PROGRAM MATERIALS
Program #3267
March 22, 2022

Eating, Sex and Exercise Disorders - When Enough Isn't Enough

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EATING, SEX AND EXERCISE DISORDERS

When Enough Isn't Enough

EATING, SEX AND EXERCISE DISORDERS-

WHEN ENOUGH ISN'T ENOUGH

PRESENTED BY -BRIAN S. QUINN, ESQ. – EDUCATION AND OUTREACH COORDINATOR, LCL OF PA, INC.

BRIAN S. QUINN, ESQUIRE IS A LICENSED ATTORNEY IN PENNSYLVANIA WHO CURRENTLY SERVES AS THE EDUCATION AND OUTREACH COORDINATOR FOR LAWYERS CONCERNED FOR LAWYERS OF PENNSYLVANIA, INC., A LAWYERS ASSISTANCE PROGRAM ESTABLISHED IN 1988 FOR THE PURPOSE OF HELPING LAWYERS, JUDGES AND LAW STUDENTS RECOVER FROM ALCOHOLISM, DRUG ADDICTION AND MENTAL HEALTH DISORDERS.

MR. QUINN OBTAINED HIS UNDERGRADUATE DEGREE IN 1970, HIS LAW DEGREE IN 1973 AND A CERTIFICATE IN DRUG AND ALCOHOL COUNSELLING IN 2012, FROM VILLANOVA UNIVERSITY. PRIOR TO HIS WORK WITH LAWYERS CONCERNED FOR LAWYERS, HE WAS A PRIVATE PRACTITIONER FOR OVER 40 YEARS AND HAS ALSO WORKED IN THE FIELD OF ALCOHOL AND DRUG COUNSELING IN SUBURBAN PHILADELPHIA.

MR. QUINN IS A PAST MEMBER OF THE BOARD OF DIRECTORS OF LAWYERS CONCERNED FOR LAWYERS OF PENNSYLVANIA AND SERVED AS A PEER VOLUNTEER FOR OVER SIX YEARS PRIOR TO ACCEPTING HIS CURRENT ROLE AS THE ORGANIZATION'S EDUCATOR IN 2017. HE HAS WRITTEN AND PRESENTED ON LAWYER WELLNESS TOPICS TO LAW FIRMS, BAR ASSOCIATIONS AND LEGAL EDUCATION PROVIDERS FOR STATE, NATIONAL AND INTERNATIONAL GROUPS AS WELL.

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WHAT IS A LAP ?

Our mission:

To provide a caring peer assistance program to save the lives and restore the health and professional competence of lawyers, members of their families, judges and law students who are at risk as a result of alcohol and drug use, gambling, depression or other serious mental illness. We carry out this mission through a combination of confidential helpline services, volunteer support and education.

We Protect Your Identity and Information

LAP's* do **not** report or disclose any identifying information to the Supreme Court, the Judicial Conduct Board, the Disciplinary Board, the Board of Law Examiners or any other agency of the Supreme Court; nor do we report or disclose any identifying information to the Conference of State Trial Judges, State or local Bar Association or any judicial or law related organization. We do not report any identifying information to anyone without your prior consent.

You may remain anonymous and still receive LAP services.

***Check the Rules of Professional Conduct in your State**

GUIDANCE FROM THE COURT

Most*Rules of Professional Conduct address that concern by providing an exception to the duty to report. ABA Model Rule 8.3(c): "The Rule does not require disclosure of information otherwise protected by Rule 1.6 or information gained by a lawyer or judge while participating in an approved lawyers assistance program."

Comment 7 : "Providing for an exception … encourages lawyers and judges to seek treatment through such a program. Conversely, without such an exception, lawyers and judges may hesitate to seek assistance from these programs, which may then result in additional harm to their professional careers and additional injury to the welfare of clients and to the public." (emphasis added)

*** Check the Rules of Professional Conduct in your State**

PART I : EATING

EATING DISORDERS IN THE WORKPLACE - AN OVERVIEW

- A person with an eating disorder *can appear competent*, since there is an element of perfectionism with this disorder, but this is only a façade. Although the person longs for control and order in their life, *they are actually feeling out of control*.

- In this way, eating disorders represent out-of-control behavior expressed in the pursuit of greater control – *a paradox*.

- *The real problem isn't necessarily the eating disorder, since this is a symptom, but rather the person trying to manage themselves and life*.

WHAT ARE EATING DISORDERS ?

- Eating disorders are ***serious mental illnesses.***
- Eating disorders are multifaceted and complex.
- Eating disorders are influenced by many factors.
- Eating disorders are **not** a weakness or life choice.

CATEGORIES

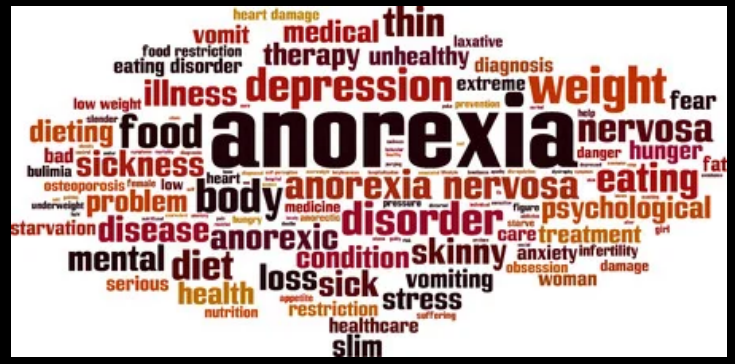
- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating
- Orthorexia
- Avoidant Restrictive Food Intake Disorder

DIAGNOSTIC CRITERIA FOR ANOREXIA NERVOSA (DSM-5)

- Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health
- *Significantly low weight*
- *Intense fear of gaining weight* or of becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight

DIAGNOSTIC CRITERIA FOR ANOREXIA NERVOSA (DSM-5)

- Disturbance in the way in which one's body weight or shape is *experienced*
- *Undue influence* of body weight or shape on self-evaluation, or
- Persistent *lack of recognition of the seriousness* of the current low body weight



DIAGNOSTIC CRITERIA FOR ANOREXIA NERVOSA (DSM-5)

Subtypes of Anorexia:

- *Binge-Eating/Purging Type* - during the last 3 months – recurrent episodes of binge eating or purging behavior, i.e., self-induced vomiting or misuse of laxatives, diuretics, or enemas

- *Restricting Type* - during the last 3 months, weight loss is accomplished primarily through dieting, fasting, and/or excessive exercise

ANOREXIA NERVOSA PHYSICAL SIGNS

- Decreased weight to less than 85% Ideal Body Weight
- Decreased temperature: may be as low as 95ºF
- Excessively low heart rate
- Low blood pressure
- Nail changes: pitting and ridging

ANOREXIA NERVOSA PHYSICAL SIGNS

- Less circulation to fingers and toes with purplish appearance and cool to touch
- Edema or swelling, usually in the lower legs
- Dry skin
- Loss of menstrual period (or very light flow)
- Scalp hair loss and excessive amounts of fine hair on body

DIAGNOSTIC CRITERIA FOR BULEMIA NERVOSA (DSM-5)

Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

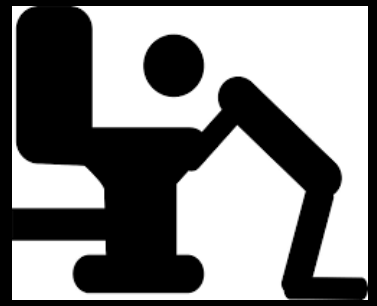
1. Eating, in a discrete period of time (e.g., within any **2-hour** period), an amount of food that is *definitely larger than what most individuals* would eat in a similar period of time under similar circumstances

   A *sense of lack of control* over eating during the episode

DIAGNOSTIC CRITERIA FOR BULEMIA NERVOSA (DSM-5)

2. Recurrent *inappropriate compensatory behaviors* in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise

- The binge eating and inappropriate compensatory behaviors *both occur, on average, at least once a week for 3 months.*
- *Self-evaluation is unduly influenced* by body shape and weight.



SIGNS OF BULIMIA NERVOSA

- Abuse of purgatives
- Abnormal interest in food
- Signs of secrecy
- Weight changes
- Changes in appearance
- Severe dieting and exercise
- Substance abuse
- Depression

BULIMIA NERVOSA PSYCHOLOGICAL FEATURES

- Low self-esteem
- Frustration intolerance
- Impaired ability to recognize and directly express feelings
- 40% with borderline personality disorder
- *Associated with major affective disorders i.e., depression, anxiety, bipolar disorder*

BULIMIA NERVOSA PSYCHOLOGICAL FEATURES

- Unstable Moods
- *Associated with substance abuse* (alcohol, nicotine, or other drugs)
- Impulsive behavior
  - Sexual promiscuity, self-harm (cutting, burning, hitting), shoplifting (usually food), stealing

DIFFERENCES IN BULIMIA AS COMPARED TO ANOREXIA

- Profound emaciation is *not* present.
- Most individuals are *normal* **weight.**
- Individuals with bulimia **are** *aware* that their eating behavior is abnormal.
- *10 times more common* than Anorexia

DIAGNOSTIC CRITERIA FOR BINGE EATING DISORDER (DSM-5)

An episode of binge eating is characterized by ***both*** of the following:

1. Eating, in a discrete period of time, an amount of food that is *definitely larger than most people* in similar circumstances.
2. *A sense of lack of control* over eating during the episode.

DIAGNOSTIC CRITERIA FOR BINGE EATING DISORDER (DSM-5)

The binge-eating episodes are associated with *3 or more* of the following:

1. Eating *much more rapidly* than normal
2. Eating until feeling *uncomfortably full*
3. Eating *large amounts of food when not physically hungry*
4. Eating *alone because of feeling embarrassed* by how much one is eating
5. Feeling *disgusted* with oneself, *depressed*, or *very guilty afterward*

DIAGNOSTIC CRITERIA FOR BINGE EATING DISORDER (DSM-5)

- Marked distress regarding binge eating is present.
- The binge eating occurs, on average, **at least once a week for 3 months.**
- The binge eating is **not** associated with the recurrent use of inappropriate compensatory behavior as in BN and does not occur exclusively during the course of BN or AN.

ORTHOREXIA

Orthorexia is an unhealthy focus on eating in a healthy way. Eating nutritious food is good, but if you have orthorexia, you obsess about it to a degree that can damage your overall well-being. Right now, there are no official criteria for making a diagnosis because orthorexia isn't included in the *DSM-5*.

ORTHOREXIA WARNING SIGNS

- *Worry about food quality*. High levels of concern about the quality and source of foods you eat could lead to anxiety.
- *Avoid going out to eat or avoid eating food prepared by others* out of fear that foods you don't prepare yourself won't meet your standards.
- *Fear sickness*. You worry about how "clean" food is or if it's "bad" for your health.
- *Show physical signs of malnutrition*
- *Bury yourself in food research*
- *Refuse to eat a broad range of foods.* Drop whole categories of foods from diet.
- *Fear losing control.*
- *Overly critical of other's food choices*

AVOIDANT RESTRICTIVE FOOD INTAKE DISORDER

- Food intake is restricted and there is a general resistance to eating
- Extremely selective eating habits
- Limited food choices
- Eating only very small portions
- Difficulty chewing, swallowing and digesting certain foods
- General disinterest in food

AVOIDANT RESTRICTIVE FOOD INTAKE DISORDER

Unlike those with anorexia, who avoid many foods because of an excessive and obsessive fear of body fat and weight gain, those with ARFID avoid many foods because they fear choking or vomiting or they are disturbed by qualities such as the textures, smells or colors of certain foods.

People with ARFID aren’t worried about image or body size.

WORKPLACE WARNING SIGNS

- *Evidence of binge eating* such as the disappearance of large amounts of food, or the presence of large numbers of food containers, candy wrappers, etc.
- *Evidence of purging*, including heading to the bathroom after eating
- *Unusual* increase or decrease in productivity
- *Poor decision -making* abilities and self destructive, impulsive behavior regarding personal matters such as their sex lives, money and career

WORKPLACE WARNING SIGNS

- *Difficulties concentrating*
- *Dramatic* **weight loss**
- *Avoiding* workplace events where food might be present
- *Preoccupation* with food, weight, appearance, and dieting
- *Excessive* **exercise**, often scheduling work events around exercise or engaging in regimes that are harsh
- *Making "fat" comments* despite thin appearance
- *Extreme* mood swings

HOW CAN EATING DISORDERS AFFECT THE WORKPLACE ?

- High performing, dedicated employees may struggle with disordered eating, impairing otherwise excellent performance.
- Cognitive functioning is impaired due to poor nutrition.
- Work schedules become secondary to compulsive behavior – avoid work events where food may be present, schedule work around exercise, etc.
- Eating disorders, left untreated, have serious health effects that may lead to lost productivity and long term medical problems.

SCOFF QUESTIONNAIRE

A yes answer to two or more questions suggests the need for a more comprehensive screening:

- S – Do you make yourself **Sick** because you feel uncomfortably full?
- C – Do you worry you have lost **Control** over how much you eat?
- O – Have you recently lost **Over** 14 lbs. in a three-month period?
- F – Do you believe yourself to be **Fat** when others say you are too thin?
- F – Would you say **Food** dominates your life?

- See John F. Morgan, et al., The SCOFF Questionnaire: A New Screening Tool for Eating Disorders, 172(3) WEST. J. MED. 164-165 (2000); available at http://www.ncbi.nlm.nih.gov/ pmc/articles/PMC1070794.

RISK FACTORS FOR DEVELOPING AN EATING DISORDER

- Anxiety
- Stress
- Feeling a lack of control in your life
- Depression
- Low self-esteem and identity problems
- Anger
- Perfectionist or overachiever

RISK FACTORS FOR DEVELOPING AN EATING DISORDER

- Prone to Good/Bad or Success/Failure thinking
- Need to control
- Inability to express emotions
- Troubled family and personal relationships
- History of being teased about weight
- History of physical or sexual abuse

MEDICAL COMPLICATIONS

- Serious medical conditions require early and aggressive treatment.
- Malnutrition affects every organ system of the body.
- Some complications are reversible, but irreversible complications can occur.
- 4% mortality associated with anorexia
- Causes of death include suicide, severe electrolyte disturbances, and arrhythmias.

CO-OCCURRING DISORDERS

- People with eating disorders have a *higher frequency of substance abuse than people who do not*.
- Conversely, those who struggle with substance abuse disorders present a *higher level of issues with food* (Dunn, Larimer, & Neighbors, 2002).
- Social anxiety disorder and obsessive compulsive disorder are *common among people with ED*, often characterized by reclusive or ritualistic behavior.

CO-OCCURRING DISORDERS

- People with eating disorders have a *higher frequency of substance abuse than people* It is common, while in treatment, for these individuals to be diagnosed strictly with a substance abuse disorder while their **eating disorder is overlooked**.

- Due to this tendency to under-diagnose, many individuals are only in treatment for substance abuse with little, if any, attention to food and body issues (Costin, 2007).

Costin, C. (2007). The eating disorder sourcebook: A comprehensive guide to the causes, treatment, and prevention of eating disorders. New York, NY: McGrawHill.

Dunn, E., Larimer, M., & Neighbors, C. (2002). Alcohol and drug-related negative consequences in college students with bulimia nervosa and binge eating disorder. International Journal of Eating Disorders, 32, 171–178.

PART II : SEX

WHAT IS SEX “ADDICTION”?

The Mayo Clinic states, “Compulsive sexual behavior is sometimes called hypersexuality, hypersexuality disorder or sexual addiction” and describes the behavior as “an excessive preoccupation with sexual fantasies, urges or behaviors that is difficult to control.”

WHAT IS SEX "ADDICTION"?

- In general, addiction involves continuing a certain behavior even in the face of negative consequences. Common characteristics of addiction include difficulty stopping the behavior even when desired, experiencing physical or mental withdrawal symptoms without the behavior, and hiding the behavior from others.
- Given that definition, there is disagreement in the medical community as to whether sex addiction is a diagnosable addictive disorder or a compulsive behavior. For this reason, it has not been formally classified as a disorder and is not listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM)

COMPULSIVE SEXUAL BEHAVIORAL DISORDER

In July, 2018 The World Health Organization added Compulsive Sexual Behavior Disorder (CSBD) as an impulse control disorder.

Generally, it consists of a pattern of repetitive sexual behavior manifested over an extended period of time (e.g., 6 months or more), and causes marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

SIGNS OF CSBD

- Excessive masturbation
- Participation in online sex, phone sex, or public sex
- Multiple sexual partners
- Use of pornography
- Exhibitionism
- Paying for sex
- Regularly visiting sex clubs

SIGNS OF CSBD

You may be struggling with compulsive sexual behavior if:

- You have recurrent and intense sexual fantasies, urges and behaviors that take up a lot of your time and feel as if they're beyond your control.
- You feel driven to do certain sexual behaviors, feel a release of the tension afterward, but also feel guilt or remorse.
- You've tried unsuccessfully to reduce or control your sexual fantasies, urges or behavior.

SIGNS OF CSBD

You may be struggling with compulsive sexual behavior if:

- You use compulsive sexual behavior as an escape from other problems, such as loneliness, depression, anxiety or stress.
- You continue to engage in sexual behaviors that have serious consequences, such as the potential for getting or giving someone else a sexually transmitted infection, the loss of important relationships, trouble at work, financial strain, or legal problems.
- You have trouble establishing and maintaining healthy and stable relationships

BE HONEST -ANSWER THESE QUESTIONS

NO ONE WILL KNOW THE ANSWERS !!

- Do you focus much of your time on sexual fantasies, urges and behaviors and feel as if you can't control your participation?
- Do you experience a release of tension from compulsive sexual behavior, yet also feel guilt or remorse?
- Have you unsuccessfully tried to control your sexual fantasies and behaviors?
- Do you use compulsive sexual behavior to escape from loneliness, depression, anxiety or stress?
- Do you engage in risky sexual behaviors that may result in getting or giving someone else a sexually transmitted infection, the loss of important relationships, trouble at work, financial strain, or legal problems?
- Do you have trouble establishing and maintaining healthy and stable relationships?

CAUSES OF COMPULSIVE SEXUAL BEHAVIOR

Although the causes of compulsive sexual behavior are unclear, they may include:

- An imbalance of natural brain chemicals.
- Changes in brain pathways
- Conditions that affect the brain

CONSEQUENCES OF COMPULSIVE SEXUAL BEHAVIOR

- **Struggle with feelings of guilt,** shame and low self-esteem.
- **Develop other mental health conditions,** such as depression, suicide, severe distress and anxiety.
- **Neglect or lie to your partner and family,** harming or destroying meaningful relationships.
- **Lose your focus or engage in sexual activity or search internet pornography at work,** risking your job.

CONSEQUENCES OF COMPULSIVE SEXUAL BEHAVIOR

- **Accumulate financial debts** buying pornography and sexual services.
- **Contract HIV, hepatitis or another sexually transmitted infection** or pass a sexually transmitted infection to someone else.
- **Engage in unhealthy substance use,** such as using recreational drugs or drinking excessive alcohol.
- **Be arrested** for sexual offenses

PART III : EXERCISE

COMPULSIVE EXERCISE

- Compulsive exercise is not an official clinical diagnosis as set forth in the DSM-5. But many people struggle with symptoms associated with the term.
- However, when a person exercises so much that it negatively affects their physical or mental health, or disrupts other aspects of their life, health experts call this *compulsive exercise*.

COMPULSIVE EXERCISE

Compulsive exercise shares many characteristics of other addictions.

- **Salience:** Exercise becomes the most important aspect of a person's life.
- **Conflict:** There is conflict between the person exercising and other people in their life, due to the compulsive exercise.
- **Euphoria:** People experience a "high" or euphoric feeling when they exercise.
- **Tolerance:** People feel the need to increase exercise levels to keep experiencing the psychological effects.
- **Withdrawal symptoms:** People experience an unpleasant feeling when they reduce exercise, such as irritability or anxiety.
- **Relapse:** People return to earlier patterns of excessive exercise when they try to reduce their exercise levels.

WARNING SIGNS & SYMPTOMS OF COMPULSIVE EXERCISE

- Exercise that significantly interferes with important activities, occurs at inappropriate times or in inappropriate settings, or when the individual continues to exercise despite injury or other medical complications
- Intense anxiety, depression, irritability, feelings of guilt, and/or distress if unable to exercise
- Maintains excessive, rigid exercise regimen – despite weather, fatigue, illness, or injury
- Discomfort with rest or inactivity
- Exercise used to manage emotions

WARNING SIGNS & SYMPTOMS OF COMPULSIVE EXERCISE

- Exercise as a means of purging (needing to “get rid of” or “burn off” calories)
- Exercise as permission to eat
- Exercise that is secretive or hidden
- Feeling as though you are not good enough, fast enough or not pushing hard enough during a period of exercise; overtraining
- Withdrawal from friends and family

HEALTH CONSEQUENCES OF COMPULSIVE EXERCISE

According to the National Eating Disorders Association (NEDA), the risks and health consequences of compulsive exercise can include:

- osteoporosis or osteopenia, which is a loss of bone density
- loss of menstrual cycle in people who menstruate
- female athlete triad, which is a combination of disordered eating, amenorrhea, and osteoporosis
- relative energy deficiency in sport (RED-S), when the body is not getting enough energy to carry out the demands of exercise
- persistently sore muscles/ chronic joint and bone pain

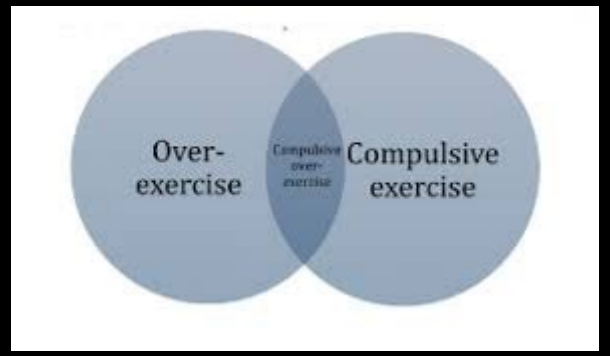
HEALTH CONSEQUENCES OF COMPULSIVE EXERCISE

According to the National Eating Disorders Association (NEDA), the risks and health consequences of compulsive exercise can include:

- an increase in injuries, such as overuse injuries or stress fractures
- persistent fatigue or feeling sluggish
- altered resting heart rate
- experiencing illness more frequently
- increased upper respiratory infections

CO-OCCURRING DISORDERS

- Eating disorders - Excessive or driven exercise is a common component of different types of eating disorders. It may be found among patients with anorexia nervosa, bulimia nervosa, and muscle dysmorphia, as well as other specified feeding and eating disorders.
- Perfectionism (which has long been a trait of lawyers !!)
- Neuroticism
- Narcissism
- Obsessive compulsive traits



RISKS OF EXERCISE DISORDERS

Excessive exercise may be difficult to distinguish, especially among athletes. The key feature that determines whether the exercise is problematic lies less in the quantity of activity than it does in the motivations and attitudes behind it:

- feeling exercise as a compulsion;
- exercising primarily to influence shape and weight; and
- feelings of guilt after missing an exercise session.

RISKS OF EXERCISE DISORDERS

If one or more of the following statements are true to you (or a loved one), consider whether you may benefit from seeking help:

- My exercise interferes with important activities such as work or socializing.
- I exceed three hours of exercise per day.
- I experience stress or guilt when I am unable to exercise.
- I exercise at inappropriate times and places and cannot suppress the behavior.
- I continue to exercise despite injury, illness, or medical complications.

So….what are we going to do ?

USE QUICK STRESS-BUSTERS

- Pause – lean back- give your eyes a rest for a couple minutes.
- Take three deep breaths and imagine your muscles relaxing from head to toe
- Be mindful. Focus on the immediate present. Enjoy the moment.
- Maintain a sense of humor about yourself.
- *Healthy* routines are good- don't get trapped in a rut
- Prioritize at work and home and manage your time effectively.
- **ASK FOR HELP**. Talk it out with someone you trust.

GIVE YOURSELF A CHANCE FOR SUCCESS !

1. Do not isolate
2. Share your goals
3. Declutter !
4. Connect to a greater life purpose
5. Be kinder to yourself
5. Leave time for compassion
6. Understand perfectionism vs. excellence
7. Use COVID as a chance for growth and resiliency.
8. **REMEMBER – DON'T OVERDO IT !! BE REALISTIC !!**

GRATITUDE

Exercise results happen when it is done consistently. That means you need a source of motivation that is renewable, not one you have to use a lot of energy to churn up every day you need to exercise.

Guilt will produce short term motivation, but it takes a lot of brain energy. Its just not an efficient way to stay motivated for exercise. In the end you wont really get results from exercise because you are less likely to do it consistently.

Guilt is the feeling you ‘should’ be doing something different than you are in this moment.
Gratitude is the feeling of deep appreciation for something or someone.

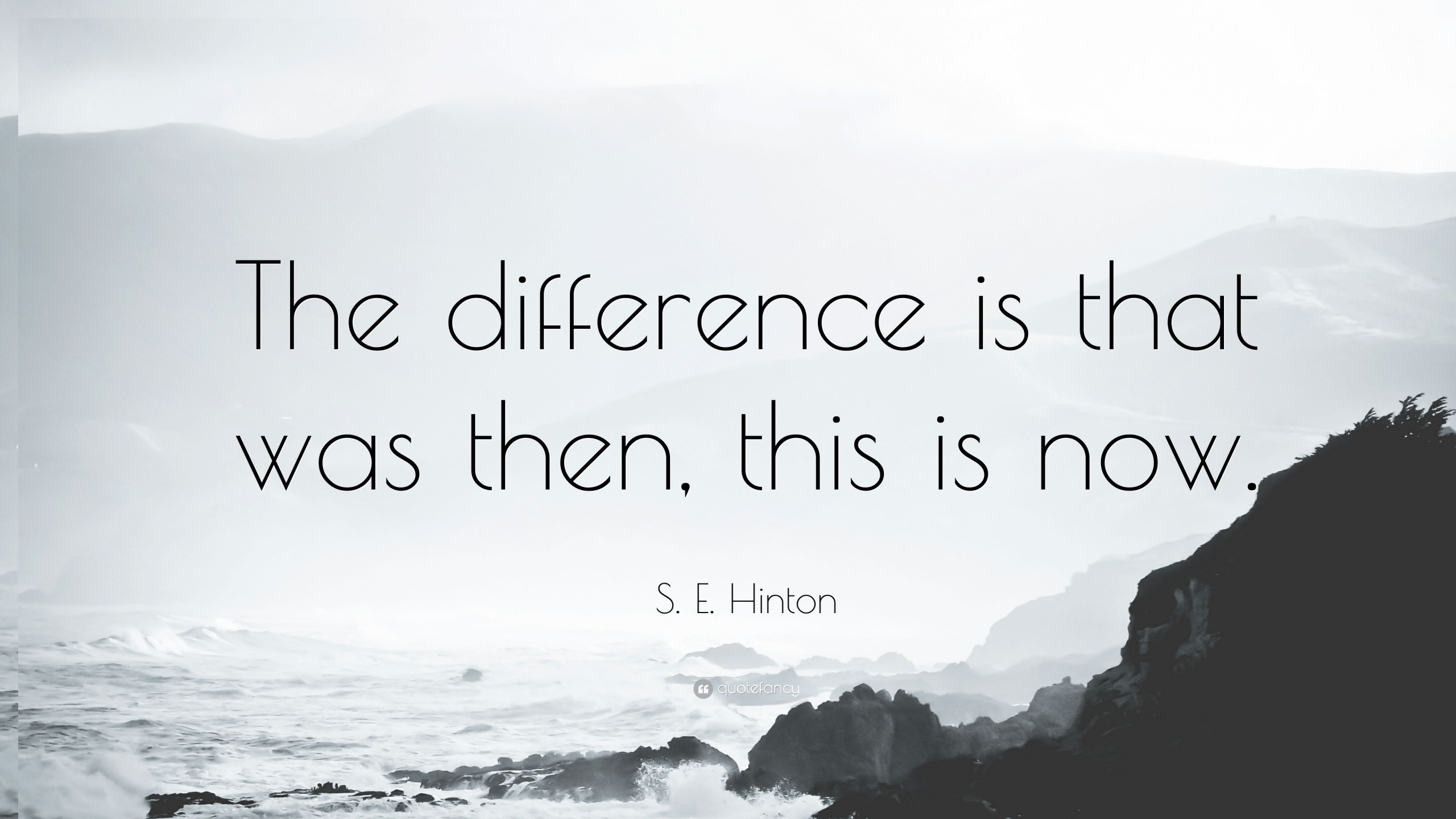
GRATITUDE

- Improves sleep
- We become more centered on others/humility
- Reduces depression

- Memorialize for reflection
- Gratitude journal
- Positive state of mind
- Directly correlated with Happiness and Peace
- Builds resiliency
- Boost productivity

MEDITATION/MINDFULNESS

- Key to being truly present/not projecting
- Key to identifying our TRUE feelings
- Acknowledge feelings but don’t attach (mountain/clouds)
- Breathing meditation
- Reduces "mental chatter"
- Helps eliminate the “what if’s”
- Normal for us all to feel WAVES of emotion now


The difference is that was then, this is now.
S. E. Hinton
quotefancy

WHY ARE LEGAL PROFESSIONALS AT HIGH RISK OF MENTAL HEALTH & SUBSTANCE USE DISORDERS?

- High expectations and accountability
- Lack of work-life balance
- High stress level
- High stress levels & work-weeks >50 hrs. are consistent predictors of SUD's and their severity.
- 67% of attorneys/judges work more than 40 hours/week.
- Inherent pessimism

WHY ARE LEGAL PROFESSIONALS AT HIGH RISK OF MENTAL HEALTH & SUBSTANCE USE DISORDERS?

- Conflict driven and adversarial profession
- Emotional detachment
- Win-lose, often rigid thinking (black and white thinking)
- Perfectionism
- Excessive self-reliance

These traits are great for a successful careerbut not so great for mental health.

WHAT KEEPS LAWYERS, JUDGES AND LAW STUDENTS FROM SEEKING OR ACCEPTING THE HELP THEY SO DESPERATELY NEED

FOUR MAJOR BARRIERS

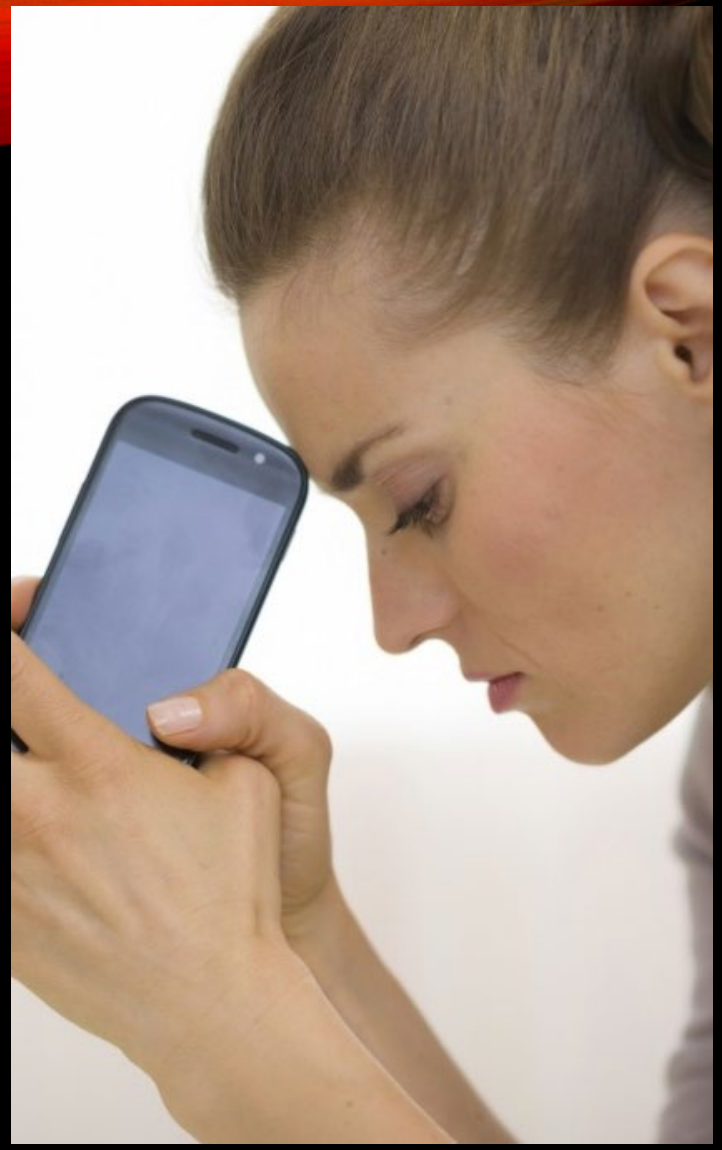
1. Shame and embarrassment
2. Denial
3. Insidious nature of addiction and mental illness
4. Enabling

Lawyers are trained to deal with and solve problems. Thus, it is most difficult for the attorney to seek help since by doing so he feels he is admitting failure.

Complicating this problem further is the tendency of the attorney's or judge's peers to indulge in a conspiracy of silence (enabling), and lighten the normal stresses of our profession.

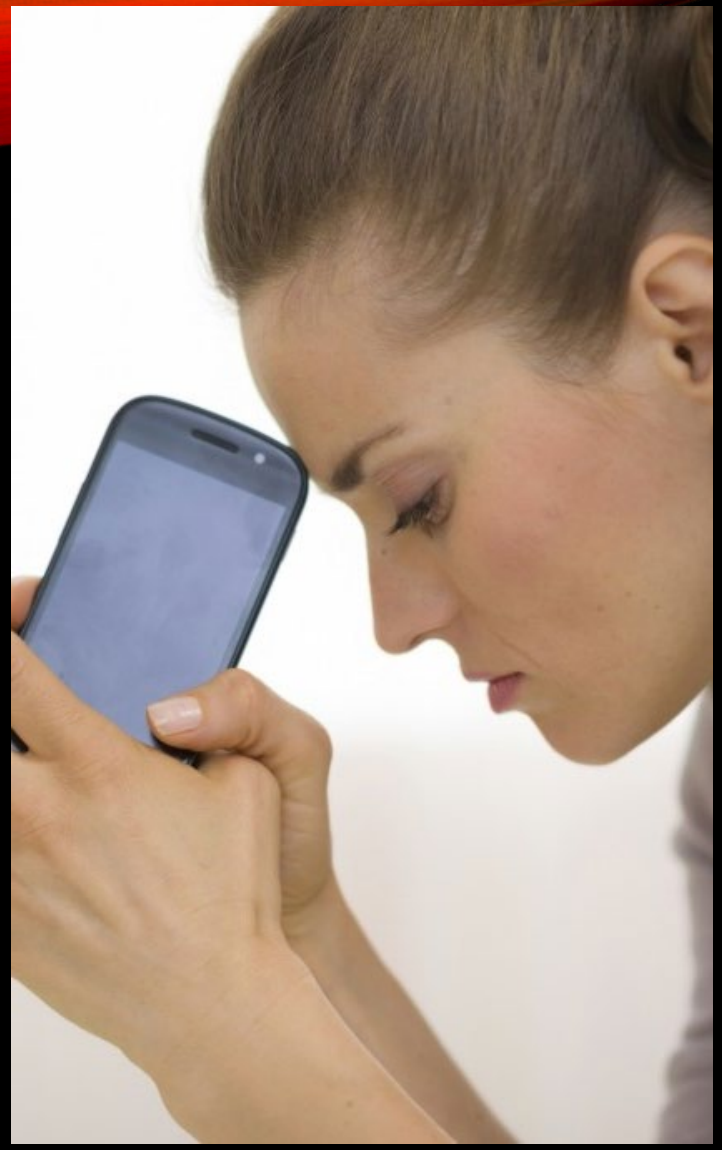
WHAT CAN YOU DO ??

Although it is difficult, remember that your end goal is to help motivate the impaired lawyer or judge to seek professional help they so desperately need.



To Call LAP…or Not to Call

- I’m ok. I can work this out for myself.
- I’m not like a “real” alcoholic anyway.
- I want help but I don’t want anyone to know.
- Will I be reported to Discipline?
- I already tried to get help and it didn’t work.
- I don’t have the money to pay for treatment.
- What will people say about me if I ask for help ?
- It’s no use – nobody will understand – I give up !



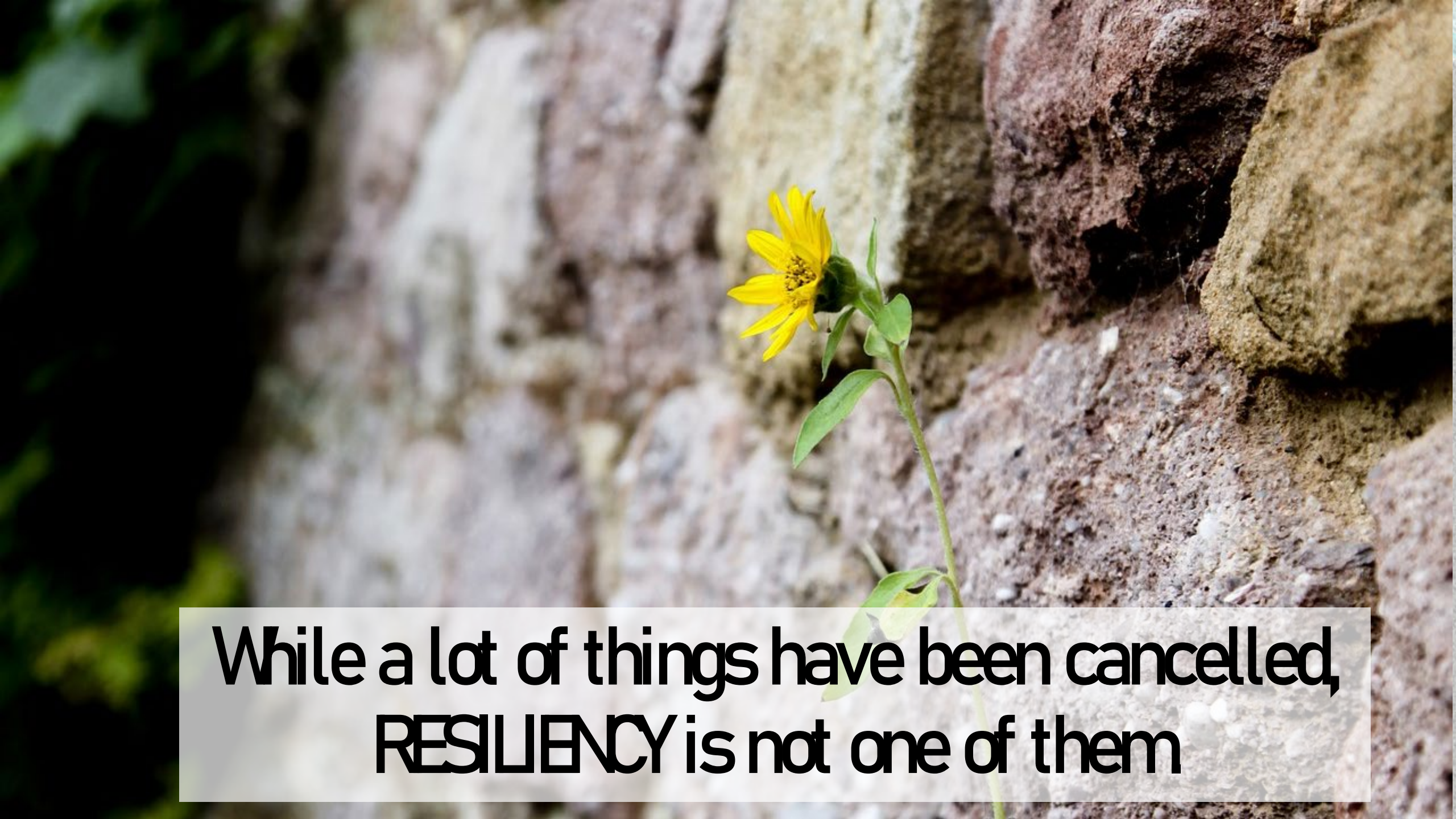
To Call LAP…or Not to Call

- Is this really any of my business?
- I want to help but I don't want to get involved.
- Will I harm his/her or the firm's reputation?
- Must I report him or her to Discipline?
- I already tried to help and it didn't work.
- Let's wait and see. Maybe it will get better.
- I really don't have time for someone else's problems.

CALL THE LAP HELPLINES

We help by:

- **Identifying** possible approaches
- **Discussing** pros and cons of each approach
- **Selecting** an acceptable approach
- **Advising** what to say (and not to say) and how to say it
- **Participating** in the approach if it will help


While a lot of things have been cancelled,
RESILIENCY is not one of them

Eating, Sex and Exercise Disorders : When Enough Isn't Enough

Thank you all for attending today's Continuing Legal Education program.

If you have any questions that were not answered or would like to contact me for any reason, please call or email me at the following:

Brian S. Quinn, Esq., Education and Outreach Coordinator

LAWYERS CONCERNED FOR LAWYERS of PA, INC.

(717) 460-3385 **brian@lclpa.org**

CALL THE LAWYERS ASSISTANCE PROGRAM IN **YOUR** STATE

Directory of Lawyers Assistance Programs by State

- https://www.americanbar.org/groups/lawyer_assistance/resources/lap_programs_by_state.html

ADDITIONAL RESOURCES

- **2017 CoLAP National Conference for Lawyers Assistance Programs, Well Being Tool Kit**
- https://www.americanbar.org/content/dam/aba/administrative/lawyer_assistance/ls_colap_Brafford_Tool%20Kit.authcheckdam.pdf

National Task Force on Lawyer Well Being, The Path to Lawyer Well Being

- https://www.americanbar.org/content/dam/aba/images/abanews/ThePathToLawyerWellBeingReportRevFINAL.pdf

- **Directory of Lawyers Assistance Programs by State**
- https://www.americanbar.org/groups/lawyer_assistance/resources/lap_programs_by_state.html

HOW TO JOIN THE NATIONAL WELL-BEING MOVEMENT

"WELL-BEING TOOLKIT FOR LAWYERS AND LEGAL EMPLOYERS"

Created By Anne M. Brafford For Use By The American Bar Association

https://www.americanbar.org/content/dam/aba/administrative/lawyer_assistance/ls_colap_well-being_toolkit_for_lawyers_legal_employers.authcheckdam.pdf

"Well-Being Toolkit Nutshell: 80 Tips For Lawyer Thriving"

https://www.americanbar.org/content/dam/aba/administrative/lawyer_assistance/ls_colap_Well-Being_Toolkit_Flier_Nutshell.authcheckdam.pdf