

2022 WVJLAP Retreat Agenda

Stonewall Resort, Roanoke WV

Friday, May 20th

10:00 am – 2:00 pm	West Virginia Supreme Court Task Force on Lawyer Well-Being
6:00 pm – 8:00 pm	WVJLAP Board Meeting
8:00 pm – 9:00 pm	Friends of Bill & Lois W., Support Group (Open Meeting)

Saturday, May 21st

8:00 am	Registration & Continental Breakfast
8:45 am - 9:00 am	Opening Remarks by Justice Elizabeth D. Walker
9:00 am - 9:50 am	<p>“Addiction 101.”</p> <p>Dr. Matthew Christiansen, Director, Office of Drug Control Policy, WV Department of Health & Human Resources</p>
10:00 am - 11:50 am	<p>“Building Healthy, Resilient Brains: Using Wellness to Cope with Stress, Anxiety, and Burnout.”</p> <p>Megan Lyons, Health & Wellness Coach</p>
12:00 pm - 1:00 pm	Break for Lunch
1:00 pm - 6:00 pm	Free Time for Networking, Golf, and other Family Park Activities
7:00 pm - 8:30 pm	Banquet & Award Presentation by Chief Justice John A. Hutchison; Music & Al-Anon Lead by Teresa Albury

Sunday, May 22nd

8:00 am	Registration & Continental Breakfast
9:00 am - 9:50 am	<p>“Lawyers Depression Project.”</p> <p>Joseph Milowic III, Esquire</p>
10:00 am - 10:50 am	<p>“I am a lawyer, so why am I not happy.”</p> <p>Dr. Timothy Saar, SAAR Psychological Group, PLLC</p>



Dr. Matthew Christiansen, Director of the Office of Drug Control Policy for the West Virginia Department of Health and Human Resources (DHHR), plans and directs West Virginia's efforts in combating the opioid epidemic. He was appointed to this

position in October 2020 by Governor Jim Justice.

Dr. Christiansen is dual board certified in Addiction Medicine and Family Medicine and serves as Associate Professor in the Marshall University Joan C. Edwards School of Medicine, Department of Family and Community Health, Division of Addiction Sciences where he practices primary care and addiction medicine. Prior to his appointment to the Office of Drug Control Policy, Dr. Christiansen was active in treatment of addiction/dependence across the lifespan. He has lectured in multiple states on addiction issues from a public health and primary care perspective. Dr. Christiansen earned an MD and MPH from Marshall University.



Megan Lyons has shared her game-changing approach to wellness with thousands of people through personalized health coaching, corporate and group wellness programs, and motivational and educational speaking.

As founder and owner of [The Lyons' Share Wellness](#), she's deeply passionate about inspiring others to feel their healthiest and happiest. Megan is the author of "[Start Here: 7 Easy, Diet-Free Steps to Achieve Your Ultimate](#)

[Health and Happiness](#)," a Top 10 Amazon Bestseller in Nutrition, and the leader of The [Revitalize Health Accelerator](#), which helps women feel empowered, confident, and energized about their health in a supportive community format.

Megan received her undergraduate degree from Harvard University and her MBA from Kellogg School of Management at Northwestern University. She is also a graduate of the Institute for Integrative Nutrition, has a Masters in Holistic Nutrition from Hawthorn University, and is Board Certified as a Holistic Nutritionist. She lectures widely at hospitals, corporations, and organizations. When she's not health coaching, you can find her working out, cooking, reading, traveling, and cheering on the Dallas Mavericks.



Teresa Albury, singer, songwriter, JLAP volunteer and spouse of now recovering lawyer, will share her recovery music and Al-Anon lead, as our keynote Banquet speaker.



Joseph Milowic III is a partner & the director of well-being at Quinn Emanuel Urquhart & Sullivan, LLP, a global law firm specializing in disputes resolution; and also a founder of the Lawyers Depression Project, a non-profit dedicated to building a

compassionate peer support community of legal (not just lawyer) professionals. If you know someone who might benefit from our community, please share the link: www.lawyersdepressionproject.org

numerous associations. Dr. Saar has conducted and supervised thousands of forensic evaluations including fitness to practice, adult, and juvenile competency to stand trial, criminal responsibility, personal injury, as well as parental fitness and child abuse evaluations; and has been declared an expert witness in family court, circuit court, and federal court. In addition to forensic evaluations Dr. Saar's practice also maintains an active clinical component by providing individual and family counseling services.



Dr. Timothy Saar has been practicing psychology in West Virginia for over twenty years and has a broad range of experience in clinical diagnosis and therapy, forensic evaluations and geriatric practice. He received his Ph. D.

from Cambridge Graduate College in Los Angeles, CA.; his Master's Degree in Counseling Psychology from Loyola Marymount University in Los Angeles, CA; and his Bachelor's Degree in Psychology from the University of Southern California. Dr. Saar is a licensed psychologist in West Virginia, North Carolina, and Kentucky. He is also licensed in Marriage and Family Therapy in California. Additionally, he is qualified as a forensic expert in Clinical Psychology in Family, Circuit, and Federal courts. Dr. Saar is currently the Director of Saar Psychological Group, PLLC and has been an adjunct professor at Marshall University Graduate College and West Virginia State University. Furthermore, he is a member of

West Virginia Judicial & Lawyer Assistance Program

Addiction 101

Matthew Christiansen, MD, MPH, Director
Office of Drug Control Policy
May 21, 2022



Learning Objectives

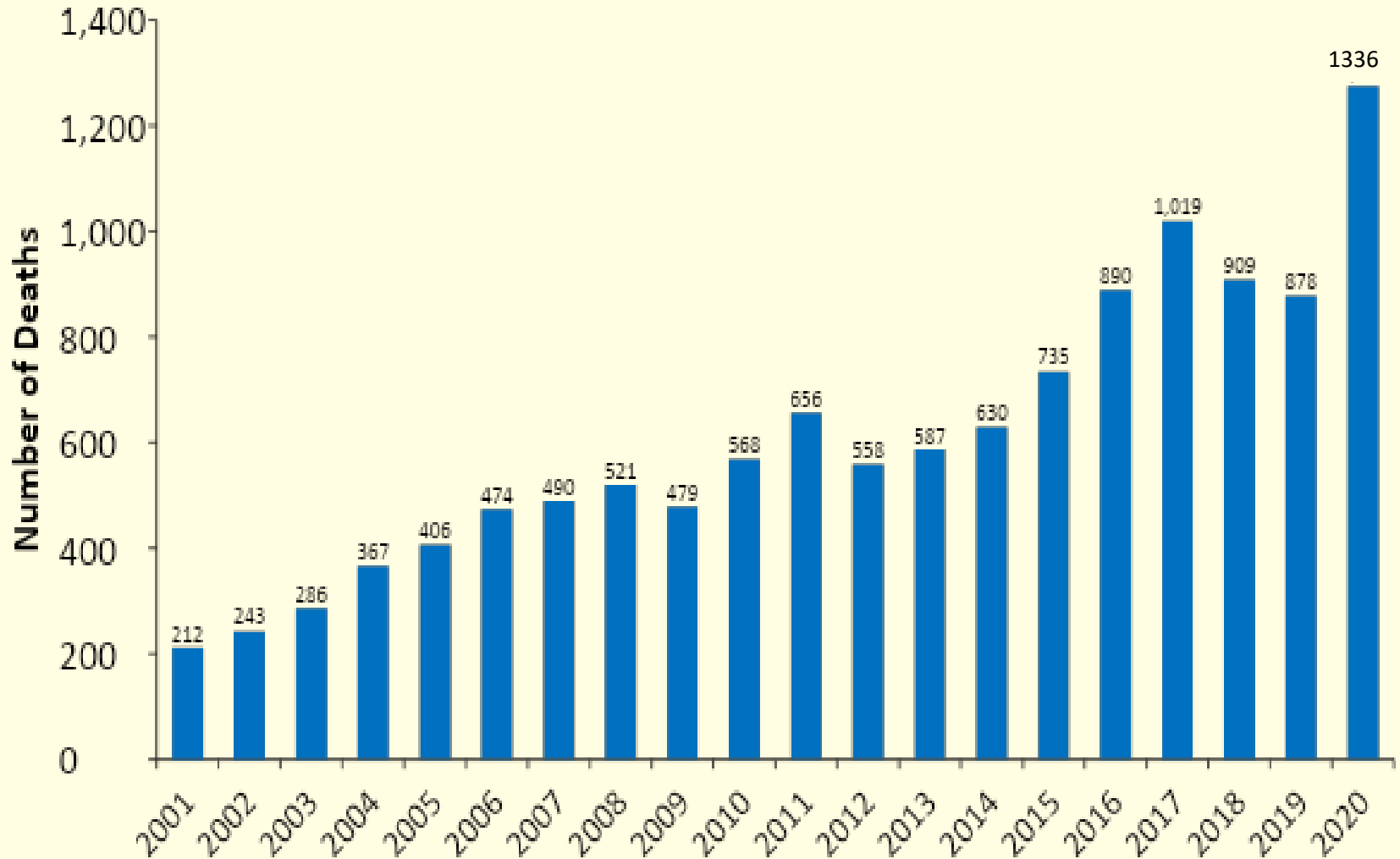
Participants will be able to:

- Understand what drugs are being used in the state and contributing to overdose
- Understand the biology of addiction and the negative effects of stigma on outcomes
- Understand best practices in addiction care and treatment including MAT/MOUD
- Understand and access the existing state resources and processes developed to address addiction
- Identify and utilize effective evidence-based diversion programs

West Virginia Data and Drug Trends

WV Drug Overdose Deaths

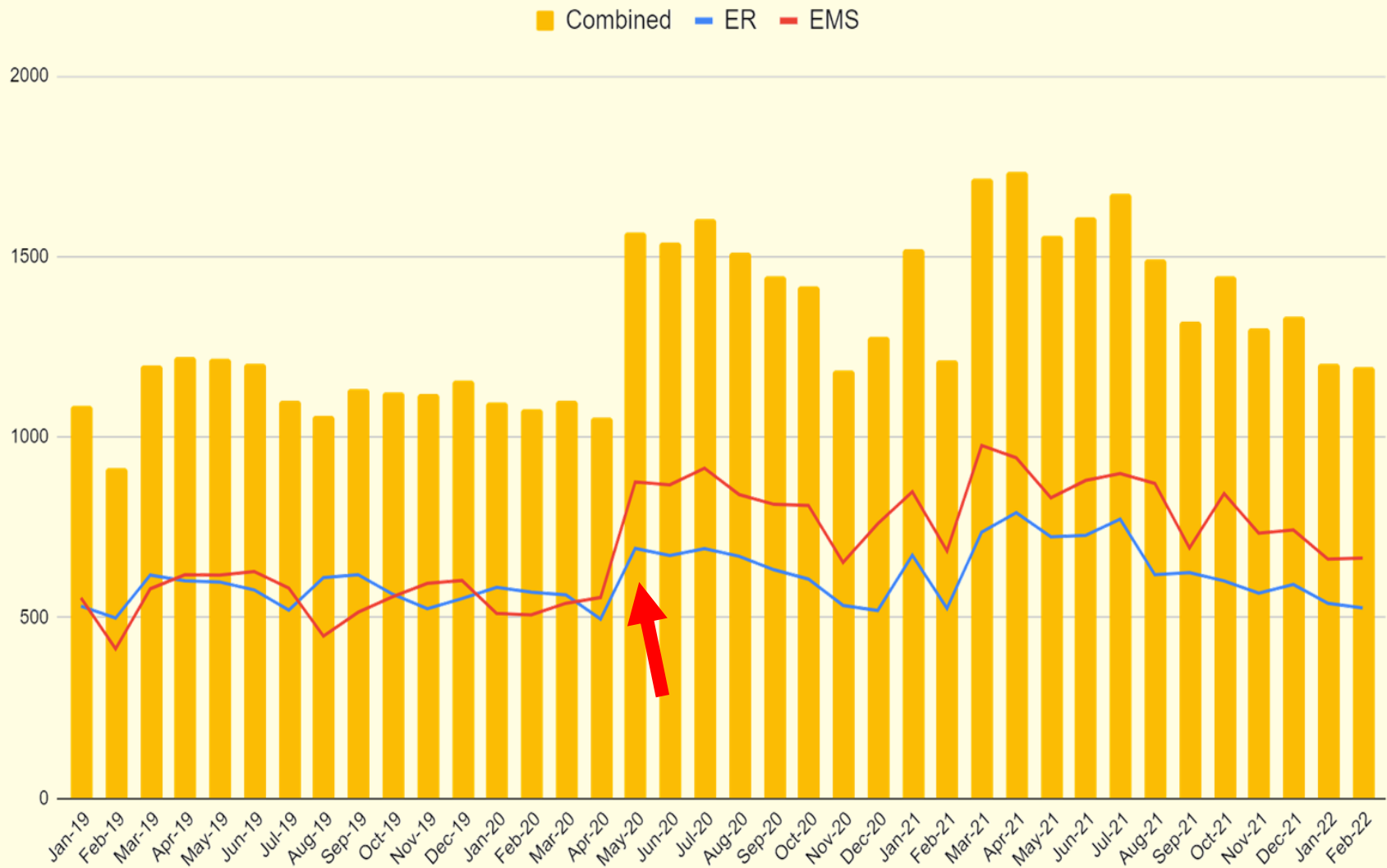
Drug Overdose Deaths Occurring in West Virginia, 2001-2020



Data Source: WV Health Statistics Center, Vital Statistics System

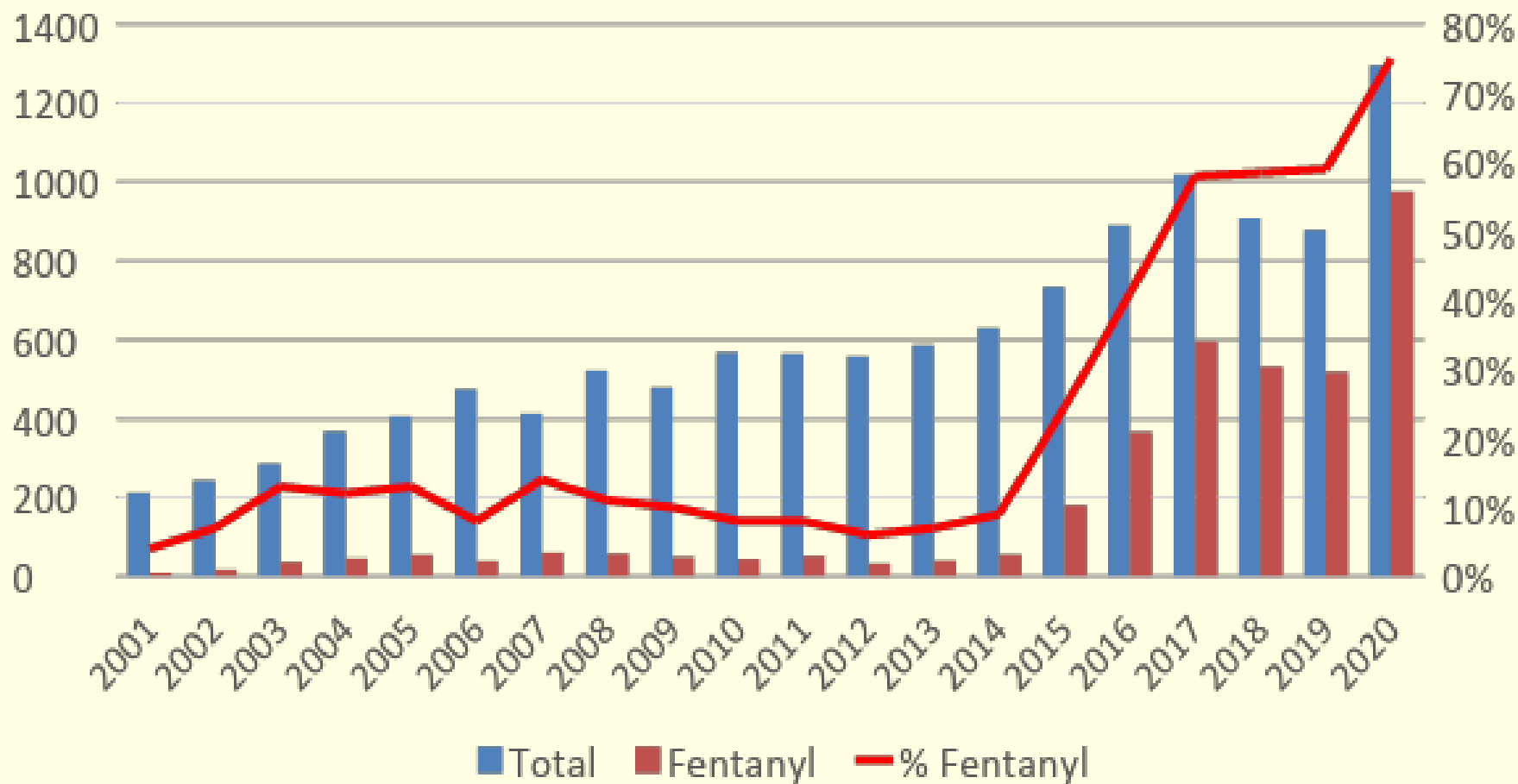
These statistics include all manners of drug overdose deaths including accidents, suicides, homicides, and undetermined intent with an underlying cause of death ICD-10 code of X40-X44 (accidents), X60-X64 (suicides), X85 (homicides), or Y10-Y14 (undetermined intent). Data from 2018 and 2019 are preliminary and subject to change.

Suspected Overdose - EMS, ED, Combined



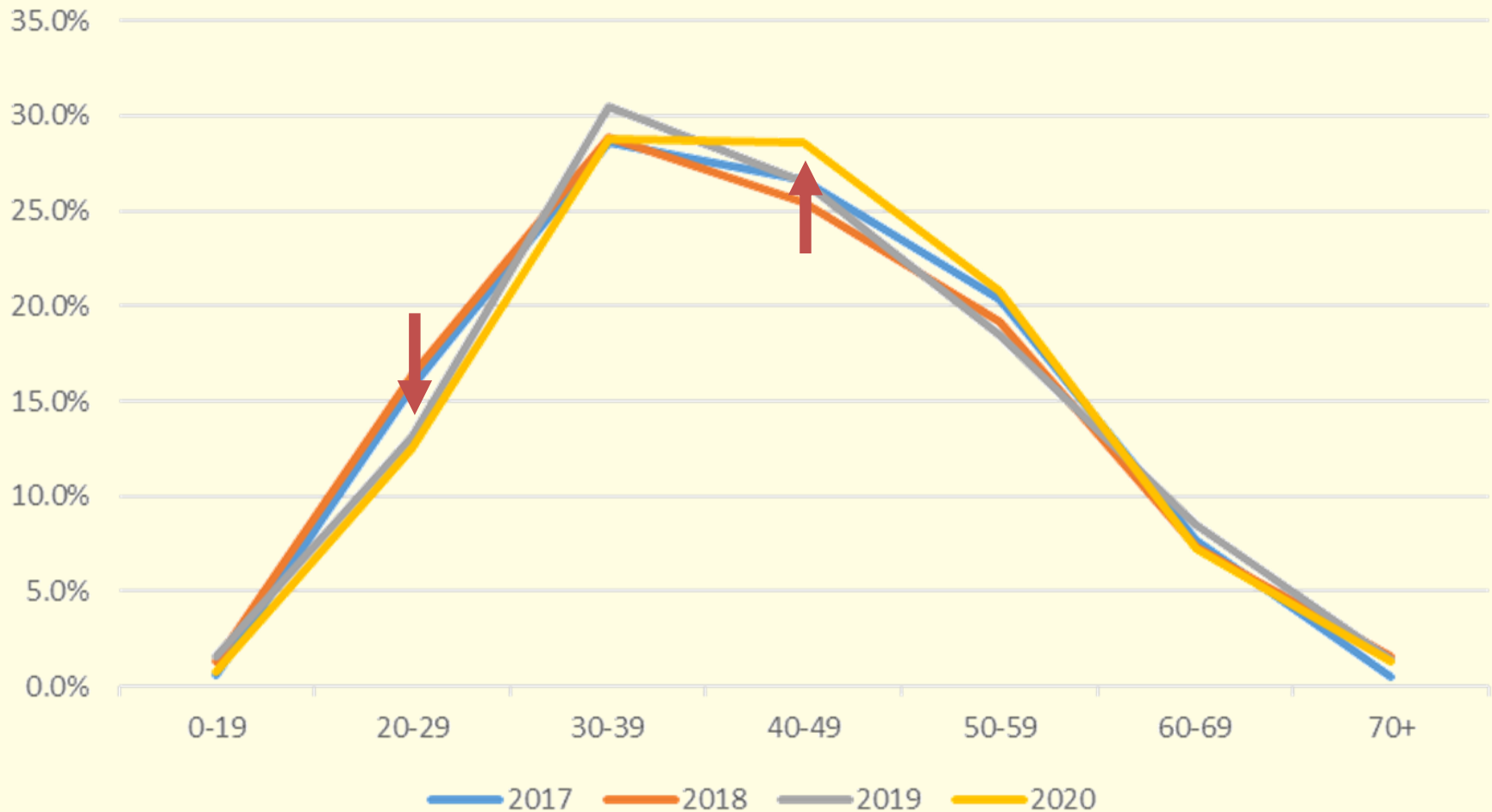
Effects of Fentanyl

Percentage of Fentanyl Related Fatalities



Implications of the Rise of Fentanyl

Fatalities by Age Group % Total by Year



The Biology of Addiction

What is Addiction?

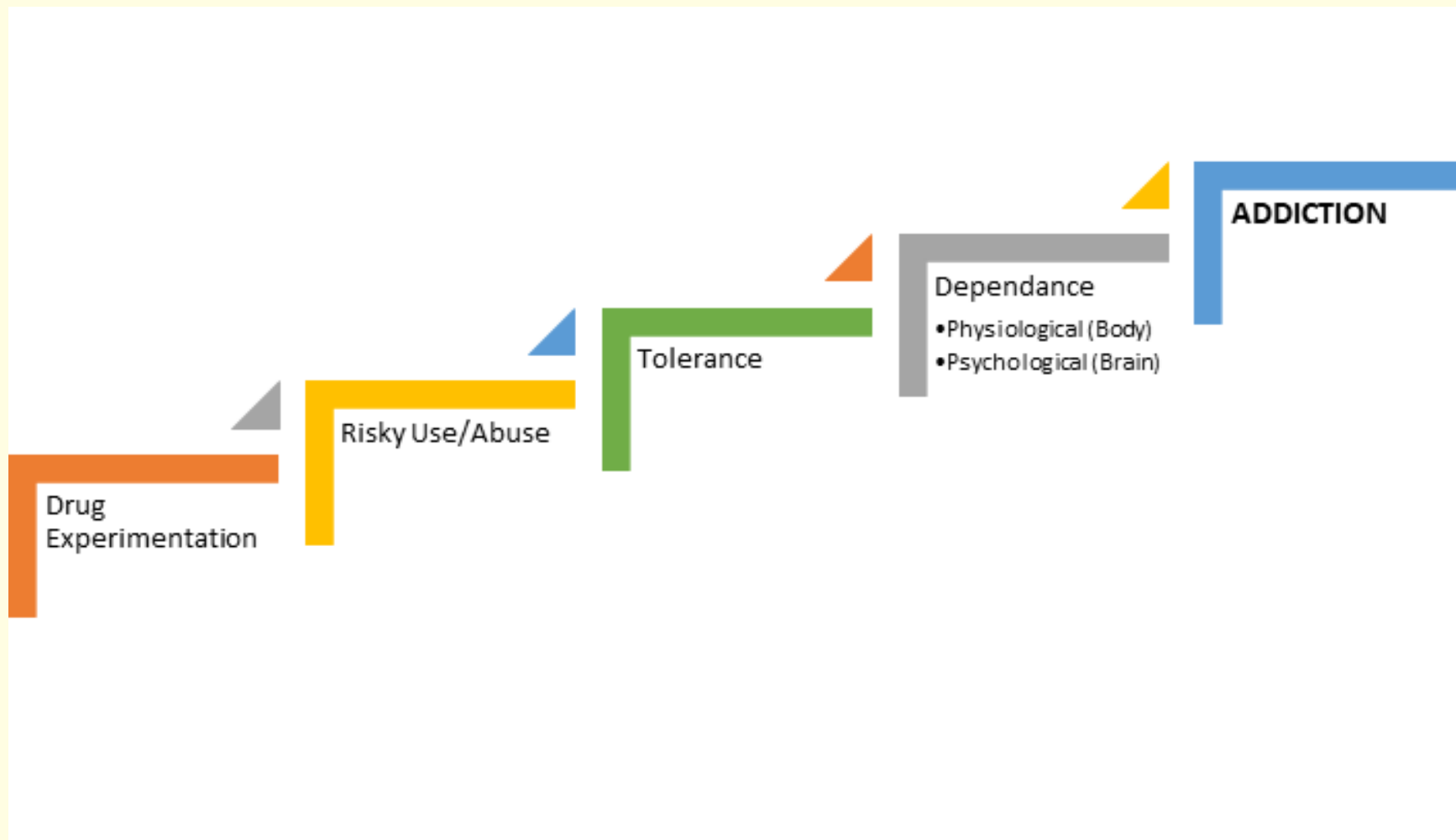


Addiction: If we don't define it, we can't research it and treat it.

The National Institute on Drug Abuse (NIDA) defines addiction as compulsive drug use despite **negative consequences** and a desire to stop.

“It is considered a brain disease because it changes the brain structure and how it works.”

Understanding Addiction

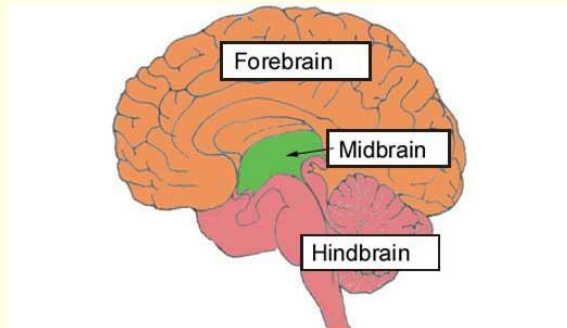


What is Addiction?

- A chronic relapsing brain disease
- Creates physical, measurable changes in the brain
- Has similar cure rates as other chronic diseases (hypertension, elevated cholesterol levels, Type 2 diabetes)
- A disease that, even if appropriately addressed, may never go away
- Relapse can be a part of the disease; a relapse does not indicate a desire to not get better
- Associated with significant stigma

Understanding Addiction

2 main areas of the brain are involved:



Caveman brain (Midbrain)

Primitive brain

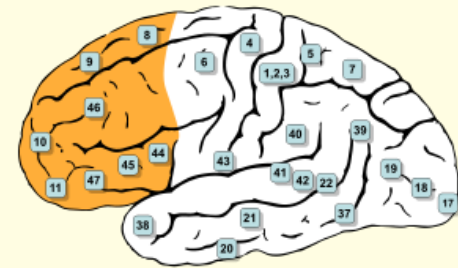
Intimacy

Eating

Survival

Filters all input

Keeps you alive



Thoughtful brain (Prefrontal cortex)

Inhibition

Risk/reward

Executive function: good
vs. bad, future plans

Love

Delayed gratification

Morality

Personality

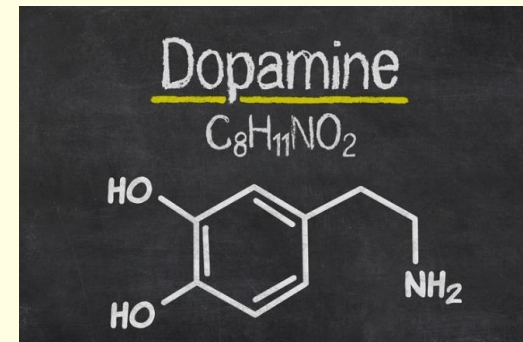
Moderation

Makes you who you are

Dopamine

The chemical dopamine ensures our survival.

- Main 'focus' neurotransmitter
- Responsible for:
 - Memory formation
 - Compulsion
 - 'Wanting' of something, not necessarily 'liking' of something
- Assists in decision-making
- Provides the experience of pleasure, much like:
 - Holding a baby
 - Feeling the sun on your arms
 - Receiving a raise at work
 - Drinking a cool glass of water on a hot day
 - Intimacy



If we didn't have a good feeling resulting from an action, we wouldn't choose to repeat that activity.

How much dopamine does an activity release?

Various activities cause the brain to release more dopamine than usual. Enjoying food brings a 50 percent boost to dopamine levels in the brain, for instance. Video games and sex also increase dopamine, and drug use does so significantly. It's not reasonable to equate the brain response to drug use with that of video games.

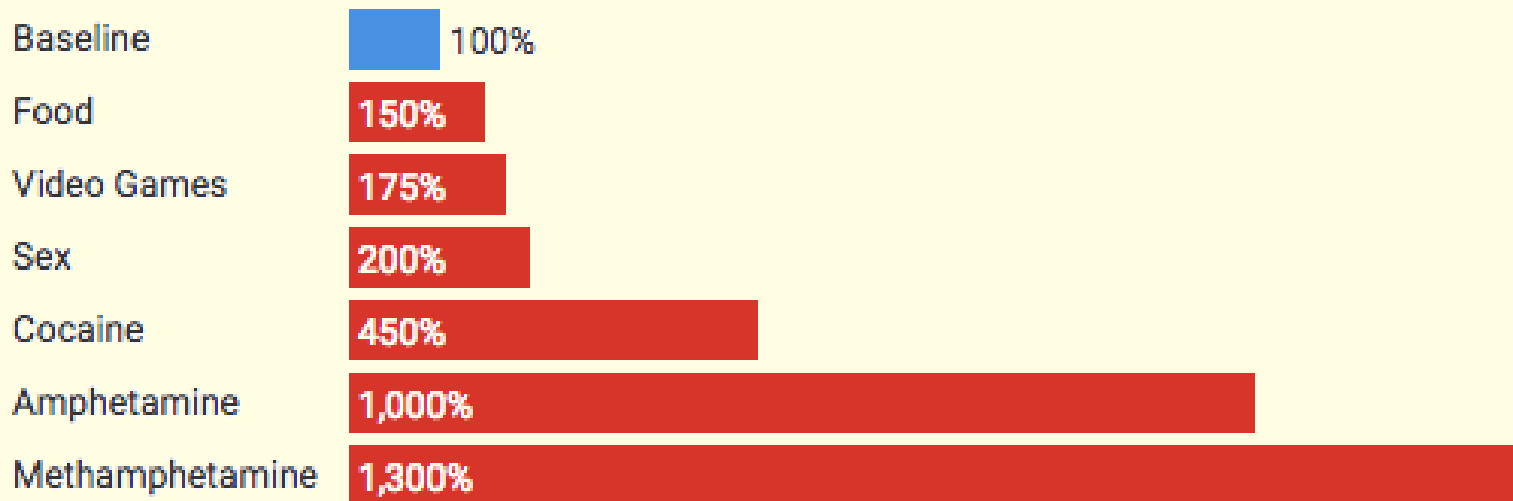
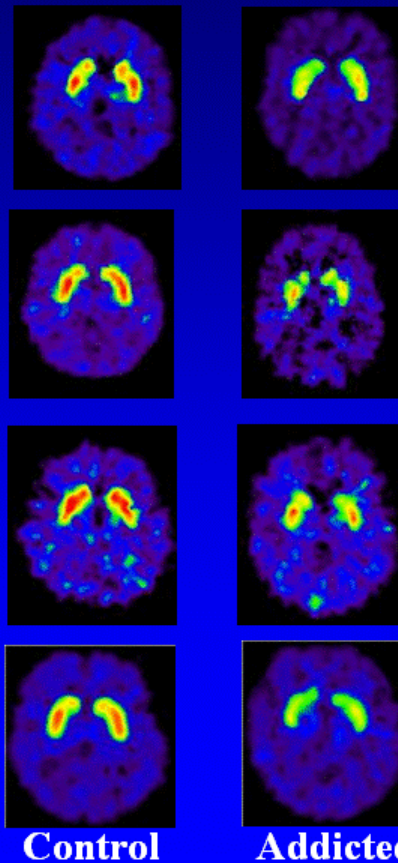


Chart: The Conversation, CC-BY-ND • Source: [National Institute on Drug Abuse](#) • [Get the data](#)

Impact of addiction on dopamine receptors

Functionally...

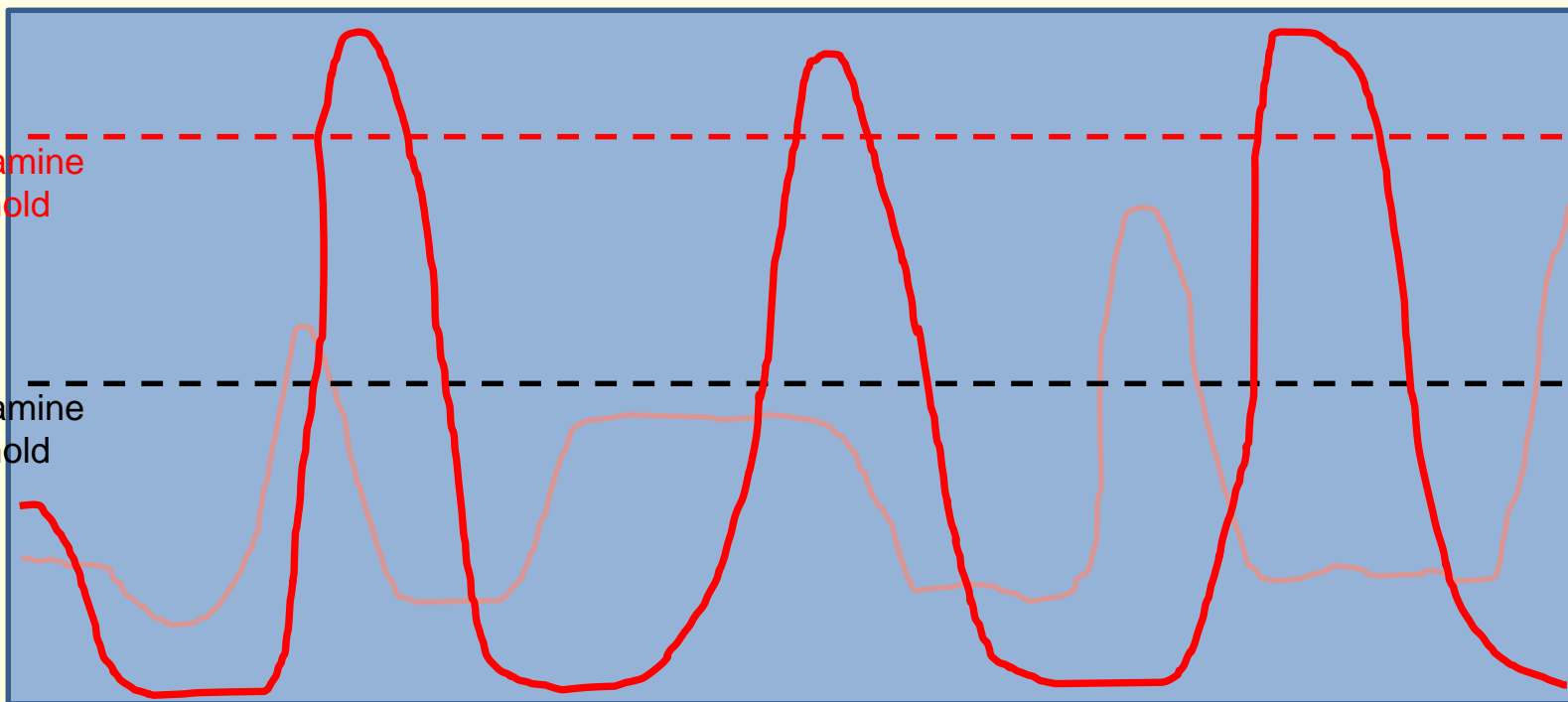
Dopamine D2 Receptors are Decreased by Addiction



Pleasure threshold

Drug Abuser
Pleasure/dopamine
release threshold

Normal
Pleasure/dopamine
release threshold



Normal Wednesday

Understanding Addiction

There are three major brain changes with chronic drug use:

1. Decreased ability to activate reward pathways in brain
2. Long lasting memories that enable relapse long after the last use
3. Impaired cortex control (the good brain!) over the primitive brain (survival brain)

Drugs take over the brain's survival machinery.

Non-addicted or drug user

Drug = 'fun'

Drug = hard to stop

Drug = next day hangover

Drug = drug

Person with addiction

Drug = survival



SUD Risk Factors

Adverse Childhood Experiences (ACEs)



Treatment Overview

Crisis intervention stage:

- Establish goals of care
- Stratify individual based on their appropriateness for level of care - ASAM criteria
- Early harm reduction - keep person alive

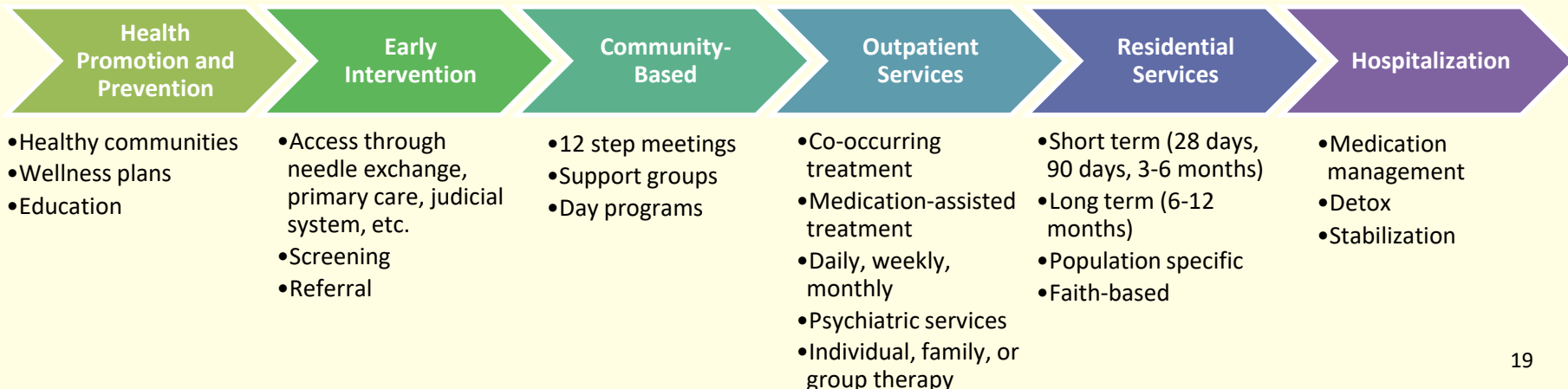
Determine appropriate level of care and long-term goals:

- Crisis Stabilization Unit
- Abstinence based program
- Medication for Opioid Use Disorder (MOUD) program
- Recovery Residence
- Residential Treatment Program

Addiction Continuum of Care



- Outpatient treatment
- Intensive outpatient treatment
- Partial hospitalization
- Residential treatment
- Recovery residences
- Peer support



How Does MOUD Work?

Figure 1
How OUD Medications Work in the Brain



Methadone



*Full agonist:
Generates effect*

Buprenorphine



*Partial agonist:
Generates limited effect*

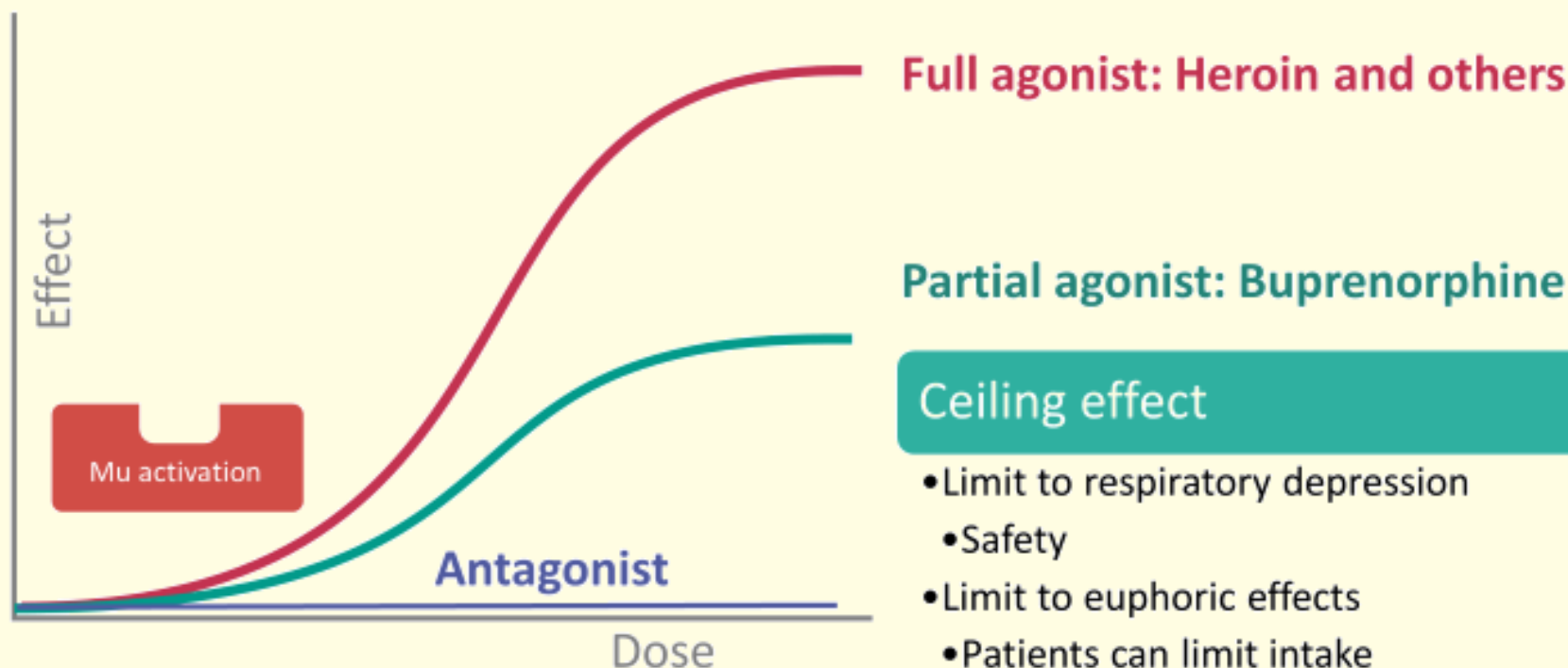
Naltrexone



*Antagonist:
Blocks effect*

How Does MOUD Work?

Buprenorphine MOA



Lutty, K., & Cowan, A. (2004). Buprenorphine: a unique drug with complex pharmacology. *Current neuropharmacology*, 2(4), 395-402.



PSYCHOPHARMACOLOGY
INSTITUTE

MOUD Saves Lives



Methadone: 3.2x less likely to die in methadone treatment than out of treatment (n=122885, 16 studies)

Buprenorphine: 2.2x less likely to die in buprenorphine treatment than out of treatment (n=15931, 3 studies)

MOUD Reduces Illicit Use and Risky Behaviors

- Decreases self-reported opioid use and opioid positive drug screens^{1,2}
- Buprenorphine better than psychological treatment and abstinence-based treatment alone^{1,2}
- Decreases HIV risk behaviors³
- Improves quality of life across broad spectrum of measures⁴

1) Mattick RP, Breen C, Kimber J, Davoli M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. Cochrane Database of Systematic Reviews 2014, Issue 2. Art. No.: CD002207. DOI: 10.1002/14651858.CD002207.pub4

2) Nielsen S, Larance B, Degenhardt L, Gowing L, Kehler C, Lintzeris N. Opioid agonist treatment for pharmaceutical opioid dependent people. Cochrane Database of Systematic Reviews 2016, Issue 5. Art. No.: CD011117. DOI: 10.1002/14651858.CD011117.pub2

3) Gowing L, Farrell MF, Bornemann R, Sullivan LE, Ali R. Oral substitution treatment of injecting opioid users for prevention of HIV infection. Cochrane Database of Systematic Reviews 2011, Issue 8. Art. No.: CD004145. DOI: 10.1002/14651858.CD004145.pub4

4) Ponizovsky, Alexander M., and Alexander Grinshpoon. "Quality of life among heroin users on buprenorphine versus methadone maintenance." *The American Journal of Drug and Alcohol Abuse* 33.5 (2007): 631-642.

MOUD Saves Money

Systematic review (2016) methadone/buprenorphine:

“In spite of the higher outpatient or prescription costs associated with therapy, **pharmacotherapy for opioid use disorders is associated with lower total healthcare costs** primarily because of lower utilization of high-cost services such as ED use and inpatient care.”¹

1) Murphy, S. M., & Polsky, D. (2016). Economic evaluations of opioid use disorder interventions. *PharmacoEconomics*, 34(9), 863-887.

MOUD - Buprenorphine

- Safe
- Effective (in reducing illicit use)
- Saves money
- Available in multiple formulations
- Less disruptive to an individual's life than other forms of treatment
- Allows for stability to 'right the ship'
- Still barriers to access in some areas
- Associated with significant amount of stigma and shame
- Causes dependence

Myths

Myths and Realities of Opioid Use Disorder Treatment.

Myth	Reality	Possible Policy Response
Buprenorphine treatment is more dangerous than other chronic disease management.	Buprenorphine treatment is simpler than many other routine treatments in primary care, such as titrating insulin or starting anticoagulation. But physicians receive little training in it.	Amend federal buprenorphine-treatment eligibility requirements to include training completed during medical school and require training during medical school or residency. Add competency questions to U.S. Medical Licensing Examination and other licensing exams.
Use of buprenorphine is simply a "replacement" addiction.	Addiction is defined as compulsively using a drug despite harm. Taking a prescribed medication to manage a chronic illness does not meet that definition.	Public health campaign to reduce stigma associated with addiction treatment, similar to past campaigns (e.g., HIV) that provided education and challenged common myths.
Detoxification for opioid use disorder is effective.	There are no data showing that detoxification programs are effective at treating opioid use disorder. In fact, these interventions may increase the likelihood of overdose death by eliminating tolerance.	Advocacy from professional physician organizations to educate federal and state agencies and policymakers about evidence-based treatment and the lack of evidence for short-term "detoxification" treatment.
Prescribing buprenorphine is time consuming and burdensome.	Treating patients with buprenorphine can be uniquely rewarding. In-office inductions and intensive behavioral therapy are not required for effective treatment.	Develop and disseminate protocols for primary care settings that emphasize out-of-office induction and treatment.
Reducing opioid prescribing alone will reduce overdose deaths.	Despite decreasing opioid prescribing, overdose mortality has increased. Patients with opioid use disorder may shift to the illicit drug market, where the risk of overdose is higher.	Develop a national system of virtual consultation for physicians to reach addiction and pain specialists who can support treatment of patients with suspected opioid use disorder.

MAT Potpourri Discussion

- State regulations around office-based MAT clinics (OBMAT)
- Diversion prevention
- Difference between buprenorphine (brand name: suboxone, Subutex, subbloccade) and other opioid medications
- Tapering is difficult and not beneficial for everyone
- “Trading one drug for another”

Erica's Story



- On April 5, 2022, the U.S. Department of Justice published guidance on Americans with Disability (Act ADA) protections for people with opioid use disorder (OUD) who are in treatment or recovery, including MAT.
- The guidance document explains how the ADA protects people with OUD who are in treatment or recovery from discrimination in settings including employment, healthcare and participation in state or local government services and programs.

US DOJ Memo

The United States Department of Justice

FOR IMMEDIATE RELEASE
WWW.JUSTICE.GOV/NEWS

April 3, 2022

Justice Department Issues Guidance on Protections for People with Opioid Use Disorder under the Americans with Disabilities Act

WASHINGTON — The Department of Justice announced today that it has published [guidance](#) on how the Americans with Disabilities Act (ADA) protects people with opioid use disorder (OUD) who are in treatment or recovery, including those who take medication to treat their OUD. The publication, “The Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery,” is intended to help people with OUD who are in treatment or recovery understand their rights under federal law and to provide guidance to entities covered by the ADA about how to comply with the law.

“The opioid epidemic continues to pose an extraordinary challenge to communities across our country, and the COVID-19 pandemic has exacerbated this crisis,” said Assistant Attorney General Kristen Clarke of the Justice Department’s Civil Rights Division. “People who have stopped illegally using drugs should not face discrimination when accessing evidence-based treatment or continuing on their path of recovery. The Justice Department is committed to using federal civil rights laws such as the ADA to safeguard people with opioid use disorder from facing discriminatory barriers as they move forward with their lives.”

The guidance document explains how the ADA protects people with OUD who are in treatment or recovery from discrimination in a number of settings, including employment, healthcare and participation in state or local government services and programs. The publication is part of the department’s comprehensive response to the opioid crisis, which promotes prevention, enforcement and treatment.

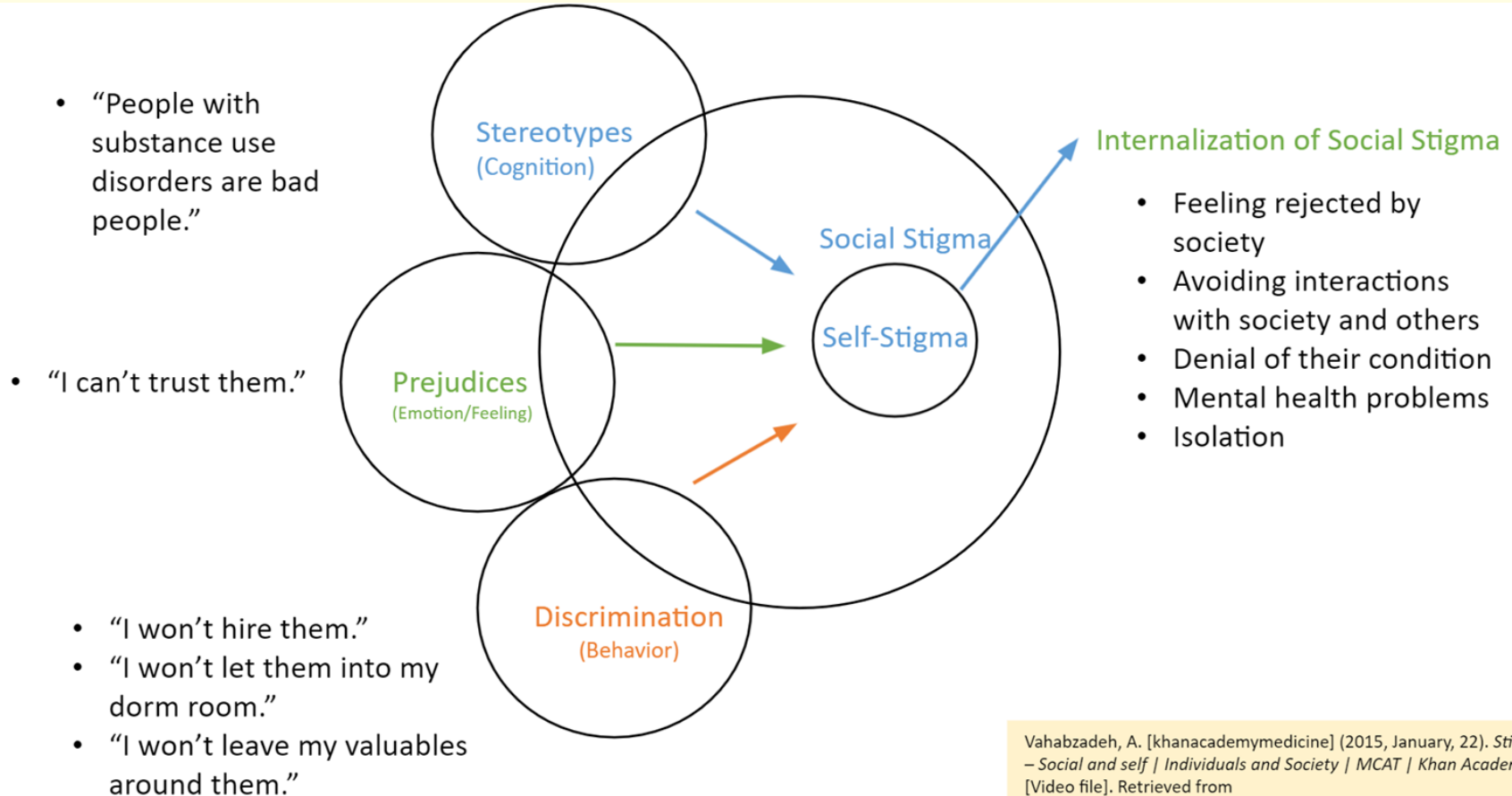
The Civil Rights Division, together with U.S. Attorneys’ offices, has been working to remove discriminatory barriers to recovery for individuals who have completed, or are participating in, treatment for OUD. Through outreach, technical assistance and enforcement under the ADA, the Civil Rights Division seeks to ensure that those in treatment and recovery can successfully participate in their communities and the workforce. For example:

- On March 23, the department issued a [letter](#) finding that the Indiana State Board of Nursing violated the ADA by denying a nurse the opportunity to participate in a substance use disorder rehabilitation program because she takes medication for OUD. The program is required for the individual to reinstate her nursing license.
- On March 24, the department entered into a [Settlement Agreement](#) with the Massachusetts Trial Court to resolve allegations that its drug court violated the ADA by discriminating against individuals with OUD.
- On March 17, the department entered into a [Settlement Agreement](#) with Ready to Work, a Colorado-based employment, residential and social services program for individuals experiencing homelessness, resolving allegations that the program denied admission to an individual because she takes medication for OUD.
- On Feb. 24, the department filed a [lawsuit](#) against the Unified Judicial System of Pennsylvania, alleging that it prohibits or otherwise limits participants in its court supervision programs from using medication to treat OUD.

For more information on the Civil Rights Division, please visit www.justice.gov/crt. For more information on the ADA, please call the department’s toll-free ADA Information Line at 800-514-0301 (TDD 800-514-0383) or visit www.ada.gov. Individuals who believe that they may have been victims of disability discrimination may file a complaint at www.ada.gov/complaint.

Stigma and Outcomes

What is Stigma?



Vahabzadeh, A. [khanacademymedicine] (2015, January, 22). *Stigma – Social and self | Individuals and Society | MCAT | Khan Academy* [Video file]. Retrieved from https://www.youtube.com/watch?v=_jz7yo7L3Z0

Outcomes

Thousands of people who need help are not getting it, even though there are effective addiction interventions and treatment methods.

Do you know someone who has refused treatment because they don't want to be labeled, have overwhelming shame or guilt, or has been denied care because of lack of funding?



Models of Addiction: Choice vs. Disease

Choice: treatment is abstinence, message is “stop,” remedy is punitive.

Disease: treatment is based on evidence-based research, message is “address causes that led to disease,” remedy is medication, therapy, doctor’s visits.



SAMHSA'S CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES

**Non-stigmatized
Conditions**

Low perceived fault
Low perceived control

High perceived fault
High perceived control

**Stigmatized
Conditions**

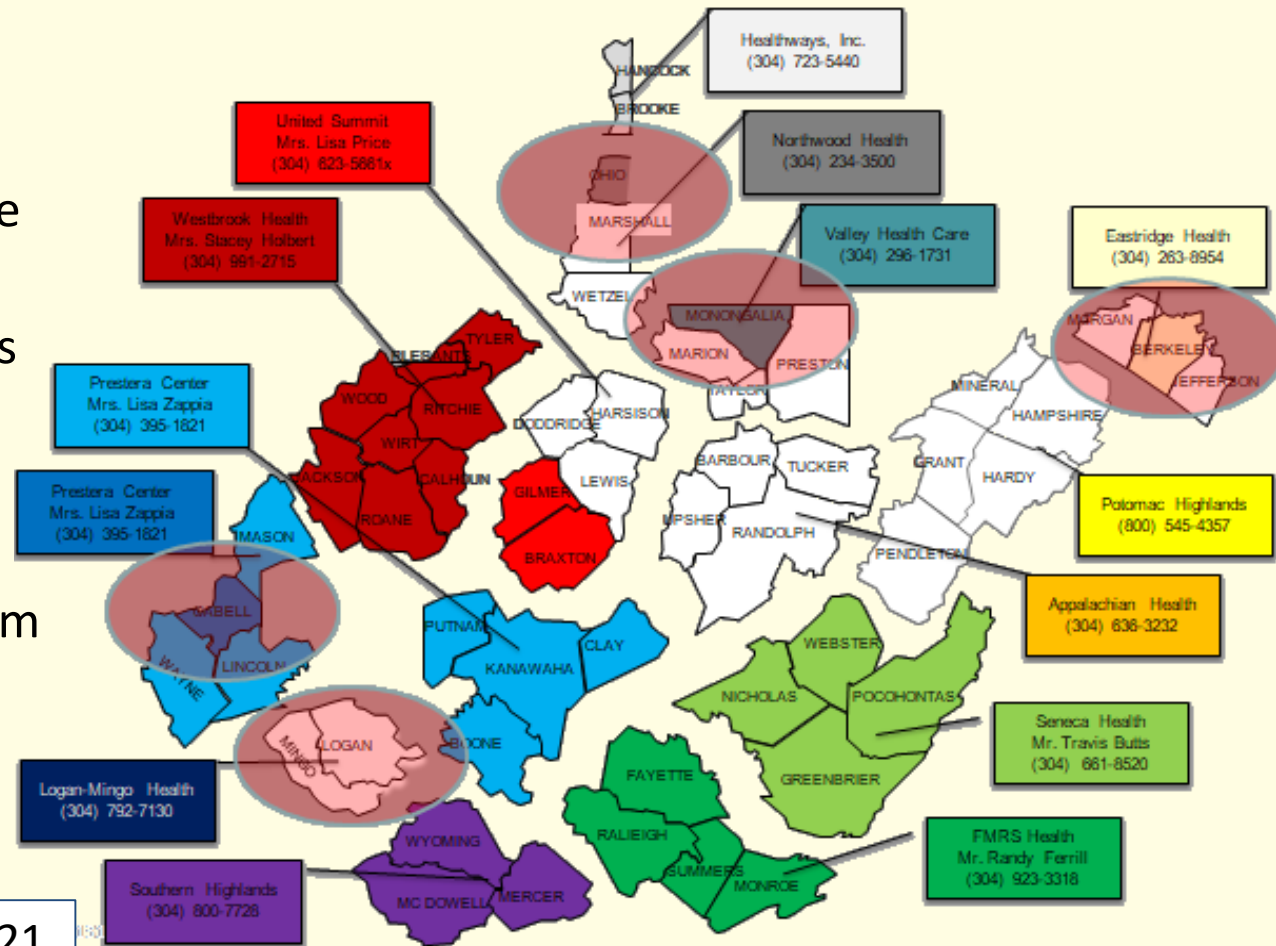
West Virginia Diversion Programs

WEST VIRGINIA
Department of
**Health & Human
Resources**
Office of Drug Control Policy

Goals:

- Reduce crimes related to drug use
- Lower county incarceration costs
- Improve community-police relations
- Decrease recidivism
- Reduce opioid overdose deaths

→ 512 diversions in 2021

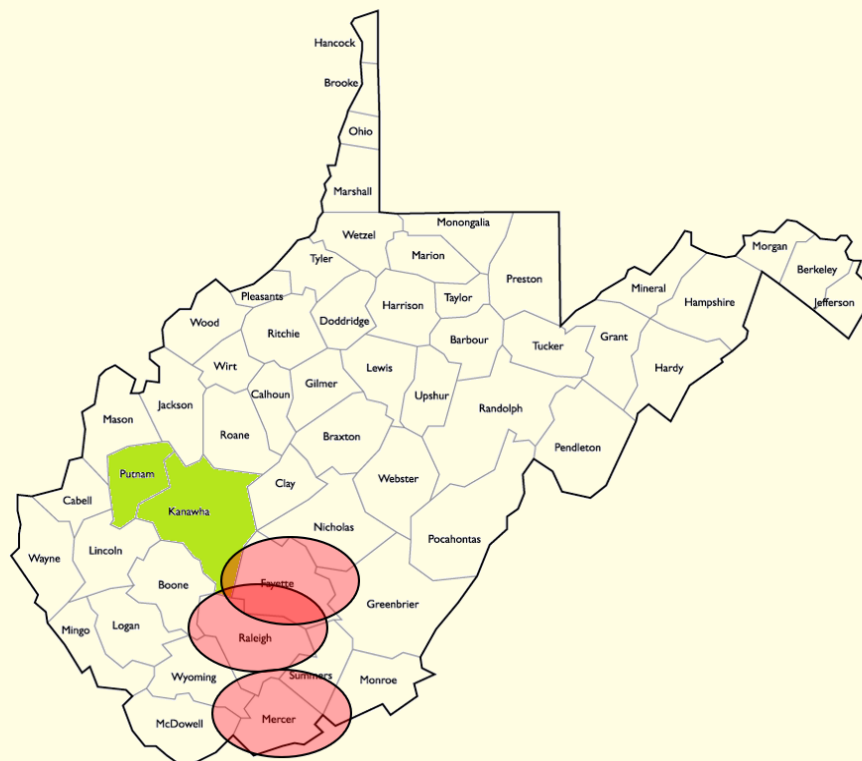


Diversion - START

Sobriety Treatment and Recovery Teams (START) is a child welfare-based intervention program designed for families with Child Protective Services involvement due to substance use.

Goals:

- Improve child safety
- Decrease rates of children entering state custody and/or foster care
- Facilitate timely access to effective family-oriented substance use disorder (SUD) treatment
- Improve parenting skills, family functioning, economic stability, and quality of life



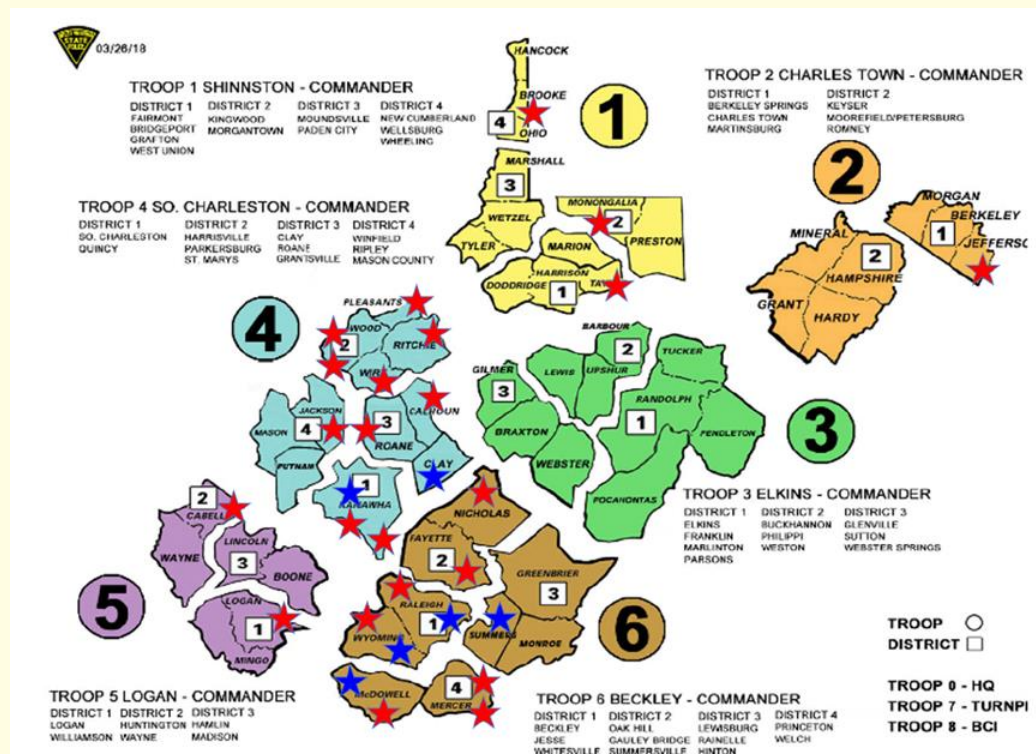
- Putnam County began taking referrals in October 2021
- There are currently 8 active cases, involving 15 adults and 20 children

Diversion - Angel Initiative

The Angel Initiative is a statewide SUD referral program codified by Senate Bill 838 and offered through the WV State Police. Under this initiative, anyone suffering with addiction can come to any one of 60 WV State Police detachments and get help entering a SUD treatment center. No arrests - no prosecution - no questions asked.

Goals:

- Provide entry into comprehensive behavioral health treatment
- Provide zero repercussion SUD referral service to rural areas with limited resources
- Improve law enforcement/community relations
- Decrease stigma



Diversion - Halo Initiative

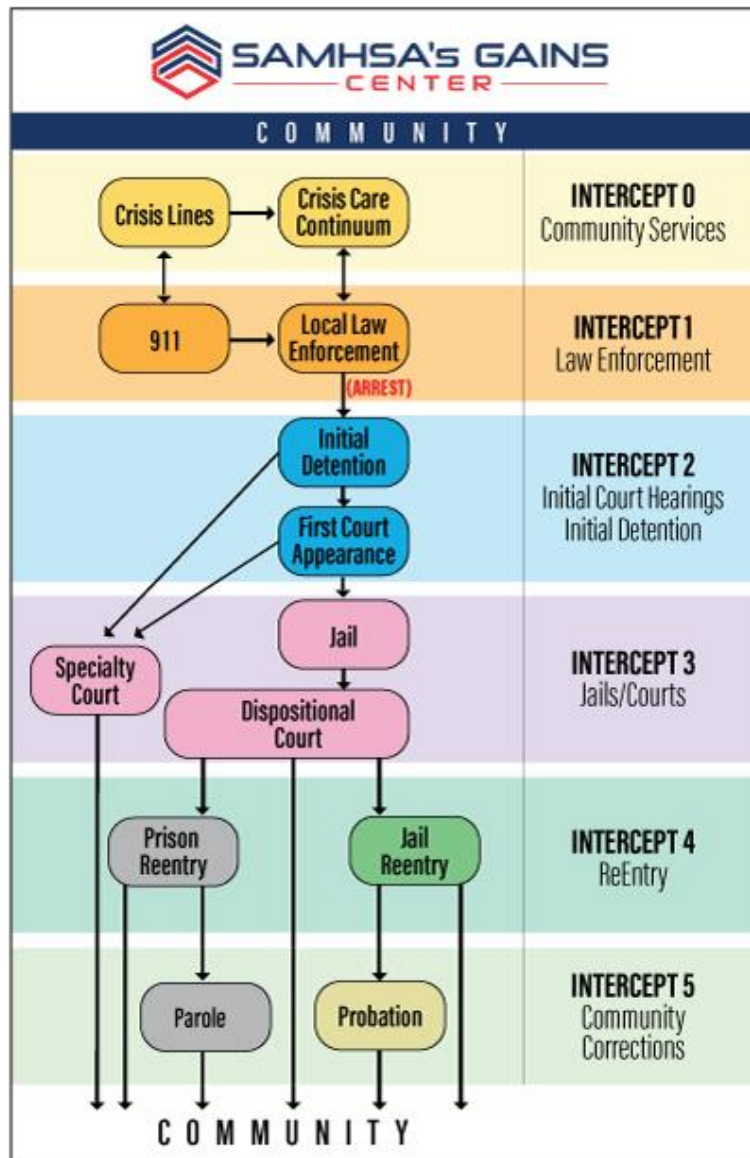
A compliment to the Angel Initiative, the Halo Initiative provides a second avenue of treatment entry via medical providers and pharmacies. As patients visit their primary care physicians, local medical treatment facilities or their neighborhood pharmacist, they enter a “zero repercussion” fast-track to one of the many regional comprehensive treatment centers for help addressing their addictions.

Goals:

- Address SUD at its source
- Provide fast track entry into comprehensive behavioral health treatment
- Provide zero repercussion SUD referral service to rural areas with limited resources

Next Steps, Resources, and Final Thoughts

Sequential Intercept Model



- The Sequential Intercept Model (SIM) details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system.
- SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans.


Resources for Treatment Access

- ATLAS - Addiction Treatment Locator Assessment and Standards Platform
- ODCP Treatment and Recovery Resource Map
- HELP4WV

ATLAS ADDICTION TREATMENT LOCATOR, ASSESSMENT, AND STANDARDS PLATFORM
CREATED BY SHATTERPROOF

Contact Us

Find Treatment Learn About Treatment About ATLAS



FIND HIGH QUALITY ADDICTION TREATMENT

Confidentially, learn what treatment type might be right for your needs by answering a few questions.

[Take Assessment](#)

Find and compare treatment facilities using trustworthy information on treatment quality.

Treatment and Recovery Programs for Substance-Use Disorder

For help with an addiction or mental health issue contact 1-844-HELP4WV



Page Navigation: [Adult Services](#) [Youth Services](#) [Veteran Resources](#) [What are ASAM Levels?](#) [Additional Information](#)

Program Type County Gender ASAM Level Can accommodate children [Reset Filters](#)

All All All All All

Program Type	Center	County	Phone Number
Crisis Stabilization Units	FMRS Health Systems, Inc.	Raleigh	304-256-7100
Crisis Stabilization Units	FMRS Health Systems, Inc.	Raleigh	304-256-7118
Crisis Stabilization Units	Highland Hospital	Kanawha	304-926-1600
Crisis Stabilization Units	Logan Mingo Area Mental Health	Logan	304-792-7130
Crisis Stabilization Units	Northwood Health Systems, Inc.	Hancock	304-217-3050
Crisis Stabilization Units	Northwood Health Systems, Inc.	Ohio	304-234-3570
Crisis Stabilization Units	Paloma CSU	Berkeley	304-579-4455
Crisis Stabilization Units	Prestera Center	Cabell	304-522-3740
Crisis Stabilization Units	Seneca Health Services, Inc.	Greenbrier	304-497-2850
Crisis Stabilization Units	Southern Highlands Community Mental Health Center	Mercer	304-431-2869
Crisis Stabilization Units	United Summit Center	Harrison	304-623-0497
Crisis Stabilization Units	Westbrook Health Services	Wood	304-485-1725
Crisis Stabilization Units	WVU Medicine Center for	Morgantown	304-674-2100

Within miles Insurance (optional) [Search](#)

A note on insurance ⓘ

ilities in 6 states - Delaware, Louisiana, Massachusetts, New York, North Carolina, and West Virginia - but plans to expand nationally. [Learn more.](#)

**844
HELP4WV**
WV's Addiction & Mental Health Helpline

Innovative Approaches to SUD

- Quick Response Teams (QRTs)
- Law Enforcement Assisted Diversion (LEAD)
- Adult, Teen, and Family Drug Courts
- Expansion of treatment beds
- Expansion of recovery residences and West Virginia Alliance of Recovery Residences (WVARR) certification
- Immediate access to care:
 - Emergency department care
 - Telemedicine expansion
 - Primary care access
 - Help Line: 1-844-HELP4WV
- Harm reduction programs/naloxone access

Next Steps and Final Thoughts

- Addressing polysubstance use disorder and stimulant use disorder
- Stigma reduction
- Prevention, including identification of early markers of risk for SUD
- Using data to inform programming
- Building out the continuum of care
- Evolving payment models
- Local assessments – ODCP regional coordinators, county-based models, telehealth

**Recovery from addiction
is a lifelong process.**



State of Medical Cannabis in West Virginia

The State of Medical Cannabis in West Virginia

Senate Bill 386:

Passed in 2017, created the Medical Cannabis Act, allowing patients with a serious medical condition access to medical cannabis.

Formulations available:

Pill; oil; topical forms including gels, creams or ointments; a form medically appropriate for administration by vaporization or nebulization, dry leaf or plant form; tincture; liquid; or dermal patch.

What is considered a “serious medical condition” under the Act?

- Cancer
- Position status for human immunodeficiency virus or acquired immune deficiency syndrome
- Amyotrophic lateral sclerosis
- Parkinson’s disease
- Multiple sclerosis
- Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
- Epilepsy
- Neuropathies
- Huntington’s disease
- Crohn’s disease
- Post-traumatic stress disorder
- Intractable seizures
- Sickle cell anemia
- Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain
- Terminal illness that is defined as a medical prognosis of life expectancy of approximately one year or less if the illness runs its normal course

The State of Medical Cannabis in WV

Currently accepting applications for patient registrations.

- 1) Patient goes to physician who has completed training.
- 2) Physician certifies that the individual has a serious medical condition.
- 3) Patient goes to dispensary to get medication.

While many patients do currently have their medical card, there is no legally produced medical cannabis available.

Current status (as of 5/4/2022)

10 dispensaries

6 growers

2 processors

9,036 patient applications

7,660 with valid medical cannabis card in WV

OMC.WV.GOV

Bottom of patient tab – can verify status of the card

304-356-5090

Contact

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Director, Office of Drug Control Policy

West Virginia Department of Health and Human Resources

One Davis Square, Suite 100, East

Charleston, WV 25301

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The West Virginia Judicial
& Lawyer Assistance Program

Building Healthy, Resilient Brains: Using Wellness to Cope with Stress, Anxiety, and Burnout

THE **LYONS'** SHARE
EATING HEALTHILY AND LIVING ACTIVELY THE LYONS' SHARE OF THE TIME

Welcome!

About Megan



- Owner, The Lyons' Share Wellness
- Education
 - Harvard University: BA, economics
 - Kellogg School of Management: MBA
 - Institute for Integrative Nutrition: Health Coaching Certification
 - Hawthorn University: Master of Science in Holistic Nutrition
- Learn more:
 - @thelyonsshare Instagram
 - Wellness Your Way Podcast

Collective deep breath



- Take a deep breath
- Let's be present together for this time

Agenda

- Why we feel so stressed right now
- How stress can be detrimental ... or helpful!
- Healthy, resilient brain solutions
 - Eating well
 - Moving appropriately
 - Sleeping deeply
 - Working effectively
 - Feeling empowered
- Your commitment to yourself

What we're dealing with

Transition
hybrid w

Finan

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proje



ng demands
time

tizing mental &
cal health

on top of
cases /

projects

WVJLAP: Healthy, Resilient Brains

Show of hands



On a scale from

1: Not stressed/ burned out
to

5: Extremely stressed/ burned out

How do you feel now?

The good news

- There are just as many levers to manage our stress as there are triggers for stress!
- We're going to discuss many today
- Your goal is to find a few that work for you!
- Experiment with a few at a time... no need to do everything we discuss at once!



Our end goal

- You will walk out of this training feeling more:
 - Empowered
 - In control
 - Balanced
- And, you'll have specific actions you can take to continue to improve your stress level and prevent burnout



Your stress situation is unique

- No one else has the same life situation, preferences, stress tolerance as you
- No one else knows every *single* thing you accomplish during the day
- No one can read your mind!



You are the best person to manage your stress level



**WITH GREAT POWER
COMES GREAT
RESPONSIBILITY.**

SPIDERMAN

- You have a lot of responsibility in your role
- (Spoiler alert 😊): this is not an “easy” profession
- The way you manage your workload and your mentality can make it enjoyable (or not)

Agenda

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What is burnout?



- Classified as an “occupational phenomenon” by the World Health Organization in 2019
- Definition: “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed”

What does burnout feel like?



- Symptoms can vary, but the 3 major symptoms (per WHO) are:
 - Feelings of energy depletion or exhaustion
 - Increased mental distance from one's job or negative feelings towards one's career
 - Reduced professional productivity

Vicious cycle of burnout



- Burnout and reduced productivity are in a vicious cycle...
 - As you feel burned out, you get less productive
 - As you get less productive, tasks take more time and feel more draining... your to do list seems to take longer and longer, leading to longer hours and feeling out of control

Physical consequences of burnout



- About 2/3 of full-time employees experience burnout on the job
 - 3% report feeling burned out always
 - 44% report feeling burned out sometimes or often
- Burned out employees are 63% more likely to take a sick day and 23% more likely to go to the emergency room
- Depression (related to burnout) costs the US \$51 *billion* in absenteeism and lost productivity each year
- 76% of poll respondents agree that workplace stress affects their mental health

Show of hands



Can anyone relate?

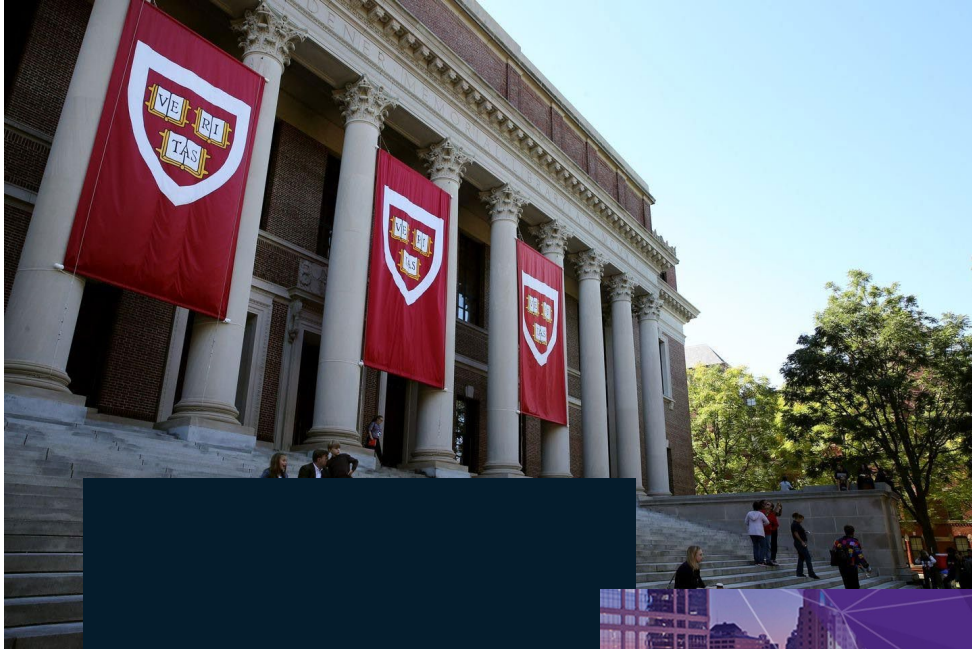
Activity



Spend 3 minutes journaling about your personal stress.

- How does it feel?
- Where does most of it come from?
- How well do you manage it?

My life (from the outside) in 2010



McKinsey
& Company



WVJLAP: Healthy, Resilient Brains

What you wouldn't have seen...



- Destroying my mental, emotional, and physical health
- Burning myself into the ground
- Just trying to keep my head above water
- This had lasting health repercussions for me...
 - Cortisol burnout
 - Metabolic issues
 - Hormonal imbalance
 - Anxiety medication
 - Memory loss
 - Family and friend relationships in jeopardy

I healed myself, and you can too



- It wasn't about the number of hours I worked or the role I had
- Changing my mindset, my productivity, and my boundaries helped me regain control of my mental and physical health

What I learned that made all the difference!



- Kelly McGonigal, PhD and Stanford professor, showed that stress is only harmful when ~~we~~ *we* believe it is
- Study of 30,000 adults followed for 80 years
 - Highest risk of death (by 43%): those who had highest levels of stress and believed it was harmful
 - **LOWEST** risk of death: those who had highest levels of stress but believed it was for a purpose!
 - (middle: those with less stress)
- People who are busier tend to be happier, and people with a sense of purpose tend to live longer.
- So, stress isn't a sign that something's wrong with your life; it's a sign that you're meaningfully engaged in things you care about.

What I learned that made all the difference!



- How we perceive stress makes ALL the difference, and we can shift our mentality
 - Threat → Challenge
 - Sweaty palms and butterflies → “I’m excited!”
 - Anxiety as weakness → anxiety as performance enhancer
 - Adversity → Anti-fragility
 - Feeling alone amidst stress → Using “tend and befriend” impulses to connect despite stress

Activity



Go back and review the notes you made about your own stress.

- Were you using negative words?
- Does you sound empowered or victimized?
- Can you see glimpses of purpose / challenge in your notes?

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Our brain health starts in our gut



- From “Brain Maker: The Power of Gut Microbes to Heal and Protect Your Brain – for Life,” by Dr. David Perlmutter, who argues that brain health starts in the gut:
- “A diet that keeps **blood sugar balanced** keeps gut bacteria balanced. A diet high in rich sources of fiber, which you’ll get from **whole fruits and vegetables**, feeds the good gut bacteria and produces the right balance of those short chain fatty acids to keep the gut lining in check. A diet **devoid of injurious gluten** will further tip the scales in favor of healthy gut ecology as well as brain physiology. And a diet that’s intrinsically **anti-inflammatory** is good for the gut and the brain.”

Keep blood sugar balanced



- The “blood sugar roller coaster”:
 - Exacerbates stress and anxiety
 - Impacts memory function
 - Decreases hippocampal volume (memory processing center)
 - Dramatically impacts energy and mood
- How to stabilize:
 - Reduce added sugar in our diets
 - No “naked carbs”

Increase vegetables and low-sugar fruits



- Vegetables are brain foods
 - Darker colored flesh = more phytochemicals, antioxidants, nutrients!
 - Green, leafy vegetables = more folate, magnesium, sulforaphane, fiber
- Some fruits are also great for the brain
 - Berries
 - Fattier fruits (coconut, avocado, olives, cacao)

Let's discuss!



How many servings of vegetables do you consume each day?

Reduce (or eliminate) gluten and harmful additives



- Only 1-3% of population has Celiac ... but almost everyone (~70%) has an inflammatory reaction to gluten
 - From *Brain Maker*: “gluten sensitivity – with or without the presence of celiac – increases the production of inflammatory cytokines, which are pivotal players in neurodegenerative conditions. And ... the brain is among the most susceptible organs to the deleterious effects of inflammation”
- My 1st intervention for brain fog = gluten!
- Other ingredients to minimize: Pesticides, herbicides, nitrates, nitrites, BHT, BHA, artificial sweeteners, artificial colorings, antibiotics, hormones, and more
 - Simpler way: less chemical sounding ingredients, more whole foods!

Eat an anti-inflammatory diet



- Inflammation is linked to chronic conditions like Alzheimer's disease, dementia, and overall cognitive decline
 - 2020 study: those participants with the highest levels of inflammation had 7.8% greater cognitive decline than those with lowest inflammation
- Anti-inflammatory:
 - vegetables, fruits, healthy fats, lean proteins, water
- Inflammatory:
 - gluten, fried food, dairy, added sugar, processed and refined foods, and alcohol

Enjoy healthy fat



- Healthy fat is truly the best brain fuel
 - Our brains are half fat and rely upon healthy fats for optimal fuel
- Great sources of healthy fat: seeds (chia, flax, pumpkin, sunflower, and others), fish, olives, olive oil, coconuts, coconut oil, avocados, and eggs
- Believe it or not, for brain health, we don't want cholesterol *too low*!
 - From *Brain Maker*: "people with low cholesterol are at much greater risk for neurological problems from depression to dementia."

Brain-boosting superfoods



- Especially brain-boosting superfoods:
 - Fish: omega-3s (protect against inflammation)
 - Olive oil (clears amyloid plaque, antioxidants, polyphenols)
 - Avocados: vitamins B, C, K, folate (improved cognitive function, memory, concentration)
 - Chocolate: flavonols (less free radical damage, improved cognitive function, increased brain blood flow)
 - Probiotic-rich foods like yogurt, kefir, sauerkraut, kimchi, pickles (gut health and thus brain health)
 - Vegetables, especially dark leafy greens
 - Low-sugar fruits like berries

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Exercise and brain health



- Many of us have heard of the various benefits like improved cardiovascular health, stronger bones and muscles, and even reduction in cancer risk
- But what about exercise and stress management / brain health?
 - Exercise improves stress response and lowers cortisol over long-term
 - Exercise increases blood supply to brain and promotes neurogenesis (new neuron growth) in hippocampus (for learning, memory)
 - Exercise benefits white and gray matter in brain, leading to enhanced cognitive processes like memory, problem solving, attention span

Exercise and brain health



- Exercise improves cognitive regulation (ability to ignore distractions and “multi-task”)
- Exercise can benefit spatial navigation, or the ability to remember everyday events like where you parked your car
- Regular exercise can prevent memory-related diseases like Alzheimer’s
- 2018 CDC study: among those who exercise, the number of mental health days dropped by more than 40% vs baseline

What form of exercise is best?



- Best results specific to brain health from walking, dancing, bicycling, swimming, yoga, tai chi
- But the real answer ... whatever you like is the best!
- Don't be the January 1st gymgoer ... ease into it

Let's discuss!



What tips do you have for fitting movement into your full life?

Exercise break!!!



You think I'm kidding 😊

WVJLAP: Healthy, Resilient Brains

Agenda

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Let's discuss!



Where do you need most improvement: sleep quality, quantity, or both?

Prioritizing sleep



- Anxiety / stress and sleep can be a vicious cycle (bidirectional relationship)
- 75% of those struggling with depression also report sleep issues
- After just one night of sleep deprivation, anxiety rises by 30%
- Lack of sleep is associated with:
 - Decreased productivity
 - Decreased immune function
 - Decreased metabolism
 - Increased risk of diabetes and heart disease

Sleep Better: healthy sleep habits



- Caffeine cut-off
- Sugar consumption
- Before bed snack: digestion vs. chronic stress

Sleep Better: healthy sleep habits



Healthy sleep environment

- Blue light before bed
- Cool temperature
- Dark room
- Quiet (or white / pink noise)
- Consistent sleep schedule
- 10 minute routine to unwind

Sleep Better: healthy sleep habits



Calm your mind

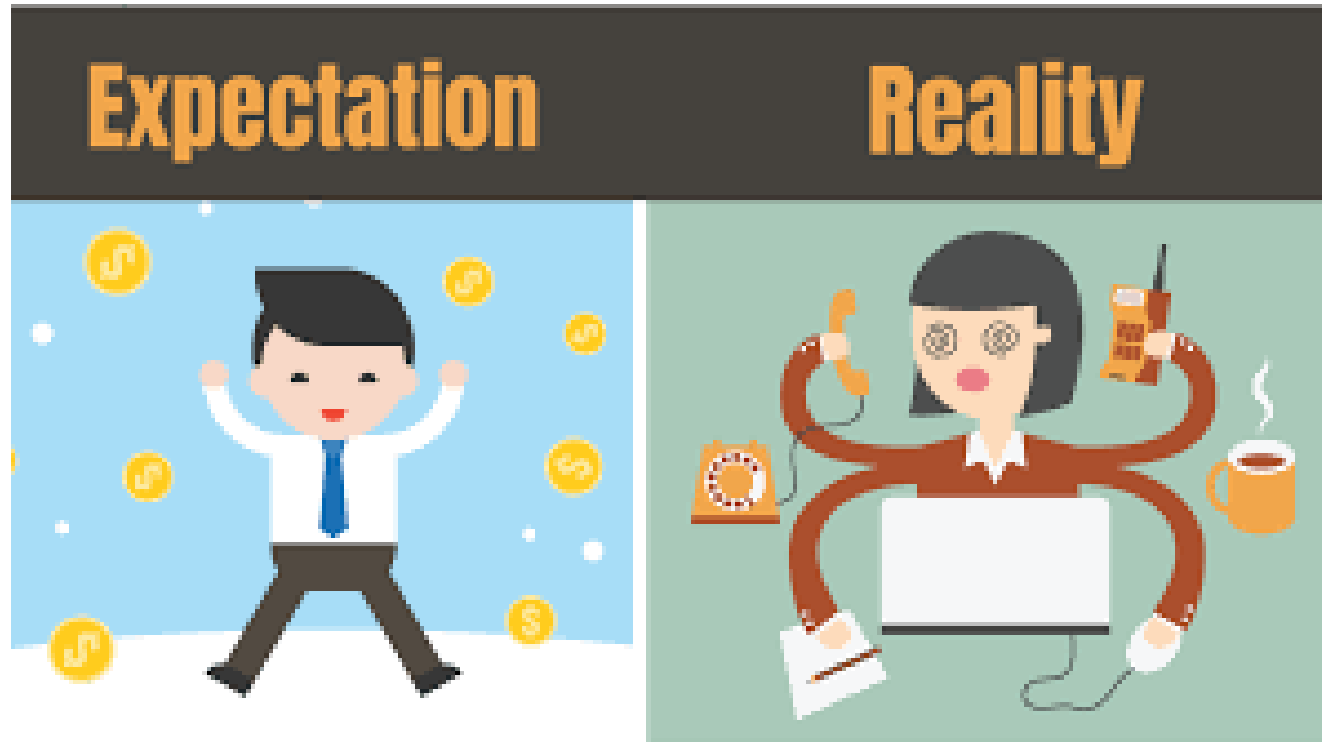
- 4-7-8 breathing or meditation
- Magnesium or valerian
- Brain dump on post-it note

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Expectations vs. reality

- Stress stems from a gap between expectations and reality



- How often do you say “I don’t have time to ____” (read, food prep, exercise, see my family, volunteer)??

We all have 168 hours in the week...

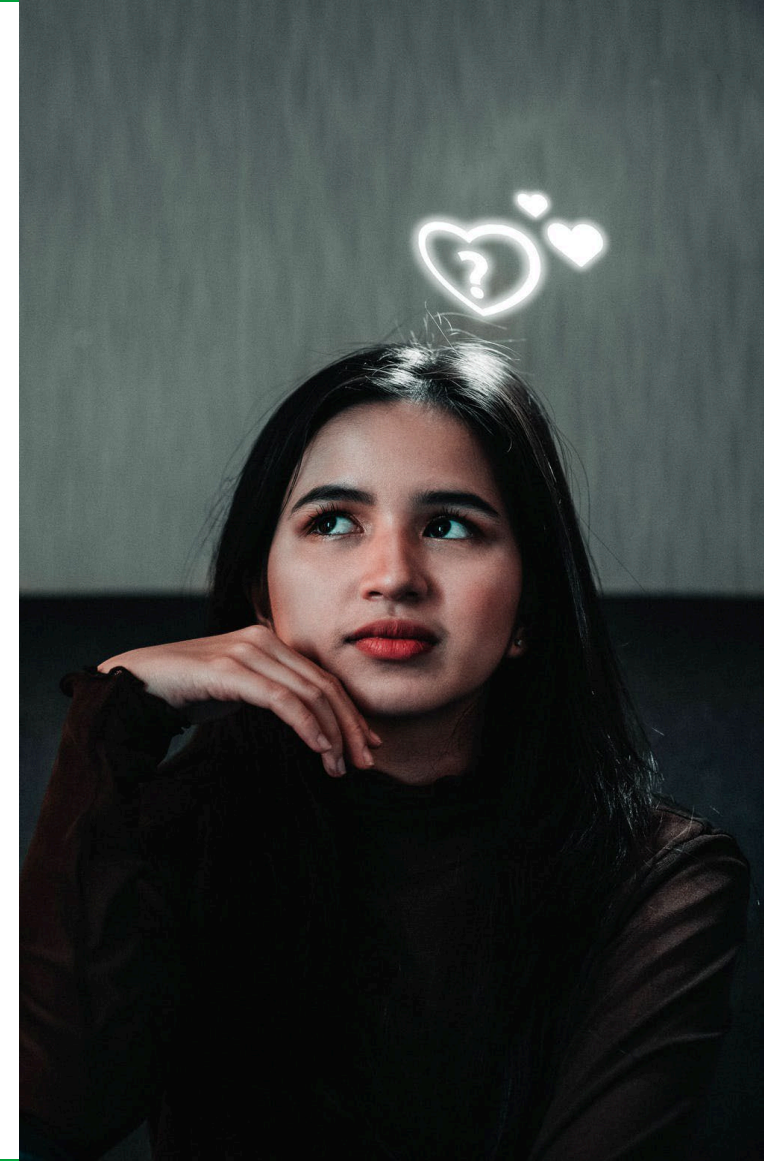
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WVJLAP: Healthy, Resilient Brains

What can this help you realize?

- Some things take a lot longer than we think
 - Can you outsource or eliminate them?
- We have a LOT more free time than we think
 - Can we reframe some of the “tasks” (like working out or taking the dogs out) into things we *choose* to do?
 - Do we lose significant amounts of that time to social media or other non-beneficial activity?
- What is *truly* important to us?



Let's discuss!



Where do you think you
“lose” time most often?

Weekly and daily planning



- Focused action → more productivity → less stress and less time working
- Weekly plan: block 30 minutes on Friday afternoon or Sunday evening to plan for a productive week
- Pen / pencil schedule the night before

Once you've prioritized...



- Be sure to block “focus time” for important tasks
- Beware of time creep: tasks expand to the time you give them
- Try the Pomodoro timer or set a phone timer

Work when you're working



- Do your best to delineate work time from non-work time
- When an evening task comes in that *must* get done, get up and do it in 10 minutes vs. spending 45 minutes on the couch “half-working”

Maximizing non-work time



- Those who take 2-5 minute breaks each hour show increased productivity
 - What is truly restorative for you that fits into 2-5 minutes?

Maximizing non-work time



- Get outside and get active whenever possible
- 2 minutes of sunlight on your face increases serotonin and other endorphins
- Quick burst of energy from running up and down the stairs or taking a lap around the office boosts productivity

Maximizing non-work time



- Whenever possible, take a “real” lunch away from the computer, even if it’s only 10 minutes
- Try to schedule this into your day

Maximizing non-work time



- If your “adulting tasks” feel like they’re piling up, take a PTO day and cross many things off your list at once

Agenda

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Let's discuss!



Have you ever tried
meditation?

Practice meditation (or intentional unwinding)



- Single most studied (and proven) lifestyle intervention is meditation
 - You don't have to be "good at it"!
 - Muse headband, or Calm / Headspace
 - Research shows meditation lengthens telomeres (!) and thus reduces stress' impact on accelerated aging
 - Benefits for attention, memory, cognition
- Your brain isn't designed to operate on overdrive 24/7
- Yoga, deep breathing, "forest bathing" (nature), prayer, journaling, or other forms of unwinding can also work

Determine your boundaries



- To set boundaries, we first have to define what is most important to US
- What 2 activities (e.g. 6am Tuesday spin class, Thursday evening son's kickball game) are very important to you right now?

Stick to your boundaries



- For this month, work on sticking to these boundaries, no matter what it takes
- Right now, put calendar blocks for the next month for those 2 activities
- Work on expanding from there
- When we feel “we can’t do *anything*,” it feels disempowering. But if we isolate what is truly important, we CAN fit it in.

Maximizing non-work time

- We need intentional time to recharge
- Make space each week to restore
- 1-2 hour block on your calendar each week
- Ask for help if needed to make this a reality!



Let's discuss!



What is your favorite form of self-care?

Mentality matters ... a LOT



- Susan David, author of “Emotional Agility: Get Unstuck, Embrace Change, and Thrive in Work and Life”
- *I am* stressed...
- Vs. *I feel* stressed
- Using emotions as signposts for what is important to you

Feelings signal action



- When you're feeling stressed, ask yourself to identify one word that is not "stressed"
 - Overwhelmed, anxious, lonely, scared, tired, etc.
- Map out "if / then" scenarios to have ready
 - If I feel overwhelmed by my tasks, I'll make a to do list
 - If I feel anxious about a meeting, I'll run up and down the stairs


Deciding to break the negativity spiral

- You can CHOOSE how to feel by intentionally setting habits, reminders, and visual cues for yourself
 - Positive playlist while taking dogs out
 - Morning routine focusing on gratitude (mental priming)
 - Bracelets
 - Coasters
 - Calendars
 - Books



How do you want to feel?



- Decide first thing in the morning!
- Positive playlist 
- Brendon Burchard's 3 words reminder
- Set a calendar reminder for yourself right now!
- "The secret to an extraordinary life of fulfillment is making the *decision* to live in a beautiful state every day." -Tony Robbins

Let's discuss!



How would you LIKE to feel in the morning?

Start with how you want to feel



- How we start the day sets the tone for the entire rest of the day
- Starting with time to center yourself, focus on gratitude, and feel how you want to feel is powerful!
- Huge reduction in NTFM syndrome!

WAKEUP+GO in 8 minutes



- I recommend a “WAKEUP+GO” morning routine
 - Water
 - Affirmations
 - Knowledge
 - Exercise
 - Unwind
 - Positivity
 - Gratitude
 - One goal
- Choose one, or do each for 1 minute each for an 8-minute morning routine

Let's discuss!



- Do you have a positive morning routine?
- Which WAKEUP+GO habit would most benefit you?

Now is the best time



- The “if I just push through this week / month / cycle / year” mentality gets us into trouble
- The best time to change your mentality is NOW

Your Commitments to Yourself

- It's time to prioritize your top 2-3 commitments from this presentation!
- Consider a 2-minute recurring calendar reminder to check in with yourself on these commitments and make adjustments



Show of hands



On a scale from

1: Not stressed/ burned out
to

5: Extremely stressed/ burned out

How do you think you'd feel if you
implemented even a few of these
tips?

Questions?

Contact Megan



I'd love to continue to support you or connect with you in another forum.

- www.TheLyonsShare.org
- Megan@TheLyonsShare.org
- Instagram: @thelyonsshare
- Wellness Your Way podcast
- Free strategy session:
bit.ly/lyonsinitialconsultation

Building Health, Resilient Brains: Notes & Commitments

1. Describe your stress:
 - How does it feel? _____
 - Where does most of it come from? _____
 - How well do you manage it? _____
2. Review your notes. Any observations? _____
3. EAT well
 - Balance blood sugar: _____
 - Prioritize vegetables & fruits: _____
 - Minimize gluten and harmful additives: _____
 - Eat an anti-inflammatory diet: _____
 - Focus on healthy fat: _____
 - Load up on brain superfoods: _____
4. MOVE appropriately
 - How can I fit more movement into my life? _____
 - 2 forms of movement I'd like to try: _____

Building Health, Resilient Brains: Notes & Commitments

5. SLEEP deeply

- My optimal consistent bedtime: _____
- Sleep hygiene tips I'd like to implement: _____

6. WORK effectively

- What I learned from my 168 hour exercise: _____
- _____ takes more time than I realized
- I want to eliminate or outsource _____
- I can reframe _____ into a more joyful activity
- I am committed to blocking more time for _____

7. FEEL empowered

- 2 boundaries that are important to me: _____
- 1 way I could recharge weekly: _____
- If I feel _____, I will _____
- 3 ways I want to feel each morning: _____
- WAKEUP+GO 8-minute morning routine: _____

MY COMMITMENT TO MYSELF:

168-Hour Exercise

	Ideal Weekly Schedule						
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Additional Resources

- The Upside of Stress book: amzn.to/3wuwPMv
- How stress impacts our life (blog post): bit.ly/lyonsstress
- Brain Maker book: amzn.to/2E0wfur
- How to improve brain health (blog post): bit.ly/lyonsbrain
- All about blood sugar stability (blog post): bit.ly/stablebloodsugar
- Gluten information (blog post): bit.ly/lyonsgluten
- All about inflammation (blog post): bit.ly/lyonsinflammation
- Is fat bad? (blog post): bit.ly/lyonsfat
- Cholesterol info/ guidance (blog post): bit.ly/lyonscholesterol
- Genius Foods book: amzn.to/2KQJ4sW
- This is Your Brain on Food book: amzn.to/3ltTdb6
- Natural sleep tips (blog post): bit.ly/improvesleepnaturally
- Meditation benefits (blog post): bit.ly/lyonsmeditation
- Muse headband: amzn.to/3pMAly6
- Self-care (blog post): bit.ly/selfcareidea
- Emotional Agility book: amzn.to/3wuxD3Z
- WAKEUP+GO (blog post): bit.ly/wakeupgochecklist
- WAKEUP+GO (podcast): apple.co/3iyau8q
- Free initial consultation with Megan: bit.ly/lyonsinitialconsultation

Note: these URLs have no "www" or ".com" ... upper/ lower case matters!

Joseph Milowic, III - Lawyers Depression Project

- Joseph Milowic III is a partner & the director of well-being at Quinn Emanuel Urquhart & Sullivan, LLP, a global law firm specializing in disputes resolution; and also a founder of the Lawyers Depression Project, a non-profit dedicated to building a compassionate peer support community of legal (not just lawyer) professionals. If you know someone who might benefit from our community, please share the link:
www.lawyersdepressionproject.org
- Proposed outline:
 - o Personal experience & story - experience of depression as a young associate attorney, disclosure in a 2018 NY law journal article, what I have learned about self-care and well-being
 - o Lawyers Depression Project (LDP) - what led to involvement in LDP; what is LDP; how can one access it?
 - o Q&A
- Also, here is [an article by the LDP](#)



I AM A LAWYER, SO WHY AM I NOT HAPPY?

Dr. Timothy S. Saar

2022 WVJLAP CONFERENCE & RETREAT

May 20th-22nd

STONEWALL RESORT, WEST VIRGINIA



Why this topic?

- Many lawyers report being significantly unhappy with their lives and careers, despite being successful professionals.
- Lawyers have been and are involved in critical positions – presidents, lawmakers, corporate leaders; i.e. 34 of the 55 men who helped draft the Constitution were lawyers
- We supposedly have the right to “life, liberty, and the pursuit of happiness,” but it’s not a given that we’ll find it:
 - According to some literature, we are no happier today than a half century ago.
 - 70% of lawyers* in a poll, said that they would not choose a legal career again.
 - Half said they would discourage their kids from becoming lawyers.
 - Approximately 1/3 of big firm lawyers leave within 3 years.

Happiness by the numbers

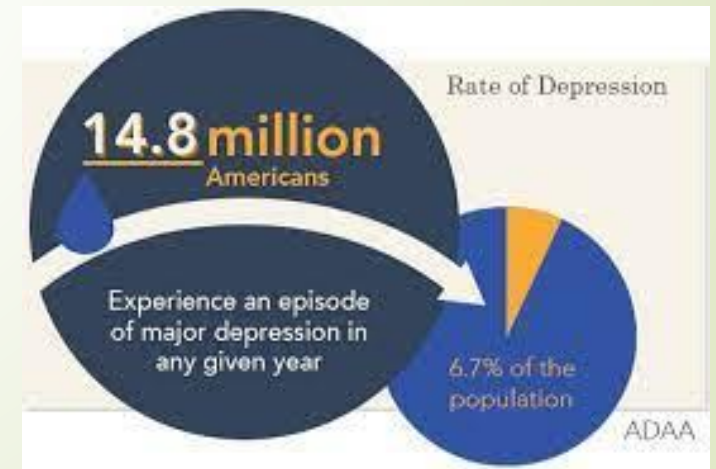
- Why the numbers vary-the definition of happiness, plus career vs life
- A survey by the ABA- 55% said they were happy with their jobs
- In another poll, 80% said they were proud to be a lawyer, and that the job was intellectually stimulating.
- But all lawyers are not the same....
 - In large firms, dissatisfaction and attrition are high.

Table 1: Respondents' career satisfaction

	All lawyers	All lawyers ≤ 6 years of experience	All lawyers > 6 years of experience	All full-time lawyers	Full-time lawyers ≤ 6 years of experience	Full-time lawyers >6 years of experience
Very dissatisfied	4.8%	6.7%	3.8%	3.6%	4.3%	3.2%
Dissatisfied	8.7%	11.1%	7.6%	7.9%	10.4%	6.8%
Neutral	22.0%	25.3%	20.5%	22.1%	25.6%	20.5%
Satisfied	34.4%	35.0%	34.2%	35.9%	36.8%	35.5%
Very satisfied	30.1%	21.8%	33.9%	30.5%	23.0%	34.0%
Means	3.76	3.54	3.89	3.82	3.64	3.90
Number	10894	3465	7429	2920	6438	10081

The Bad News



- The Unholy Trinity-Depression, suicide and alcoholism (drugs)- are higher for lawyers as compared to nonlawyers with similar sociodemographic characteristics.
- About 1 in 5 lawyers suffer from substance abuse* This is twice the national average.
- Keep in mind that unhappiness and depression do not correlate precisely
- Factors about the profession that may contribute to the unholy trinity
 - Time pressure
 - High stakes
 - Adversarial position*
 - Win-loss outcome**
 - Do we promise too much?



Who's happy and who's not

- It depends on:
 - Age
 - Race
 - Sex
 - Firm size
 - Income
 - Type of practice




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- ▶ AGE: a “U” curve. The young and the old (>50)
 - ▶ RACE: Highest level of satisfaction (to become lawyers)-Blacks and Hispanics, but also more likely to be looking for a new position
 - ▶ SEX: Women in general report being less happy than their male counterparts.... Why?
 - ▶ Lack of opportunities for professional development
 - ▶ Concerns about their work environment
 - ▶ Juggling career and families-those who take time off for childcare experience reduced earnings and reduced chance of partnership later in their career
 - ▶ However, those who do take time away tend to be more happy with the balance of work and family.



The secret to happiness is
having low expectations.

Werner Bucher

- FIRM SIZE: Corporate vs. private practice
- INCOME: A weak link between income and life satisfaction
- TYPE OF PRACTICE: Public sector attorney.....large law firms-those in between (solo practitioners and small law firms)
- What were your expectations for your career and have they been satisfied? Are you where you wanted to be when you started?



Happiness equals reality
minus expectations.

Tom Moulton



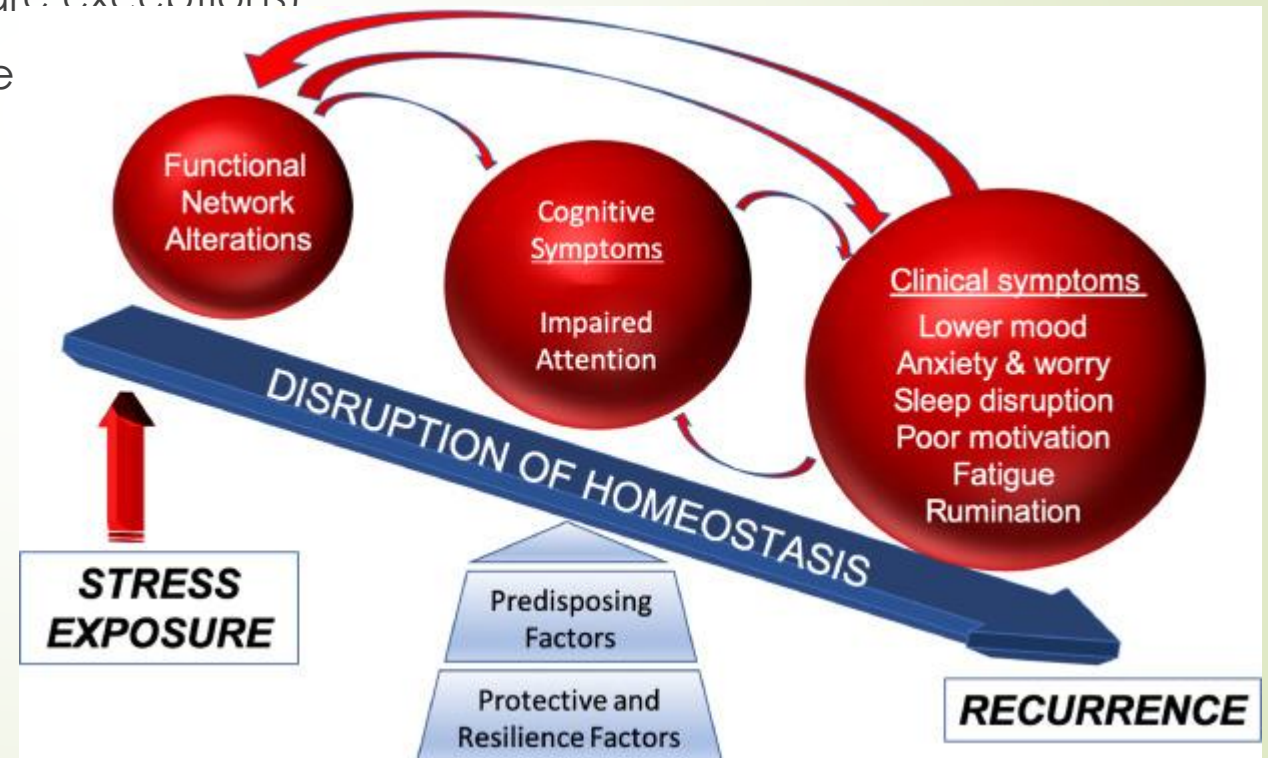
SCREWED BY NATURE



- Nature does not care for our happiness. We have natural drives that can result in lack of satisfaction. For example, humans are competitive and have a desire to achieve which may prompt us to place a high priority on success and achievement at the expense of a personal life and balance. When that level of achievement is not met, depression and dissatisfaction occur that are difficult to resolve when there are not balancing avenues in life.
- Nature has programmed us to better recognize the negative than the positive (except for sex and food). We tend to dwell on what we don't have, rather than valuing what we have and where we are.

What about us

- Happiness is a set point or a mid-point. It's your middle ground, and some of it is set by choices and expectations set by you and by others. This middle ground doesn't heavily influence our day-to-day happiness, which is impacted by our circumstances and intentional activates. Our set point is what we gravitate back to once things settle down.
- So....what will make us happy forever or devastating blows tend to be short term as we drift back to our midpoint (yes there are exceptions)
- Genetic plays a role, as does age



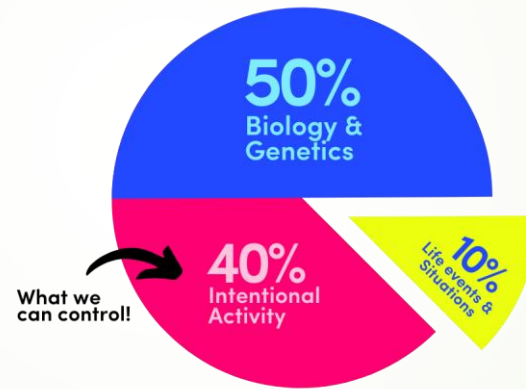
THE BIG SIX

factors that make us thrive

- 1. Security
- 2. Autonomy
- 3. Authenticity
- 4. Relatedness
- 5. Competence
- 6. Self-Esteem

What determines your happiness

By The Review of General Psychology



1. Security (the big dog)

- 1. Security-it is more dependent on external conditions than the other 5 and is a pre-requisite for a sense of well-being.
- We can not thrive in a fearful or anxious existence.
 - War zone
 - Unsafe neighborhood
 - Domestic violence
 - Health
 - Finances





AUTONOMY AUTHENTICITY

Autonomy-It is the ability to make your preferred choices and not have them dictated by either fear or imagined or real constraints.

Sometimes less is more and we should not overthink it

Authenticity-Being who you are. When your goals in your career are consistent with your values. Identifying in doing activities that truly make you happy. Not living your life according to the expectations of others.

RELATEDNESS & COMPETENCE

- Relatedness-A feeling of well connectedness to others. As people we need to share, we need to laugh, and we need to have the support of those around us. Acts such as expressing gratitude towards others, forgiving others, and "moving on" all create and improve our relatedness. You might call it playing well with others.
- Competence-When we master a challenge we can feel capable, valued, and happier. Are you reinforced by your job?





COMPETENCE



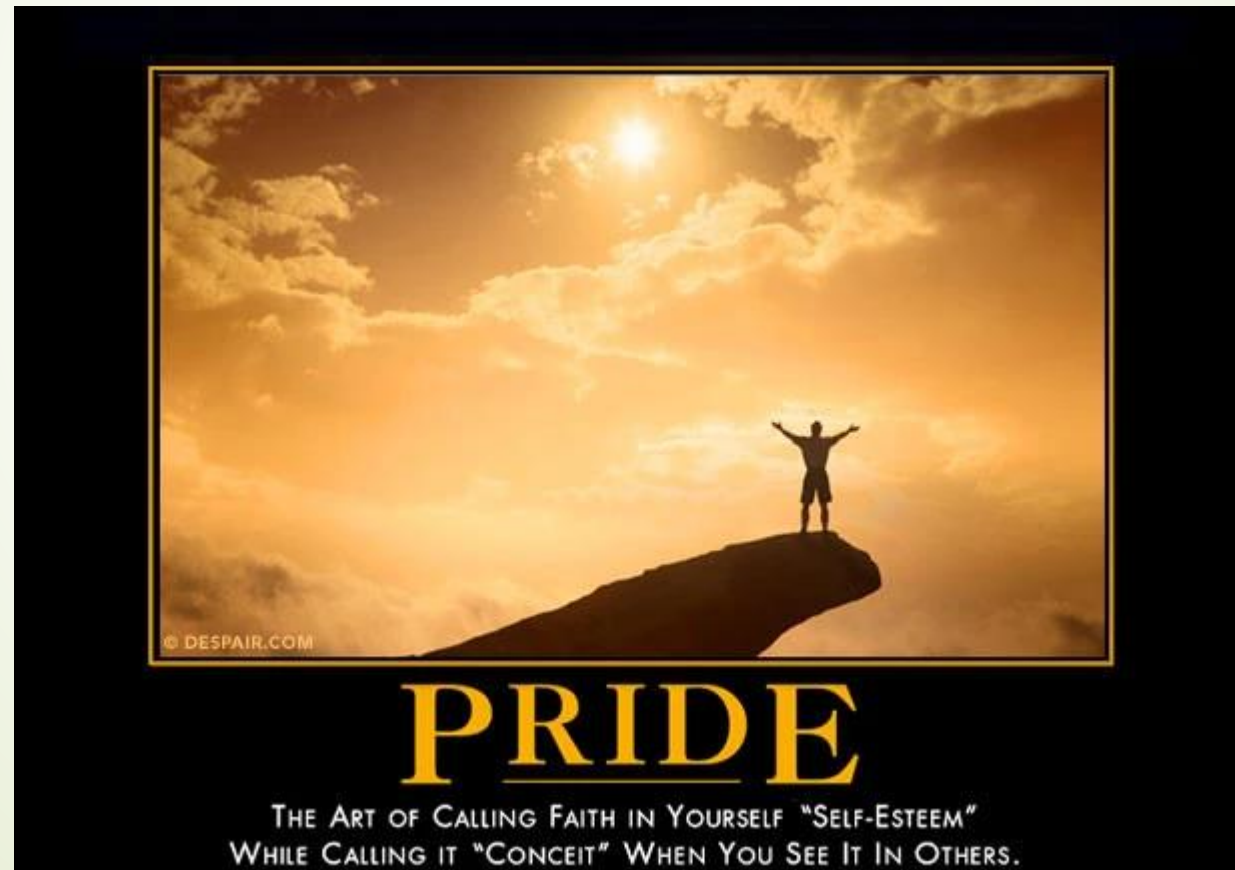
- *“The smell of the midnight lamp is very unwholesome. Never defraud yourself of sleep, nor your walk.”*


In a letter to his son John Quincy

We should also strive for competency in other areas of our life such as a hobby or other outside activities. Balancing achievement and loss across many domains gives a person a way to reduce the impact of big losses in important areas of their lives.

SELF-ESTEEM

- Self-esteem and satisfaction are closely tied with each other. A person with good self-esteem tends to be satisfied with themselves and happier. Not to be confused with narcissism, or feelings of superiority.



- 
- The six factors should help us lead happier lives.
 - Why is this important?
 - Increases receptiveness the information
 - Makes us more mindful
 - Makes us better listeners
 - It makes us more resilient and healthier.

225 Studies on the Benefits of Happiness: Happy People:

- Are more productive at work and more creative
- Make more money and have superior jobs
- Are better leaders and negotiators
- Are more likely to marry and to have fulfilling marriages, and less likely to divorce
- Have more friends and social support
- Have stronger immune systems, are physically healthier, and even live longer
- Are more helpful and philanthropic
- Cope better with stress and trauma

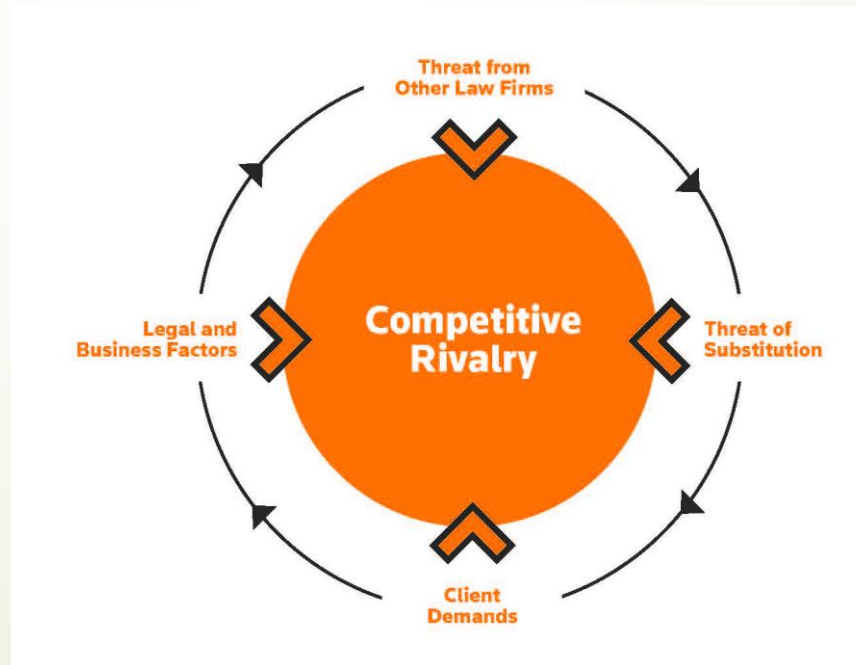
STRESS....WHAT STRESS?

- ▶ How is the profession causing stress? "The long hours, the commercialization, the tremendous pressure to attract and retain clients, the officially competitive marketplace, a lack of collegiality and loyalty among lawyers, the poor public image of the profession, and even the lack of civility."
- ▶ How do clients increase stress? You represent people who have been traumatized, people who do unthinkable things, and people who are going through the worst crises of their lives. These are unhappy people and their influence can impact your happiness.
- ▶ In the 1970s the average billable number of hours was 1700, by 2009 that increased to 1888. Some firms set rates as high as 2300.
- ▶ The curse of technology – we are never on vacation.



THE MUTANT OFFSPRING

- The adversarial system and the ethical obligation of zealous representation has spawned some mutant offspring. We may possess a belief that playing hardball brings a strategic advantage while others simply think litigation is a form of warfare. Individuals may launch into personal attacks and engage in insults and name-calling, as well as making threats of bar complaints.
- Why is this? It may be due to the abundance of lawyers or an overall increase in competition for business. Or an absence of repeat interactions.




CONFLICTING PUBLIC VIEW OF LAWYERS

- It is lawyers who create the mechanism for people involved in serious conflict to peacefully resolve the conflicts in a system that places a search for the truth as a centerpiece of dispute resolution

➤ VS

- What is the difference between a dead rattlesnake and a dead lawyer the middle-of-the-road?
 - There are skidmarks in front of the rattlesnake





Do lawyers become unhappy people or do unhappy people become lawyers?

- The lawyer's personality

- In general lawyers are competitive, confident (arrogant?), aggressive, achievement oriented, and possibly, argumentative.

- High dominance personality

- This person is associated with a strong competitive drive and/or marked by frequent interrupting, controlling conversations, changing topics, offering unsolicited advice or instructions
 - However, the qualities that may make for good lawyers may not make for a happy human being. It has a tendency to sour personal relationships.

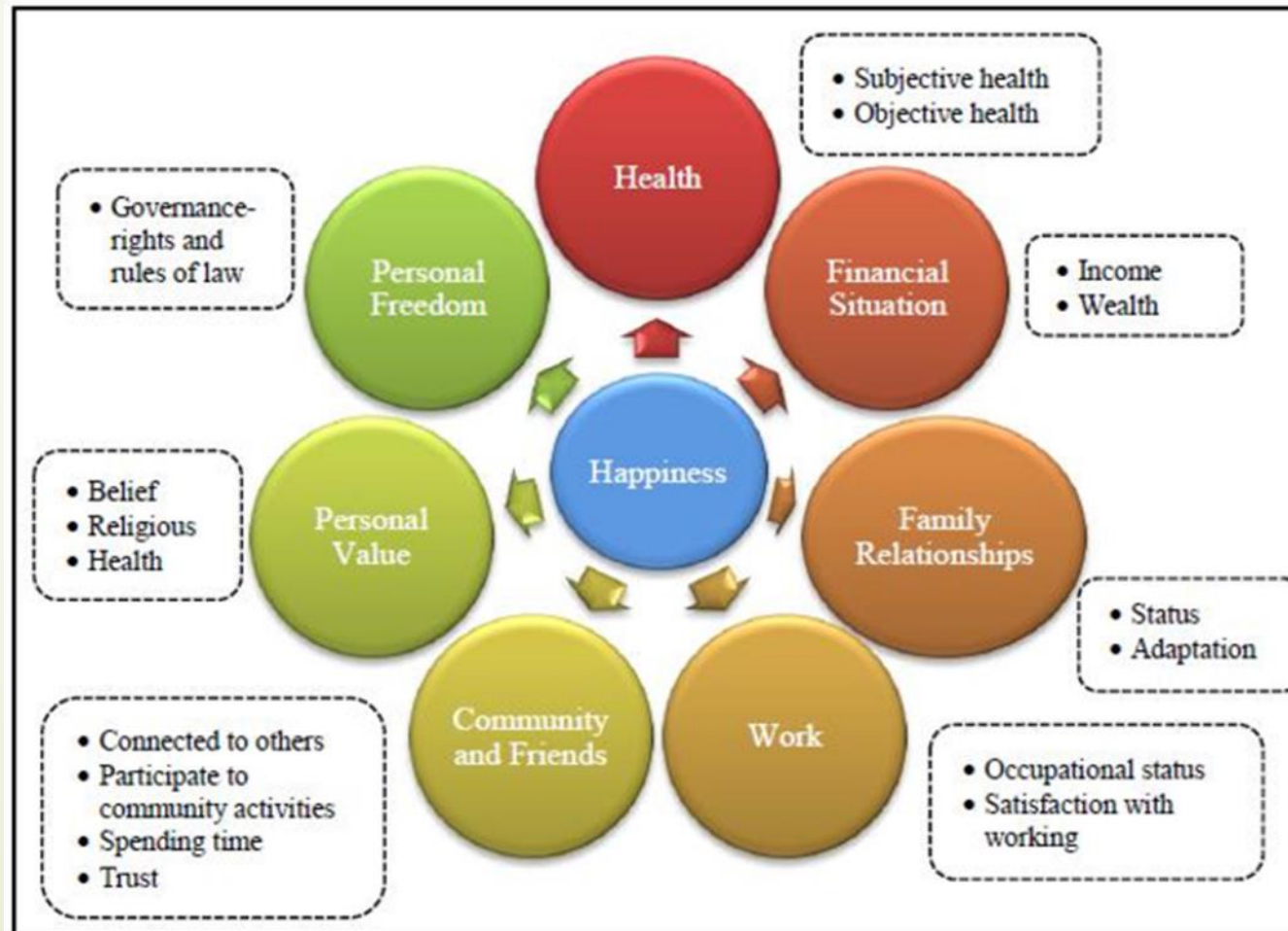


WELL SH.T, NOW WHAT

- We could drink?
- There were once 5 rats in a cage who at random intervals were subjected to strong electrical shock.
 - 4 died, 1 lived
 - The sense of control is critical to happiness. Unfortunately, most lawyers do not have a significant degree of control in their jobs (court delays, court dates) . It is this lack of control that may lead to significant depression and unhealthy coping mechanisms such as alcohol or drug abuse or possibly suicide

► Three facets of control

- Balance – we need to create a balance between the demands of our work and the demands of family and social life.
- Security – a sense of security is important for our sense of control. Most of you are solo practitioners or in private practice so your sense of security is different than someone in a large firm.*
- We need to believe that our work matters. Do we feel valued by our peers and clients.



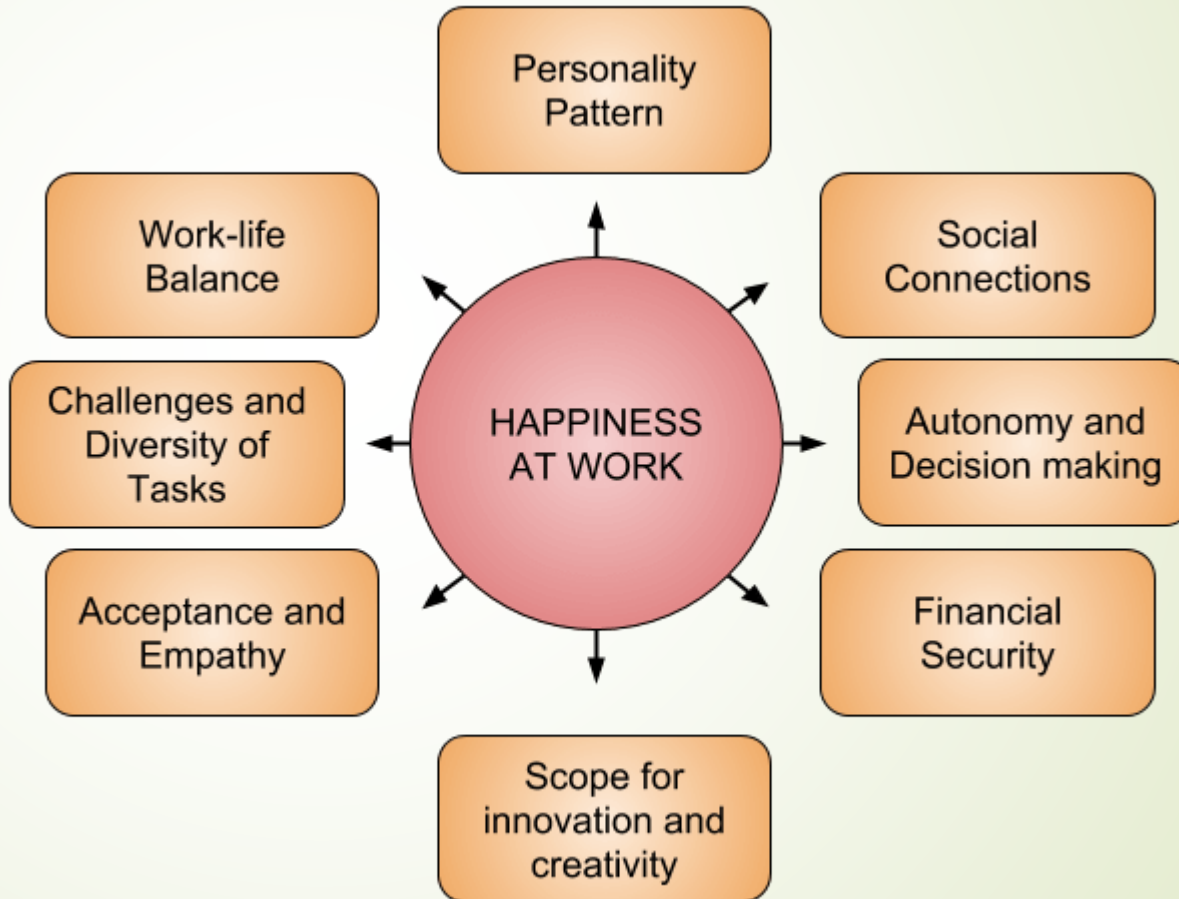


Creating happiness

- According to studies, next to sex, socialization is the activity that creates the most happiness for us. This includes interactions with friends, spouses and children. This is followed by our interactions with our coworkers.*
- Study yourself – identify your pleasures and your strengths.
- Know your flow. Flow is a dynamic state that characterizes consciousness when experience is attended to for its own sake.
 - What activities give you meaning?
 - What activities give you pleasure?
 - What activities allow you to exercise your personal strengths?**


➤ A serious question.

- Is your legal career aligned with your values?
- Does your legal career allow you to believe that you are somehow improving the world?





BACK TO “NOW WHAT”

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- 1. Make sure your job is one that matters to you
 - 2. Strive for a comfortable work-life balance. (Be willing to sacrifice income if necessary)
 - 3. Take control of your work product in your workspace (utilize timetables, personalize the workspace)
 - 4. Connect with people (eat lunch with colleagues, participate in firm social events, praise colleagues to do good work, remember birthdays, choose face-to-face work when possible)



continued

- 5. Increase the frequency of your "flow experience" (This may involve finding a work setting where distractions are minimized, Try to include a variety of task within your workday, working places with natural light)
- 6. Avoid making upward comparisons (remind yourself that money does not equal happiness, every so often help the less fortunate)
- 7. Know what makes you happy gives you pleasure.
- 8. Stay healthy



Most folks are as happy as they make up their minds to be.

Abraham Lincoln



MAYBE....

- A suicide occurs every 15 minutes, and for every 1 completed suicide, there is an estimated 25 attempts.
- We know lawyers have a higher rate of depression than the general public, thus a higher rate of suicide. Many who attempted were under the influence of alcohol/drugs.
- Prevention is best, but not always possible.
- Get help (not easy in a small town)

JUDICIAL AND LAWYER ASSISTENCE PROGRAM

- 304-553-7232
- alburr@wvjl原因.org
- THANK YOU AND STAY HEALTHY

