done many times before,

Trouble learning new things,

Repeating phrases or stories in the same conversation,

Trouble making choices or handling money,

Not being able to keep track of what happens each day

Changes in Memory due to MCI

- Forgetting important information.
- Social and work consequences >> memory loss is beyond that of "normal" memory loss due to aging and may be diagnosed as mild cognitive impairment (MCI).
- Unable to remember details of something you saw or read just a few minutes ago; trouble pulling up information you've known for a long time.
- Memory lapses are similar to the early Alzheimer's, and some see it as a precursor to Alzheimer's or other forms of dementia.
- Do people with MCI always develop Alzheimer's dementia? NO!

Non-Memory Changes due to MCI

- Lose train of thought, the thread of conversations, books or movies.
- Increasingly overwhelmed by making decisions, planning steps to accomplish a task or interpreting instructions. (implications for CBT).
- Trouble finding way around familiar environments.
- Increased impulsivity; increasingly poor judgment.
- These changes are noticed by family and friends.
- Deny when confronted?

RISK FACTORS FOR MCI

- Increasing age.
- The gene, APOE-e4, linked to Alzheimer's disease, doesn't guarantee cognitive decline.
- Medical conditions & lifestyle factors linked to an increased risk of cognitive change include:
  - * Diabetes
  - * Current smoking
  - * Depression
  - * High blood pressure
  - * Elevated cholesterol
  - * Lack of physical exercise
  - * Infrequent participation in mentally or socially stimulating activities

www.sovcal.com

24/7 Admissions Helpline
866-594-3271

What is Dementia?

NOT A NORMAL PART OF AGING!

Dementia is a **GENERIC** term that describes changes in brain structure that causes decline in memory, cognition, emotions, and behaviors

www.sovcal.com

24/7 Admissions Helpline
866-594-3271

Dementia or Mild Cognitive Impairment?

- MCI: impairment is less than dementia, more than normal forgetfulness.
- 50% of MCI develop Dementia. (50% do not!)

www.sovcal.com

24/7 Admissions Helpline
866-594-3271

Is it Dementia: Rule Out Reversible Conditions

Delirium (fever / infection / UTI)

B-12 deficiency / electrolytes / dehydration

Thyroid

Medication side-effect

Normal Pressure Hydrocephalus

CVA / Stroke

www.sovcal.com

24/7 Admissions Helpline
866-594-3271

Dementia Prevalence

@ 50% of 85 year olds become demented > symptoms of declining functioning.

@ 60% of 100 year olds become demented

@ 60% of dementia is Alzheimer's disease.

www.sovcal.com

24/7 Admissions Helpline
866-594-3271

Most Prevalent Types of Dementia

* Alzheimer's Disease
* Vascular Dementia
* Fronto-Temporal Dementia
* Dementia with Lewy Bodies
* Parkinson's with Dementia

www.sovcal.com

24/7 Admissions Helpline
866-594-3271

Alzheimer's Disease

- Most common type of Dementia.
- Characteristics:
  - **1st sign: Short-term memory decline**
  - Sometimes personality changes / delusions / paranoia / apathy
  - Loss of motor / ADL functioning
  - Loss of expressive language skills (later stages)

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Genetics and Alzheimer's

- @ 5% associated w/ genetic component, usually from families w/50% rate of Alzheimer's disease.
- Early on-set (< 55-60) linked to genetics. Relatively rare.
- @ 95 % of Alzheimer's disease cases: sporadic or random.
- Dietary habits, profession, personality types do not seem to cause development of Alzheimer's.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Fronto-Temporal Dementia (FTD)

- @ 3 - 10% OF DEMENTIA
- FRONTAL LOBES:
  - EXECUTIVE FUNCTIONING (reasoning, planning, controlling behaviors, motor control)
  - Memory, language, visual perception are usually not impaired in first two years.
- EARLIER ONSET THAN AD
  - 35 - 75 YEARS
  - females more than males.
  - brain injury / accident / stroke

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Signs of Frontotemporal Dementia

* Impairments in social skills
  1. inappropriate, bizarre social behavior (eating with fingers in public, doing sit-ups in a public restroom, being overly familiar with strangers)
  2. "loosening" of normal social restraints (e.g., using obscene language or making inappropriate sexual remarks)

* Changes in personal habits
  1. lack of concern over personal appearance
  2. Irresponsibility
  3. Compulsiveness

* Alterations in personality and mood
  1. increased irritability, decreased ability to tolerate frustration

* Change in activity level
  1. apathy, withdrawal, loss of interest, lack of motivation, initiative; may appear to be depression but patient doesn't feeling sad.
  2. Increase in purposeless activity (e.g., pacing, constant cleaning) or agitation.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Signs of Frontotemporal Dementia

* Decreased Judgment
  1. impairments in financial decision- making (e.g., impulsive spending)
  2. difficulty recognizing consequences of behavior
  3. lack of appreciation for threats to safety (e.g., inviting strangers into home, office)

* Changes is one's customary emotional responsiveness
  1. Lack of sympathy / compassion in someone who is usually responsive to others' distress
  2. Emotionality in someone who was typically less emotionally responsive

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Alzheimer's vs Fronto-Temporal

ALZHEIMERS:
*older age,
*1st symptom is memory impairment.

FRONTO-TEMPORAL:
* younger age,
* 1st symptoms: behavior changes, language problems
* similar to brain injury patients.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Primary Progressive Aphasia

Dementia that impairs language ability: speaking, understanding, reading and writing.
Other mental processes are relatively normal initially, may remain normal for years, but decline with time.

Males > Females
Memory loss dementia (Alzheimer's): Females > Males

More common in younger individuals, symptoms usually start in the 50's.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Primary Progressive Aphasia

Language difficulties:

1) Increased difficulty thinking of words that results in:
- a. substituting the wrong word (e.g., "school" for "work")
- b. mistakes in pronunciation (e.g., "track" for "truck")
- c. talking around the word (e.g., "We went to the place where you can get bread" for the words "grocery store")

2) Problems reading or writing that result in:
- a. inability to write checks, letters
- b. difficulty following written directions, reading signs

3) Reduced ability to understand speech
- a. trouble following conversations, especially in larger groups
- b. asking for information to be repeated and misunderstanding things that are said, even though hearing is normal

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Primary Progressive Aphasia

4) Decreased use of language
- a. speech becomes empty of real information, difficult to understand early in the illness
- b. eventually may be unable to use speech to communicate, becoming mute

5) Problems in arithmetic and calculations
- a. may lose ability to perform even simple mathematical operations
- b. may have problems making change

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

VASCULAR DEMENTIA (VAD)

* @8 - 30% OF DEMENTIA related to Multiple <u>strokes</u> in Cerebral Cortex:
* Impairs: memory, attention, thought, language, consciousness, motor coordination,
* Age of Onset: usually > 60 years,
* Shorter life expectancy than Alzheimer's due to successive strokes, or other CVA risk factors,
* Symptoms are similar to Alzheimer's Dementia

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Alzheimer's Dementia vs. Vascular Dementia

- Vascular Dementia
  - Usually is sudden onset due to stroke or other cerebral event.
  - Symptoms may vary depending on location of stroke.
  - More impairment in emotional regulation and executive functioning due to stroke location.
- Alzheimer's Dementia
  - Gradual decline, progresses slowly.
  - more impairment in memory.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

PARKINSON'S DISEASE & DEMENTIA WITH LEWY BODIES

- DEMENTIA WITH LEWY BODIES (DLB)
- PARKINSON'S WITH DEMENTIA
- AD WITH PARKINSONIAN SYMPTOMS

Impairments in cognitive and motor functioning.
Diagnosis is based on the timing of the symptoms.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

MCI Psychiatric Symptoms

* Depression
* Irritability and aggression
* Anxiety
* Apathy

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Differential DX: Depression or Dementia?

Cornell Scale for Depression in Dementia

Depression

- Rapid mental decline
- Oriented x3
- Difficulty concentrating
- Slow but intact expressive language
- May not respond to questions
- Aware of memory problems
- Memory/concentration decrease
- Responds to treatment.

Dementia

- Mental decline is insidious, slow, unless CVA or TBI
- Lost in familiar places, disoriented spatial functioning
- Poor short term memory, delayed recall
- Impaired writing, motor skills, expressive language
- Confabulation
- Not aware of memory problems
- Memory and concentration declines

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Preventing memory loss-1

- **Healthy aging = healthy memory.**
- Regular exercise
  - *Increases oxygen to your brain.
  - *Reduces the risk for disorders that lead to memory loss, (I.e. diabetes and cardiovascular disease.
  - *Enhance effects of helpful brain chemicals and protect brain cells.
- Mediterranean diet: fruits, vegetables, whole grains, healthy" fats.
- Antioxidants literally keepyour brain cells from "rusting."
- B vitamins protect neurons, help reduce risk of cardiovascular diseases.
- Reduce stroke risk by avoiding saturated fats and trans fats: lowers cholesterol

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Preventing memory loss-2

- **Managing stress**

  Cortisol, stress hormone, damages the hippocampus if stress is unrelieved.

  Stress makes it difficult to concentrate.

- **Good sleep**

  Sleep is necessary for memory consolidation.

  Sleep disorders (insomnia, sleep apnea) interfere with concentration.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Preventing memory loss - 3

Not smoking: Smoking increases risk of vascular disorders that can cause stroke and constrict arteries that deliver oxygen to the brain.

- Developing and maintaining **social relationships**
- People who don't have social contact with family and friends are at higher risk for memory problems than people who have strong social ties.
- **Social interaction** helps brain function in several ways:
  - * Often involves activity that challenges the mind,
  - * Helps ward off stress and depression
  - * Being with other people will help keep you sharp!

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Brain resilience and neuroplasticity

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

What is resilience and how does it benefit lawyers?

Neuroplasticity: how the brain recovers and repairs itself

Types of brain decline / impairment
- Disease / addiction
- Aging: normal, mild cognitive impairment, dementia
- Acquired / acute trauma

Implications of neuroplasticity on resilience

Preventing memory loss - 4

Lifelong learning and exercise of the brain: "Use it or lose it."

Brain exercises:

*Play games that involve strategy, like chess, bridge, Scrabble.

*Crossword, other word puzzles, or Sudoku.

*Read newspapers, magazines, books that challenge you.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

*Learn new things: games, recipes, driving routes, language.

*Take a course in an unfamiliar subject.

*Projects involving design and planning: new garden, a quilt, a koi pond.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

What changes in the Brain?

Strength of neuron connections that are engaged together, moment by moment, in time. Repeated behavior becomes easier and more consistent over time.

Stronger neuron connections representing separate moments of actions that reliably occur in serial time. The brain is able to predict what happens next and have a continuous "associative flow."

Increase cell to cell cooperation: The more powerfully coordinated nerve cell teams are, the more powerful and reliable their behavioral productions.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Competence and Capacity

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Competence

- *Competence:* legal state, not a medical one.
- Degree of mental soundness necessary to make decisions about a specific issue or to carry out a specific act.
- Presume competent unless adjudicated otherwise by a court.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Incompetence

- *Incompetence:* deficits (related to mental illness, mental retardation or other mental condition), which are judged to be sufficiently great that the person cannot meet the demands of a specific decision-making situation, weighed in light of its potential consequences (Grisso et al., 1995).
- Only a court can make a determination of incompetence.

Capacity

- Capacity: ability to perform a specific task / function related to making an informed decision or judgment about a task *(financial management, medical decisions, living independently).*
- Usually determined by medical professional.
- Can be competent but incapacitated.
- Can be incompetent but capable. (victims of scams).

Lawyer Cognitive Functioning / Impairment

Tracy L. Kepler, senior counsel at the Illinois Attorney Registration and Disciplinary Commission

- Rule 1.16 — Declining or Terminating Representation
  Attorneys must withdraw if a physical or mental condition is impeding their ability to serve clients.
- Rule 5.1 — Responsibilities of Partners, Managers or Supervisory Lawyers
  Partners or supervisors must make reasonable efforts to ensure that other lawyers conform to the Rules of Professional Conduct and, in some cases, can be held responsible for another lawyer's violation of the rules.
- Rule 8.3 — Reporting Professional Misconduct
  Lawyers are required to inform the appropriate professional authority if they know that another lawyer has committed a violation of the Rules of Professional Conduct.

Lawyer Cognitive Functioning / Impairment

Tracy L. Kepler, senior counsel at the Illinois Attorney Registration and Disciplinary Commission

- Rule 1.1 Competence
  Cognitive impairment can cause aging lawyers to struggle with this most basic rule: providing competent representation to a client.
- Rules 1.3 and 1.4— Diligence and Communication
  Forgetfulness stemming from cognitive impairment can lead to missed deadlines and lack of follow through in communicating with clients.
- Rule 1.6 — Confidentiality
  Aging lawyers may unintentionally disclose confidential information by simply not being as careful.

Neuroplasticity

Apply research in neuroplasticity
to models of recovery and resilience.

Challenges and behaviors impacting the practice of law

Neuroplasticity and recovery from low resilience

- Reduces stress symptoms of low Resilience
- Supports recovery from adverse events
- Modulates overly negative and distorted responses
- Develops stress inoculation against future triggers
- Teaches prosocial responses and coping strategies towards criticism, rejection, setbacks, and other real or perceived threats to the self.
- Supports the development of unique / atypical positive responses to social situations.
- Supports the development of an affirming self-appraisal

Futurizing Legal Practice: Skills and Brain resilience

- technology skills
- leadership skills vs management techniques
- entrepreneurial skills
- business acumen
- presence or gravitas
- collaboration skills
- emotional intelligence and empathy
- resilience skills
- agility or adaptability
- multiculturalism or bilingualism, and a global mindset
- ability to synthesize
- joint degree of one sort or another
- buyers market; more for less

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Conditions Supporting Neuroplasticity

- **Alert, engaged, motivated, ready for action, intense focus, important reason, intense effort.**
- **Learning-driven changes in connections increase cell-to cell cooperation, which is crucial for increasing reliability.** *Imagine the sound of a football stadium full of fans all clapping at random versus the same people clapping in unison.*

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Conditions Incompatible with Neuroplasticity

- Disengaged, inattentive, distracted, or doing something without thinking that requires no real effort, your neuroplastic switches are "off."

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

- . **Initial changes are temporary**. Your brain first records the change, then determines whether it should make the change permanent or not. It only becomes permanent if your brain judges the experience to be fascinating or novel enough or if the behavioral outcome is important, good or bad.
- **7. The brain is changed by internal mental rehearsal in the same ways and involving precisely the same processes that control changes achieved through interactions with the external world**. According to Merzenich, "You don't have to move an inch to drive positive plastic change in your brain. Your internal representations of things recalled from memory work just fine for progressive brain plasticity-based learning."
- **8. Memory guides and controls most learning.** As you learn a new skill, your brain takes note of and remembers the good attempts, while discarding the not-so-good trys. Then, it recalls the last good pass, makes incremental adjustments, and progressively improves.
- **9. Every movement of learning provides a moment of opportunity for the brain to stabilize — and reduce the disruptive power of — potentially interfering backgrounds or "noise."** Each time your brain strengthens a connection to advance your mastery of a skill, it also weakens other connections of neurons that weren't used at that precise moment. This negative plastic brain change erases some of the irrelevant or interfering activity in the brain.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Neuroplasticity and Aging

- Brain plasticity is a two-way street: one can create negative changes as easily as positive ones.
- Can impair or improve memory, mental / physical abilities.
- Brain: "use it or lose it"…older people often encourage plastic brain change in the wrong direction.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Lifestyle and Healthy Aging

- **Cognitive exercise**
- **Reduction of food intake and healthy diet**
- **Reduction in chronic stress**
- **Aerobic physical exercise**

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Simple Stress Reduction Techniques

Stress Reduction at Work

Organize your office so you can find things quickly and make deadlines.

Make a to-do list each morning; do the most important work done first.

Take mini-breaks during the day (five deep, slow cleansing breaths, desk exercise for 5-10 minutes)

Use technology to make your job easier.

Create "focused sessions" and say no to all distractions (calls / texts when writing a brief).

Set specific times to check emails and text messages.

Delegate whenever you can, and utilize a support network.

Stress Reduction Anytime

1. Deep Breathing

Inhale slowly (breathe in for five seconds and gently breathe out for five seconds. Do this five times. > Will decrease stress hormones, lower heart rate and BP.

2. Meditate

Relaxes your mind and body. For several minutes each day, sit quietly and comfortably. Focus your mind on one of these things: Your breathing (listen to each breath and feel the motion of your chest); look at an object like a candle or a photo of a serene place; repeat a specific word or phrase (mantra).

As thoughts intrude your meditation, just gently let them go, and return to your focus. Try this for 10 minutes a day and extend the time to 20 minutes twice a day.

Stress Reduction Anytime

3. Exercise

Sweat out your stress, increase heart rate with an aerobic exercise. Walking, cycling, swimming or just some short simple exercise at your desk will boosts endorphins, the brain chemicals that improve your mood.

4. Eat stress-reducing foods

Foods rich in vitamin C, (oranges and grapefruits), Omega-3 fatty acids (salmon and other fatty fish, nuts and seeds), Dark chocolate, Whole grains, vegetables and fruits promote calmness and stress reduction.

Stress Reduction Anytime

t

5. Listen to guided imagery

   Same relaxation benefits of deep breathing and meditation. Self-recorded or Internet.

   Deep breathing, closed eyes imagery.

6. Positive self-talk

   There is great power in positive thinking.

Stress Reduction Anytime

7. Get enough sleep and consistent sleep cycle (Sleep Hygiene)

   Get at least seven hours of rest a night.

   Go to bed, wake up at the same time every day + weekends.

   Avoid caffeine and strenuous exercise after 3-6 p.m.

Stress Reduction Anytime

8. Spend time with a good friend or play with a pet

Feeling overwhelmed: get away from the situation for a while and seek another perspective.

Calling a good friend who will listen can help you see that a situation is not as bad as it seems: will give you a chance to air your concerns and frustrations so new ideas can flow in.

Pets will distract you from your worries and increase your endorphins. Studies show that pet owners have lower blood pressure, fewer heart problems and live longer.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Summary

Background: Prevalence and Course of Addiction Among Lawyers

Lawyer Personality Types: Risk Factors?

Neuroplasticity and Brain Resilience

Stress Reduction Techniques

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

References

The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys. Krill, Patrick R. JD, LLM; Johnson, Ryan MA; Albert, Linda. Journal of Addiction Medicine: February 2016 - Volume 10 - Issue 1 - p 46–52

Occupations and the prevalence of major depressive disorder. J Occup Med. 1990 Nov;32(11):1079-87. Eaton WW, Anthony JC Mandel WGarrison R

Benjamin, G.A. H., Darling, E.J., and Sales, B. (1990). The prevalence of depression, alcohol abuse, and cocaine abuse among United States lawyers. International Journal of Law and Psychiatry. 13, 233-246.

Boileau I, Assaad JM, Pihl RO, Benkelfat C, Leyton M, Diksic M, Tremblay RE, Dagher A. (2003). Alcohol promotes dopamine release in the human nucleus accumbens. Synapse. 49(4):226-31.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

References

- Using theories of behaviour change to inform interventions for addictive behaviours./Addiction. 2010 Nov;105(11):1879-92 Webb TL, Sniehotta FF Michie S.
- Theories of Addiction – What is the Meaning of Addiction? https://Lifeprocessprogram.com
- Substance Use Disorders and Borderline Personality / Innov Clin Neuroscience. 2011 Sep; 8(9): 10–13. Randy A. Sansone, MD and Lori A. Sansone, MD
- Intervention Strategies / Interadmin, January 2014

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

References

- Prevalence of Personality Disorders among Alcoholics and Drug Addicts: An Overview. Verheul R. · van den Brink W. · Hartgers C. Amsterdam Institute for Addiction Research, Amsterdam, The Netherlands.
- ABA News Archives, 2013, 09: How to recognize and manage cognitive impairment in aging lawyers.
- Dialogues Clin Neurosci. 2013 Mar; 15(1): 45–52. Successful brain aging: plasticity, environmental enrichment, and lifestyle. Francisco Mora, MD, PhD, DPhil (Oxon)* Francisco Mora, Department of Physiology, Faculty of Medicine, Universidad Complutense, Madrid, Spain; Department of Molecular Physiology and Biophysics, Carver College of Medicine, University of Iowa, Iowa City, USA

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Thank You!

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Sovereign Health Corporate Office
1211 Puerta Del Sol, Suite 200, San Clemente, CA 92672
(949) 276-5553 • www.sovcal.com

24/7 Admissions Helpline
866-594-3271

Part 2: Causes of Addiction

Genetic predisposition to the behavior (biological, neurochemical)

Genetic and /or environmental limitations to pro-social coping.

Genetic and /or environmental contributions to personality.

Family of origin goodness of fit, stressors.

Early childhood developmental trauma

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Characteristics of Personality Disorders

Early onset (deeply ingrained)

Consistent across situations and persistent

Resistant to change

Ineffective and frustrating social experiences

Poor relationships

Mood Swings and Anger

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Social / public manifestations of Personality Disorders

Narcissistic: demanding, fearful bravado

Obsessive Compulsive: rigid, intolerant, odd, fearful

Dependent: clinging, demanding or avoidant

Paranoid: fearful, untrusting

Borderline: approach – avoidant, suspicious yet needy, emotionally volatile,

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Addiction and Personality Disorder Co-morbidity

- Personality disorder prevalence among individuals with AOD range from 44% for alcoholics to 79% among opiate addicts.
- Most frequent personality disorders co-occurring with addiction: > antisocial, borderline, narcissistic, dependent personality disorders

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Hypotheses about the cause(s) of addiction

- Genetic predisposition to the behavior (biological, neurochemical)
- Genetic and /or environmental limitations to pro-social coping.
- Genetic and /or environmental contributions to personality.
- Family of origin goodness of fit, stressors.
- Early childhood developmental trauma.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Theoretical Models of Addiction

- Disease Model
- Bio-psycho-social Model
- Psychological Causes
- Biological Model
- Behavioral Theory
  - Classical conditioning
  - Operant conditioning
- Social Learning Theory
  - Observational

Self-medicating Hypothesis

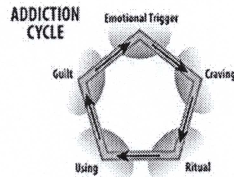
Predisposition to addiction(biological, disease model, social learning) is triggered by painful affect and/or related psychiatric disorder (psychological, biological, behavior).

Drug of choice is the result of an interaction between the psychopharmacologic action of the drug and the dominant painful feelings with which they struggle. (biological, psychological).

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Self-medicating Hypothesis

- Narcotic addicts prefer opiates because of their powerful muting action on the disorganizing and threatening affects of rage and aggression.
- Cocaine addicts prefer its ability to relieve distress associated with depression, hypomania, and hyperactivity



www.sovcal.com
24/7 Admissions Helpline
866-594-3271

How Alcohol Affects the Brain

- GABA: relaxation and drowsiness effect.
- Endorphins: acting as a pain-killer and giving an endorphin "high"
- Glutamate: staggering, slurred speech, and memory blackouts
- Dopamine: reward system + memory.
- Norepinephrine: stimulant and not just as a depressant.
- Adrenaline: stimulant properties.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

PART 1

Describe cognitive and personality risk factors that may interfere with the practice of law.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Diagnosing

- **DEMENTIA WITH LEWY BODIES (DLB)**
  - Motor + Cognitive sx occur together or w/in 1 year of each other.
  - Delusions
  - Age of onset usually >65.
- **PARKINSON'S WITH DEMENTIA (PD)**
  - 1st: Motor symptoms
  - 2nd: Cognitive symptoms
- **AD WITH PARKINSONIAN SYMPTOMS**
  - 1st: Cognitive symptoms
  - 2nd: Motor symptoms

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Correct Diagnosis and Treatment

- **Correct diagnosis is based on Timing of Symptoms.**
- **Why is this important?**
  - To provide the most appropriate intervention.
  - **DLB:** worse side effects to neuroleptics: may increase the Parkinsonian symptoms.
    - Neuroleptics: antipsychotic meds often used to calm down agitated people with Alzheimer's.
  - **DLB:** may respond better to aricept, exelon, cognex.

Common Threads

All dementias have some form of:

- Memory decline
- Personality change
- Reasoning decline
- Language decline
- Motor skills decline
- Planning, sequencing decline
- Control of emotion / behaviors decline

The intensity of dementia decline is related to the specific type of dementia. Some dementias also have their own symptoms such as paranoia, delusions, hallucinations.

www.sovcal.com
24/7 Admissions Helpline
866-594-3271

Implications for Treatment

- **1. Medication Adherence** (memory and planning)
  - Remembering to take meds
  - Timing of meds
  - Meds with/without food
- **2. Psychotherapy**
  - CBT (problem-solving skills)
  - Psychodynamic: establishing transference: not likely
  - Behavioral Approaches:
    - new learning: not likely
    - understanding cause-effect: not likely
    - reward: maybe

www.sovcal.com
24/7 Admissions Helpline
866-594-3271