



NHLAP

NEW HAMPSHIRE

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Newsletter

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ADVANCES IN THE SCIENCE OF WELLBEING: POLYVAGAL THEORY

One of the aspects of my position as Executive Director of NHLAP that I enjoy the most is the constant education I receive in various aspects of wellbeing. I was recently introduced to the Polyvagal Theory. I was struck that this theory places wellbeing squarely in the sphere of neuroscience instead of the amorphous zone that it seems to occupy in the minds of many legal professionals. When I talk to lawyers about the importance of wellbeing, I often can feel the skepticism radiating from throughout the room. “Please don’t tell me to do yoga” and “If I hear one more word about mindfulness, I’ll scream,” are real comments I have encountered trying to explain why wellbeing for lawyers is important.

Wellbeing is the overall marriage of the physical and the psychological aspects of health. Wellbeing emphasizes physical health, mindful, nutritious eating, regular exercise, and regular and uninterrupted sleep. Without these basic building blocks, the human body suffers in the form of illness, injury and exhaustion. This is easy to communicate. Lawyers who are physically unwell are often unable to effectively manage the demands of their legal practice for obvious reasons. The steps to attaining physical wellbeing are often easy to define and map. There is often a timeline for recovery. There is also very little stigma for those suffering from physical ailments coupled with support for taking time to heal before returning to work.

Mental wellbeing is something else entirely. Mental wellbeing emphasizes psychological health as a co-equal partner to physical health. Mental wellbeing emphasizes much of the same basic self-care: mindful, nutritious eating, regular exercise, and regular uninterrupted sleep. It also champions the need for mental health “check-ups”

That being an overall basic assessment of mental health with either a primary care provider or a mental health provider to uncover any potential issues that may be impeding mental wellbeing. These issues include depression, anxiety, burnout, trauma, addiction disorders and distorted thinking. Lawyers who are mentally unwell are just as susceptible, likely more so, to practice mismanagement, mistakes and neglect as their physically unwell counterparts.

This brings me back to the Polyvagal Theory. Dr. Stephen Porges developed the Polyvagal Theory in 1994 as the director of the Brain-Body Center at the University of Illinois at Chicago. Essentially, this theory identifies a biological order to all human responses: a biological explanation for all emotional responses whether ordered or disordered. Dr. Porges has provided a physical roadmap of the human nervous system that guides mental health practitioners in their efforts to help clients. It is the analysis of brain chemistry coupled with an understanding of the functions of the autonomic nervous system to diagnose and treat mental health issues.

Using Polyvagal Theory allows the actualization of mental health. No longer is mental health simple “guess work” but quantifiable in medical terminology and understanding. Polyvagal Theory is not without its critics. Some feel that there is not enough empirical, scientific research supporting it. Regardless, it is a useful theory to explore in de-stigmatizing and understating mental health as a fundamental aspect of wellbeing.

A quick, and much simplified, look at Polyvagal Theory starts with basic human experience. Humans enter the world biologically wired to connect with other, our environment and our bodies. The autonomic nervous system acts largely unconsciously and regulated bodily functions such as heart rate, digestion, respiratory rate, etc. It is the system that is largely

responsible for the human “fight or flight” response. The autonomic nervous system is made up of two branches, the sympathetic and parasympathetic. Both branches react to signals and sensations through three distinct pathways with characteristic patterns of response.

The sympathetic branch is located in the middle of the spinal cord. This is the human “action” pathway. It responds to perceived danger and triggers the release of adrenaline which in turn activates the fight or flight response.

The parasympathetic branch (the remaining two pathways) are located in the a nerve in the spinal cord, the vagus. The vagus nerve anchors in the brain stem at the base of the skull and branches out in two separate directions: downward through the lungs, heart, stomach and diaphragm and upwards to the neck, throat, eyes and ears.

The vagus is divided into two parts; the ventral and dorsal pathways. The ventral pathway responds to cues of safety and reinforces safe situations and social connection. The dorsal pathway responds to perceived danger and induces a protective state of collapse. This is characterized by feeling frozen, numb or “not here.” When this occurs, the dorsal vagus nerve has taken over and moved us our of connection and awareness.

Dr. Porges identified a hierarchy of response built into the autonomic nervous system. The dorsal pathway is a product of evolution. It keeps us safe from predators and mortal danger. The identifiable pattern or mobilization or reactions were next to develop on an evolutionary scale. This is a reaction to “unease.” Not a mortal, immediate threat, but that which makes us feel vulnerable, unsafe and socially disconnected. Finally, the ventral vagal pathway identifies safe, social connections and is unique to mammals and most highly developed in humans.

Simply put, when all is well and humans feel grounded, centered and happy we are in our ventral vegal pathway. Its activation may be observed in MRIs. A sense of danger triggers humans out of this state and into the sympathetic branch. It is here where humans develop a response to perceived danger and take appropriate action. If the action taken returns us to a feeling of safety, we often return to the ventral vegal pathway. If the action does not return us to safety and well continue to feel threatened, the dorsal vagal pathway takes over and pulls us all the way back down the evolutionary ladder to a state of immobilization. From this state, it often takes the intervention of other humans to move us back up into other pathways.

It makes logical sense. Depression is immobilization: the feeling that one is in a deep dark hole and that there is little to no motivation to “pull ourselves out of it.” This can be explained by Polyvagal Theory. Likewise, trauma can be similarly explained. Not only does the mind and body remember a traumatic experience but the physical body can be trapped in the responsive mode meaning that even when the threat is gone, danger is still perceived, and defenses stay engaged. This is another way of understanding PTSD and its recurrent episodes.

Hope and resilience live in the ventral vagal state. To nourish the body and feed the vegal nerve with physical health, social connection, feelings of physical safety and meaning to our existence is to foster a state of wellbeing. This does not mean that someone can live a stress free live devoid of problems. It does mean that when one is striggered into a sense of unease- stress, worry, grief, illness-we have enough resilience to take meaningful action and return relatively easily to the ventral vegal state.

When one is triggered into the dorsal vegal state, safety, resilience and hope feels unattainable. It takes the intervention of medical professionals to move one back to the sympathetic state where one can take meaningful action. From the sympathetic state, it is possible to see the way forward, back to the ventral vegal pathway: hope, happiness and a sense of wellbeing.

If one views the expanse of human experience and reaction through the lens of the Polyvagal Theory, one sees the biological functions as either aligned or misaligned rather than the individual as somehow failing to control their lives. Polyvagal Theory can help cultivate more compassion and less stigma in the treatment of mental disorders. It also creates a clear need to embrace the importance of overall wellbeing.

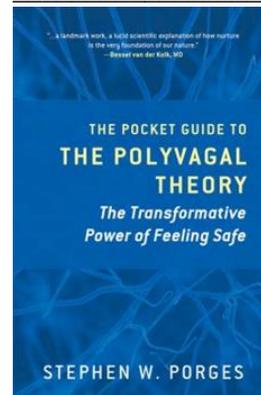
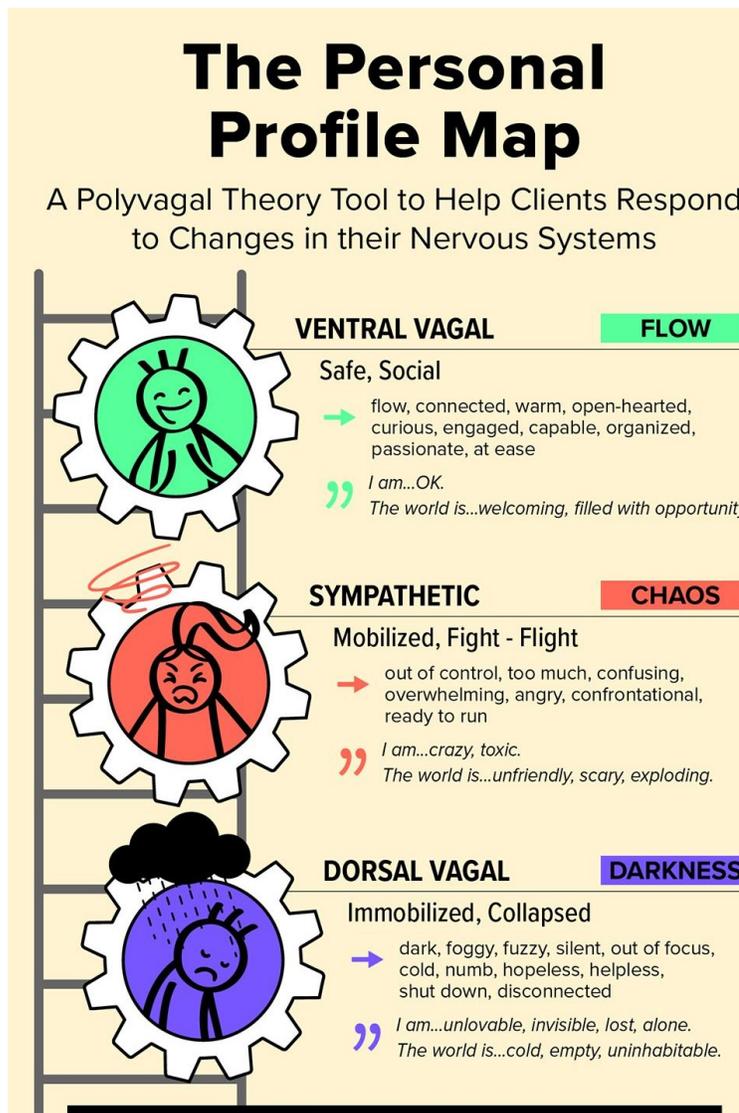
Terri M. Harrington, Esq.
 Executive Director
 New Hampshire Lawyers Assistance

A Beginners Guide to Polyvagal Theory by Deb Dana, 2018.

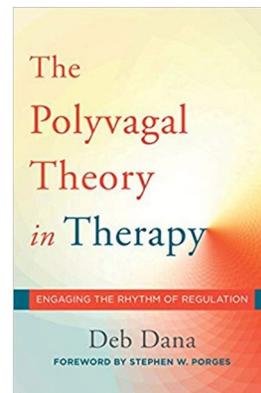
Overview of the Autonomic Nervous System, by Philip Low, MD,
 College of Medicine, May Clinic, April 2020
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www.psychiatrypodcast.com

Polyvagal Theory, Home of Dr. Stephen Porges,
www.stephenporges.com



The Pocket Guide to The Polyvagal Theory: The Transformative Power of Feeling Safe
 By Stephen W. Porges, PhD
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 WW Norton & Co.



The Polyvagal Theory in Therapy: Engaging the Rhythm of Regulation (Norton Series on Interpersonal Neurobiology)
 Illustrated Edition, 2018
 By Deb Dana, LCSW
 WW Norton & Co.

COVID-19 DECEMBER UPDATE

MASKS ARE MANDATED New Hampshire now legally requires all persons to wear masks or cloth face coverings when in public spaces without physical distancing. The order defines public spaces to “any private or public property that is generally open or accessible to members of the general public.” The mandate remains in effect until January 15, 2021.

The order contains nine specific exemptions including “any person with a medical condition or disability that prevents wearing a mask or other face covering.” There is NO EXEMPTION for making a political statement or general first amendment statement as to the reasonableness of the mask mandate. However, there is language in § 6 which states that no one is required to produce documentation or other evidence of any condition that requires a person to decline to wear a mask.

TRAVEL IS RESTRICTED The general rule is once again stay at home. If you must travel outside of NH (with the exception of VT or ME) you must self-quarantine for 14 days. Self-quarantine may be shorted to 7 days with a negative COVID 19 test result. If you are sick with COVID symptoms or receive a positive COVID 19 test result you must self-isolate until 10 days have passed since first symptomatic AND 24 hours without fever. These travel restrictions remain in effect until January 15, 2021.

ITS NOT TOO LATE Get Your Flu Shot! Different strains of influenza viruses circulate every year. The flu shot does not cover every possible strain, only those likely to circulate this flu season. The flu shot only covers influenza and not COVID-19. However, the coronavirus (SARS-CoV-2) and influenza have many similarities. It may be hard to tell the difference without specific testing.



[More on Testing Site Locations Here](#) NH Health Commissioner Lori Shibinette is encouraging anyone who wants to be tested to get tested. The tests may be scheduled through the state’s portal website. [Click Here for Testing Registration](#)

[NH Governor Chris Sununu’s Emergency Orders Related to Covid-19.](#) All orders to date, chronological, with links to full written text. [Find Link Here](#)

THE JUDICIARY issued its Twelfth Renewed Emergency Order on November 24, 2020 **extending and modifying existing restrictions to all courthouses until DECEMBER 21, 2020.**

In person proceedings at the NH Supreme Court are suspended in-person oral arguments with orders to utilize technology instead.

In person proceedings at NH Superior Courts remain suspended with specific exemptions. (See order for list of exemptions)

In person proceedings at NH Circuit Courts remain suspended with specific exemptions. (See order for list of exemptions.)

[Full NH Judicial Branch Information and Links Here](#)

Sources for COVID-19 Update:

Governor Sununu’s Emergency Order #74 (Mask Mandate) pursuant to Executive Order 2020-04 as extended by Executive Order, 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17 and 2020-81, 2020-20, 2020-21. www.governor.nh.gov, November 19, 2020

Governor Sununu’s Emergency Order #72 (Extending Travel Restrictions) pursuant to Executive Order 2020-04 as extended by Executive Order, 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17 and 2020-81, 2020-20, 2020-21: An Order Extending Emergency Order #52, www.governor.nh.gov, November 14, 2020

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



FOCUS ON ADDICTION

The holiday season can be difficult for everyone, but especially so for those with addiction issues. Extra expenses surrounding gift-giving, throw backs to family disfunction, travel stress, religious conflicts, and unrealistic expectations are all part of the holiday season stress induction. That was before COVID. Now add to that list, worrying about family members getting sick, added financial pressures with job losses, children at home and constantly underfoot, cabin fever and dismay at cancelled holiday traditions make this an even more difficult season for many.

With the cancelled holiday parties, open houses and dinners, it appears at first blush that the season of overindulgence may be curtailed with the pandemic. However, the reality is that addictions thrive in isolation. While many suffering from alcohol or drug related addictions will not be triggered by holiday drinking, the added isolation is actually a far greater trigger.

Social connection is more important than ever this holiday season. Make calls and texts to loved ones during the holidays. Create a FaceTime or Zoom gathering to keep traditions alive in the face of physical isolation. Create new traditions with family members and friends within your isolation sphere: game night, movie night, caroling with masks at an appropriate distance, letters to the elderly in nursing homes, gift packages for children in hospitals or children's homes can all foster a sense of community and meaning during this difficult time.

If you think you need help with an alcohol or drug problem, please don't wait. Contact NHLAP for help. You are not alone.

603-491-0282

Lawyers Concerned for Lawyers December Virtual Peer Support Meeting



Topic: **LCL December Meeting**

Time: **Dec 3, 2020 06:00 PM Eastern Time**

Join Zoom Meeting

<https://zoom.us/j/2219609282?pwd=U2huRjhwcndvYUYvRDUxbTVXN2ZFQT09>

Meeting ID: 221 960 9282

Passcode: **PeerSupDec**

Dial by your location

+1 646 558 8656 US (New York)

Meeting ID: 221 960 9282

Passcode: 2520807437 (dial in only)

Find your local number: <https://zoom.us/u/azkz4LFFt>

**NEXT MEETING:
JANUARY 7, 2020**



FOCUS ON MENTAL HEALTH

COVID is Taking a Deadly Toll

In Japan, more people died from suicide last month than from COVID in all of 2020. And women have been impacted the most.

(Headline from CNN.com November 29, 2020)

Japan is fighting COVID fairly well with a total of 2,087 COVID related deaths compared to 275,131 in the US for the same time period. The number released in Japan that has worldwide attention is 2,153: the number of Japanese citizens that have committed suicide in the month of October alone. Japan does not even have a current lockdown order.

We already know that COVID is creating unique stressors here in the US. There are higher rates of unemployment, food insecurity, and social isolation. Rates of depression and anxiety have skyrocketed with availability of mental health workers to meet demand is strained. Schools and workplaces have closed, mandated stay-at-home orders are back on the rise as well the pressure that has been increasing to our healthcare system. Japan does not have anywhere near the calculable COVID impact that is recorded here in the US. That said, the US should be worried.

No other country releases such timely suicide data- monthly reports are released by the Japanese Health Ministry. Japan is providing real time analysis of the mental health impact of COVID in Japan. The numbers demonstrate that mental health is severely impacted, even with minimal COVID impact and that mental health impact is disproportionately borne by women. Some reasons may be that women make up most of the part-time workers in service industries that bear the brunt of the Japanese lay-offs. It may also be that women bear most of the unpaid care burden-they have to care for children and supervise education, while attempting to maintain employment and still maintain care for aging parents. Increased anxiety regarding the mental health of children and aging parents plays a significant role in the deterioration of women's own mental health. There is no surprise that data shows this trend is similar in the US.

There is little to do that can change the increase to stress but much can be done in learning how to better manage it. Stigma around mental health issues remains high both in Japan and in the US. Reaching out to ask if someone needs help as well as self-recognition and asking for help are both very necessary to combat this deadly trend. As the pandemic rages on and restrictions become tighter, the pressure to mental health increases. We need to support help for one another now, most urgently, to save lives. There is no time for stigma. Compassion, empathy and caring are needed now.

NHLAP October Mental Health Virtual Peer Support Meeting December 16, 2020 06:00 PM



NEW TIME! 6:00 P.M.!

Topic: NHLAP Mental Health Peer Support December
Time: Dec 16, 2020 06:00 PM Eastern Time

Join Zoom Meeting

<https://zoom.us/j/2219609282?pwd=U2huRjhwcndvYUYvRDUxbTVXN2ZFQT09>

Meeting ID: 221 960 9282

Passcode: **PeerSupDec**

Dial by your location

+1 646 558 8656 US (New York)

Meeting ID: 221 960 9282

Passcode: 2520807437 (call-in only)

Find your local number: <https://zoom.us/u/azkz4LFft>

NEXT MEETING: JANUARY 13, 2020

Sources:

4 Financial Strategies for Women During the Coronavirus Pandemic, by Susannah Snider, Senior Ed., Personal Finance, 11/03/200
www.money.usnews.com

Coronavirus Cases in the US, 11/30/2020, www.worldmeters.info

In Japan, more people died..., by Selina Wang, Rebecca Wright & Yoko Wakatsuki, 11/29/2020, www.cnn.com
