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New Hampshire
**LAWYERS
ASSISTANCE
PROGRAM**



March 2019 **Newsletter**

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WWW.NHLAP.COM

NH LCL Monthly Meeting

Lawyers Concerned for Lawyers is a monthly meeting on the
SECOND TUESDAY OF EACH MONTH
of NH lawyers, judges and law students who come together for
free, confidential peer support for any issue that interferes with
professional competence. Absolutely confidential.

April 9, 2019 6:00 p.m.

The Airport Diner, 2280 Brown Ave, Manchester

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Monthly Resource Spotlight: Anxiety

GENERALIZED ANXIETY DISORDER (GAL)

Most lawyers are under constant stress during working hours. Client demands, deadlines, judicial expectations, billable hour worry, relentless need for prevailing all equal a stressful and demanding career. These natural consequences of being a legal practitioner lead to moments of anxiety on a frequent basis. Did I miss that deadline? Did I sign that client? What are my billables this month? How do I juggle these expectations? These are normal situations which can cause temporary anxiety. The struggle for many can be identifying what is an acceptable level of anxiety and what is not.

It can be tough to tell the difference between the normal anxiety of being a practicing lawyer or judge and what requires more thoughtful insight. Anxiety that is a normal reaction to stress is usually fleeting and can be very helpful in motivating positive results. “Ha!” Says the busy lawyer or judge. “What day is not stressful?!” Constant and repeated stress is not healthy when there is no break from it. Unmanaged stress can typically lead to substance misuse, physical illness and even a mental breakdown. If your default position is anxiety and it is not fleeting that is simply not stress. Nor it that simply “anxiety.” It is likely an anxiety disorder. **People with consistent surges of stress hormones are at higher risk for developing GAD.**

What is Generalized Anxiety Disorder?

Persistent worry that is out of proportion to the probable negative impact is likely GAL. If worry is uncontrollable and irrational and it becomes debilitating, that is likely GAL. If there is a constant fixation on the outcome of events and preoccupation with the numerous possibilities and outcomes that interferes with day-to-day functioning, that is likely GAL.

40 million adults in the U.S. suffer from some type of anxiety disorder.

Types of Anxiety Disorders:

Generalized Anxiety Disorder (GAL):
Excessive, Uncontrollable and Often Irrational Worry

Obsessive Compulsive Disorder (OCD):
Uncontrollable to Repeat Certain Activities, Habits or Thoughts to an Degree that is Debilitating

Panic Disorder: Recurrent and Unexpected Panic Attacks Unrelated to a Logical Precipitating Event

Post-Traumatic Stress Disorder (PTSD):
Persistent Mental Stress Occurring as a Result of Physical Injury or Severe Psychological Shock

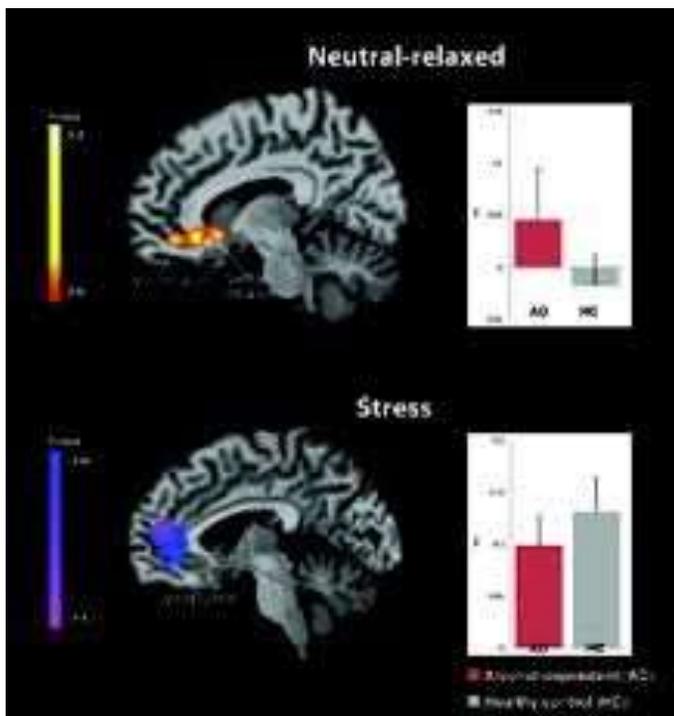
Social Anxiety Disorder (Social Phobia):
Significant or Irrational Fear in Social Situations Which Curtails Social Involvement

Learning the signs of GAL can help to determine whether professional help is warranted. These are the signs that anxiety is more than a transient response to stress:

Restlessness and Difficulty Concentrating Constant preoccupation with future events which preclude concentration on the here and now to such a degree that productivity drops and interpersonal relationships are strained.

Problems with Decision-Making Difficulty or nervousness with choices of any kind which is noticeable to others and appears objectively out of proportion to the problem at hand.





Once the brain is under stress, it releases a surge of chemicals such as cortisol and norepinephrine. These give a natural boost in reflex time, perception and speed. They cause the heart to pump faster and more blood to circulate oxygen throughout the body. This is necessary when under a real threat, but prolonged stress and anxiety contributes to the structural degeneration of the hippocampus and impaired functioning of the prefrontal cortex. These effects are directly tied to depression and dementia.

Anxiety is different than stress. However, prolonged stress plays a direct role in anxiety. Emotional memories are stored in the central part of the amygdala, the structure in the brain that acts as a communication hub to process incoming sensory signals. This structure alerts the rest of the brain that a threat is present and triggers a fear response. Once the brain perceives a threat, it encodes that threat and stores it as memory along with the chemical response. Over time, threats that are simply perceived rather than are based in reality trigger this chemical response. This is anxiety rather than stress.

Worrying About Worry Being aware of one’s anxious nature and then stressing about anxiety preemptively becomes a vicious and debilitating cycle.

Physical Manifestations of Mental Stress Headache, fatigue, muscle aches and tension, nausea, startled easily, trembling, twitching- these are all common physical symptoms of GAL. The inability to relax and always feeling “keyed up” or “on” are also symptomatic of GAL.

Sweating Profuse sweating without physical exertion is likely an alteration of the chemical balance in the body and symptomatic of GAL.

Shortness of Breath Struggling to breathe without physical exertion. Can often be mistaken for a heart attack.

Insomnia Struggling to fall asleep because of racing thoughts or waking up with anticipatory anxiety when there is no precipitating event (such as a job interview, a presentation, trial work, etc.) 50% of people with GAL suffer from chronic insomnia.

Irrational Fears Specific phobias that are crippling or debilitating.

Chronic Indigestion Recurrent and regular stomach cramping, stomach ache, bloat or constipation. Can lead to the development of chronic diarrhea or Irritable Bowel Syndrome (IBS).

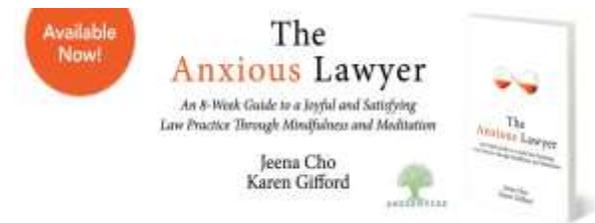
The good news is that although anxiety can be debilitating, it is the easiest of the mental health disorders to treat. Treatment ranges from learned relaxation techniques (such as breathing response, meditation and exercise) to psychotherapy, cognitive behavioral therapy and medication. Often, an effective treatment is some combination of these treatments.

Only a qualified medical or mental health provider can diagnose and treat anxiety. This information is meant to be a guide for discussing possible anxiety disorders with your doctor. There is power in understanding this issue and creating a meaningful action plan to treat it.



RESOURCE SPOTLIGHT

BOOK or AUDIBLE DOWNLOAD



The Anxious Lawyer: An 8 Week Guide to a Joyful and Satisfying Law Practice Through Mindfulness and Meditation by Jeena Cho and Karen Gilford. Ankerwycke (2016)

Written by a San Francisco bankruptcy attorney (Cho) and a former litigation attorney, executive coach and meditation teacher who is currently at a start-up company in California (Gilford).

“Perfect for that skeptical attorney who wants to dip a toe in the water. Cho and Gilford have produced a guide to meditation that leaves you ear to start right away.”- Will Meyerhofer, psychotherapist and former lawyer.



POD CAST



The Lawyer Stress Solution by Karen Loewintheil

This is the only podcast that teaches lawyers concrete, practical and specialized tools for dealing with the stress, anxiety and pressure of a legal career. Harvard Law School graduate and Certified Life Coach, Karen Loewintheil combines her legal experience and coaching wisdom to teach lawyers how to deal with the unique challenges of the legal profession. You’ll be surprised how much you can enjoy practicing law when you know how to manage your “lawyer brain.”

Available through Apple iTunes and

www.thelawyerstresssolution.com

WHAT IS NHLAP?

We are a confidential, independent 501(c)(3) non-profit to assist NH lawyers, judges and law students with any issue that may impact or impair the ability to practice law. Many lawyers think we only help with substance misuse. Although that is a very important part of NHLAP, it is not the sole focus of our work. We help with anything that has become problematic. Just some examples are depression, anxiety and other mental health issues; grief; cognitive limitations resulting from aging; eating disorders; professional dissatisfaction and burn-out; work-life imbalance and time management strategies.

We are here to help before consequences of these issues become problematic, public or both. We are not part of the NH court system nor the NH Bar. Because we are solely funded by a per attorney mandatory assessment, we are akin to an additional lawyer insurance policy- we can help individuals or legal employers understand the risks in ignoring these very real issues and point to concrete solutions.

We are your resource. We are here to help make your legal practice something you enjoy, not something you endure.

1-877-224-6060

QUICK TIP

Don't Eat in Front of the TV!

Binging the latest round of *The Game of Thrones* while shoveling in your dinner is a proven cause of weight gain. Eating while watching a screen guarantees you are not registering what you are eating and missing body cues signaling you are satisfied or even full.

You also don't pay attention to how fast you are eating while you are zoned out in front of a screen.



It takes 20 minutes for your brain to realize you are no longer hungry after you start eating.

Eat mindfully at a table.

THE DIRECTOR'S CORNER

TERRI M. HARRINGTON, ESQ.
EXECUTIVE DIRECTOR NHLAP

#NOSTIGMA

As I move well into my second year at the helm of the New Hampshire Lawyers Assistance Program, I am repeatedly struck by the unnecessary suffering that is all around us. Dozens of lawyers I have met in this position clearly labor under some type of substance misuse or mental health impairment but do so in silence and fear of discovery. The fear of stepping forward and naming the unnamable which keeps them suffering. Its is the fear of both the judgment of others and the judgement that there is "something wrong with them" that keeps the cycle spinning. Statistics tell us that 1 out of every 4 lawyers suffers from a mental health issue and that 1 out of every 3 suffers from substance misuse. I had hoped by discussing these numbers there might be a realization that these issues are simply part of the human condition. Sadly, when I bring these numbers up the constant "joke "in the room is "It's not me, right?" Not funny.

I have a diagnosis of both Major Depressive Disorder and Seasonal Effective Disorder. I have been open about it since I was formally diagnosed in 1998. I have effectively treated it and continue to do so. I have encountered much support for which I am grateful. I have also encountered surprise. "You don't seem like someone with depression." Hmm. What does "someone" look like? Honestly, they look like me, like you, like anyone. It is a point of the continuum of all human health. It isn't a punishment, it is an illness.

I have also encountered uncomfortable looks, the aversion of eyes and clear body language that says "Whoa. Stop. I don't want to hear about this." That's okay too. But I am left wondering, what is so threatening about it? Why do some

people think that this is something to be ashamed of, as if simply talking about it will make it magically affect everyone in the room? Is it fear? It is lack of education? Lack of empathy? Some combination of all the above? I don't have the answer, but the stigma implied is the key> Without the stigma, the door opens to the prison of shame and denial that holds so many hostage to the debilitating and painful effects of mental illness and addiction.

Over time, I have come to realize that the "lawyer "face" or "lawyer front" has a great deal to do with stigma in the legal profession. Many lawyers are very high achievers. This dedication and will has earned professional success and some measure of esteem in the larger community. Still more lawyers are also hyper competitive. The thrill of closing a deal, winning an argument and obtaining a sought verdict are all confirmation that they are not only good at what they do, but that they are somehow extraordinary. I believe most of this is in the unconscious mind, but very powerful in perpetuating stigma none-the-less. If someone who is so smart, so gifted and so driven can "fall victim" to either a mental health issue or substance misuse, then that somehow will negate all that they believe themselves to be. They believe that they are not only "not extraordinary" but somehow weak and damaged.

This myth derives its power from centuries of human history that has shunned, caged and exiled the "insane," the "weak" and the "damaged." The fear of these labels is not irrational, but it is clearly outdated. Modern science has provided extraordinary insights into the workings of the human brain. Neuroscientists have demonstrated that those with these issues are like those with any other physical health issue. It is not a matter of will or moral character. It is a matter of biology, chemistry and science.

Stigma is literally taking lives every day. You can move us forward one open and honest conversation at a time. Let your family, friends and colleagues know that you are willing to talk about these issues and provide support. Please do your part. You may never know how it will help someone live a healthier, happier life