

Effectively Counseling Clients Experiencing Grief and Loss

National Conference for Lawyer
Assistance Programs
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Michael Kahn, LPC, JD

-
- Fading away
 - Nearing the end
 - Breathing one's last
 - Passing away
 - Going to a better place
 - Called to a higher service
 - Expired
 - Demise
-

-
- ❑ Divorce, separation, breakups, estrangement, abandonment
 - ❑ Disability, chronic illness, mental disorders
 - ❑ Addictions and recovery
 - ❑ Loss of capacity (e.g. infertility)
 - ❑ Job or career changes, unemployment, relocation
 - ❑ Loss of possessions
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- ❑ Miscarriage, stillbirth, abortion
 - ❑ Status and role changes
 - ❑ Loss of fantasy or innocence or assumptive world (e.g. nothing bad can happen, meaning associated with faith and worldview)
 - ❑ Loss associated with identity or one's sense of self
 - ❑ Cultural loss (e.g. loss of cultural history, memory, language)
 - ❑ Pet loss
-

What are your beliefs about the
grief process?

Elisabeth Kubler-Ross

On Death and Dying

Five Stages of Dying:

- *Denial*
 - *Anger*
 - *Bargaining*
 - *Depression*
 - *Acceptance*
-

Criticism of One Size Fits All Models

- ❑ They emphasize universality and predictability, rather than the griever's unique experience.
 - ❑ View grievers as passive victims of phases and stages.
 - ❑ Insist on the necessity of severing ties with the lost object(s).
 - ❑ Assume pathology and dysfunction when dealing with loss.
 - ❑ Fail to account for the impact of personal, social, familial, historical, and cultural influences.
 - ❑ Assume that grief ends.
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“My relationship with my dad has improved since he died.”

Robert Kastenbaum

- ❑ Grief is better described by waves, not stages.
 - ❑ The waves are loss and restoration oriented and include positive emotions.
 - ❑ Waves are less frequent and flatten out, less lows and highs.
 - ❑ A griever's resilience determines how he/she copes.
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Resilience

- ❑ **Ability to cope**, particularly in presence of adversity.
 - ❑ **Ability to adjust** to the shifting demands of shifting situations.
 - ❑ **Optimistic**: Belief in the ability to exert some control over the outcome of even the most difficult life events.
-

Therapeutic Goal...

- Facilitate natural resilience or psychological bounce. Serve as a witness to the process without getting in the way.
 - Bounce is personal.
 - Strength based. Look for natural processes.
 - Any feeling is OK as long as it keeps the person moving and “bouncing.”
-

Resilience Research*

“A growing body of research now demonstrates that most bereaved persons display stable, healthy levels of psychological and physical functioning as well as the capacity for generative experiences and positive emotions even relatively soon after a loss.”

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Resilient

- ❑ Experiences initial, brief spike in distress
 - ❑ May for a short time struggle to maintain psychological equilibrium (i.e. sporadic difficulty concentrating, intermittent sleeplessness)
 - ❑ Keeps functioning at or near normal levels
-

Trauma, Resilience and 9/11

Although resilience is reduced at the highest and most demanding levels of exposure, it is nonetheless often still **seen in up to half of the persons exposed and always remains prevalent enough to be considered a common and natural response to potential trauma.**

Mancini, A. and Bonanno, B. (2006). Resilience in the Face of Potential Trauma: Clinical Practices and Illustrations, *Journal of Clinical Psychology*, 62, 971-985. (citing multiple studies).

Clinical Practices for Loss and Trauma*

- *Clinical Practice 1: Do not* recommend therapy for *all* bereaved persons

*Mancini, A. and Bonanno, G.A. (2006). Resilience in the Face of Potential Trauma: Clinical Practices and Illustrations, *Journal of Clinical Psychology*, 62, 971-985.

Clinical Practices for Loss and Trauma

- *Clinical Practice 2*: Beware of pathologizing resilient responses to loss or traumatic events
 - Be mindful of tendency to assume that all persons should experience pronounced difficulties in response to extreme events.
 - Resilient coping is associated with healthy functioning.
-

Clinical Practices for Loss and Trauma

- *Clinical Practice 3: Be attentive to processes of identity continuity and change*
 - Resilient individuals experience an underlying continuity in the self and daily life.
 - They respond flexibly to the demands of a changed world.
-

After the untimely death of a spouse

“Basically, I’m, uh, the only thing that’s missing, that’s changed is she’s not here. I don’t think I’m any different for it, um, other than you know, now I know what loss means. And I know what a devastating event is, uh, you know, and I...and there are moments when I’m by myself.... I’m terribly lonely, um, but I’m still doing the same thing, doing the same job, uh,

After the untimely death of a spouse

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After the untimely death of a spouse

making the same money, living in the same house, all that. You drive in the same cars, doing the same outside activities running with the same friends and people. No, nothing has changed in that regard, the outside stuff. I mean there's still that loneliness at times but those moments get further and further apart."

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9/11: Lost place of work and nearly lost his life

“I am alive. Each day when I wake up, I realize that I am still alive. The horror of that day is still there, but for some reason I survived. I almost feel guilty about it. I lost something but I still have what I enjoy in life. I can still run and swim, and I can still enjoy the theater. I can continue to do all those things. Maybe I enjoy them even more now that I know how wonderful that is.”

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How can therapists promote continuity?

- ❑ Encourage client to participate in ordinary activities.
 - ❑ Encourage client to fulfill social role obligations.
 - ❑ Help client identify what remains continuous in their life, such as friendships, family, hobbies, sports.
-

How can therapists promote continuity?

- Note a changed and expanded understanding of the possibilities of self. Does client:
 - Retain a capacity for generative experiences?
 - Seek to broaden behavioral repertoire and redefine their beliefs?
 - Desire to try out new roles and relationships, engage in new activities and test new values?
-

Identity Continuity Challenges

“I don’t know yet what I’m becoming or what I am. I have less of a sense of identity than I did before. I wouldn’t go so far as to say as it does with some of the questionnaires, “Have you lost your sense of identity?” I mean I feel like me, whoever that is, and, of course, my other roles are still there but I’m more than just my role. I mean I’m not just a mother and a wife and I’m not the wife anymore--I’m still the mother--but the rest of what I am feels all very ill defined right

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now.... I have less sense of self. Not that my self is less; just that it's--I don't quite know what it is anymore. I used to have things that I really wanted to do still and wanted to maybe be still.... Now that seems unimportant so I don't really know...but I don't quite know what to be...so I feel sort of in limbo still.... I guess I am basically the same person. I have this overall sense of being me the way I've always been me, whatever that is."

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Clinical Interventions

- ❑ Help client increase self-understanding.
 - ❑ Discuss difficulties inherent in trying out new roles.
 - ❑ Identify goals that might go with the renewed self.
 - ❑ Solution Focused.
-

-
- *Clinical Practice 4:* Encourage the appropriate expression of positive feelings
 - Provide opportunities for client to reflect positively on their relationship with the deceased and encourage their involvement in positive experiences.
 - Validate client's right to have pleasurable experiences and to laugh.
-

How do positive emotions facilitate coping with loss?

- ❑ Quiets or undoes negative emotions.
 - ❑ Increases availability of social supports.
 - ❑ Increases opportunity for self-disclosure, promoting the regulation of emotion, diminishing isolation.
-

Clinical Practices for Loss and Trauma

- *Clinical Practice 5*: Encourage appropriate self-disclosure
 - Talking about acute stressors or trauma promotes cognitive integration and restructuring.
 - Talking about traumatic events may only be helpful when listeners are discreet, nonjudgmental, or likely to help.
-

□ *Clinical Practice 5: Encourage appropriate self-disclosure*

- Help clients assess their own social milieu of potential listeners.
- Challenge cognitive distortions about other's willingness to listen.

Clinical Practices for Loss and Trauma

- *Clinical Practice 6: Let clients do their own work.**
 - Allow for silence. Counselors must be self-aware, able to tolerate client distress, patient, respectful of client choices and confident in the process.
 - Encourage clients to label their thoughts and feelings rather than overusing reflections of content and feeling.

*Humphrey, K. M. (2009). *Counseling Strategies for Loss and Grief*. Alexandria, VA: American Counseling Association.

Clinical Practices for Loss and Trauma

- *Clinical Practice 7: Be aware of adaptive grieving styles.**

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Adaptive Grieving Styles

- **Intuitive Grieving Style:** Respond to loss primarily in terms of emotion, tending to feel and express emotions intensely.
 - **Instrumental Grieving Style:** Respond to loss more cognitively and physically. Tend to express grief in terms of thoughts and activity.
 - **Blended Grieving Style:** Most people. Greater emphasis on intuitive or instrumental depending on the person and the situation.
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- There is no ideal style and no pathology to any of the styles.
 - People grieve differently because of influence of personal, social and cultural factors.
 - Do not interpret the grieving styles too rigidly or stereotypically.

Martin, T., & Doka, K. (2000). *Men don't cry...Women do: Transcending gender stereotypes of grief*. Philadelphia: Brunner/Mazel.

Dissonant Response to Grief

- ❑ Discrepancy between the griever's inner experience and his/her outward expression of grief.
 - ❑ Personality, gender role socialization, image management and cultural norms influence dissonant response.
 - ❑ Unresolved dissonant response is often source of complications in the grieving process.
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Counseling Dissonant Grievers

- Help clients identify and embrace their adaptive grieving style.
 - Facilitate client exploration of discrepancy between their inner experience and outward expression.
 - Explore possible role of image management, especially for intuitive style.
-

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- Identify ways client has resolved discrepancy in the past.
 - Identify and address cognitive distortions.
 - Facilitate exploration of social and cultural influences.
-

Posttraumatic Growth

- Resilience: The ability to recover.
 - PTG: A new level of functioning and perspective--transformative responses to adversity.
-

Posttraumatic Growth Domains

- ❑ New Possibilities
- ❑ Relating to Others
- ❑ Personal Strength
- ❑ Appreciation of Life
- ❑ Spiritual Change

Tedeschi & Calhoun, Posttraumatic Growth Inventory, 1996.

I think the major change I've noticed in myself over the past year is, um, more accepting of just things that happen in life and not getting upset and not forcing things. . . . Um, there are also different things that are important to me now than there were then. I mean, friends were important then; they're more important now for different reasons, uh, on a deeper level. I'm

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more selective about those people I spend time with. I'd rather be alone than be with people I really don't enjoy or, uh, who don't understand me or who I don't have an affinity for. I'm really amazed at the strength that I've exhibited over the past year and the just sort of tenacity to get on with life.

See Mancini and Bonanno (2006).

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Clinical Interventions

- ❑ Acknowledge and reinforce the experience of growth when it is articulated, but not prematurely.
 - ❑ Old crises can also provide a fruitful source for recognizing growth that the individual has already experienced.
-

Posttraumatic Growth

- Check out survivors' willingness to think in terms of PTG by saying something like:

“Some people have said that they have changed in some positive ways as they coped with trauma/loss. Do you think it is possible for you, given the things you went through?”

Books on PTG

- ❑ Calhoun & Tedeschi (2013) *Posttraumatic growth in clinical practice*.
 - ❑ Calhoun & Tedeschi (2006) *Handbook of posttraumatic growth*.
 - ❑ Tedeschi and Calhoun (2004) *Helping bereaved parents*.
 - ❑ Tedeschi & Calhoun (1995) *Trauma and transformation*.
-

Grief Support/Psycho-Ed. Group

- Death related

 - Length and number of meetings variable

 - Topics covered:
 - What is the “right” way to grieve?
 - Self-Care
 - Secondary losses
 - Barriers to the grief process
-

Grief Support/Psycho-Ed Group

- Topics covered:
 - What about lawyer training hinders grieving?
 - Management of relationships
 - Spirituality and faith
 - Signs of healing/Post-Traumatic Growth

 - Film clips, music, readings/poetry, question bowl
 - Depict your grief process or choose from handout.
-

Not Moving On

I'm told that what happens now is a moving on.

Does that mean leaving you behind?

Or do I bundle up your memory and button

its warm little coat, taking its hand like

a lost child looking for a grown up to follow?

I was supposed to go first in the dark.

I was the wild one, the unruly adolescent

sticking her tongue out at the world while

you, patient, in your earth mother way,

waited for me to grow up.

Now you've dared to sneak off the premises
without letting anyone know your whereabouts.
I'm not ready, not ready for this moving on.
I much prefer to sit in the shadows
remembering the sound of your voice
when you sipped tea with me and we,
together, laughed at life's absurdities.

Cristina Cassidy



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Drawing/Photography/Video Exercises for Grief and Loss Issues

- The past, present, and future me.
- Take photos every day for a week that represent your grief, anger etc.
- Changes in your life since the loss.
- Future without your loved one.
- Hopefulness.
- The things that are most troubling you right now, how you are coping with them and the things that are getting in the way of coping.
- Depict what you cannot say with words.
- Depict how your life was going to be before the loss and how it will be now.
- Depict those parts of your grief that nobody knows about or understands.
- Depict your memories.
- Present the parts of you and your life that you don't show to anyone else.
- Take photos of people that support you.
- Take ___ photos that can serve to describe your loved one to a stranger.
- Depict the transition you are in right now.
- Show where you are in the grief process.
- Depict your relationship with grief.
- What will it look like when you have healed?



CHOPRA
Addiction & Wellness
Center

Ayurveda – Mind Body Constitution

Nirmala B. Raniga

Chopra Addiction & Wellness Centre



Ayurveda

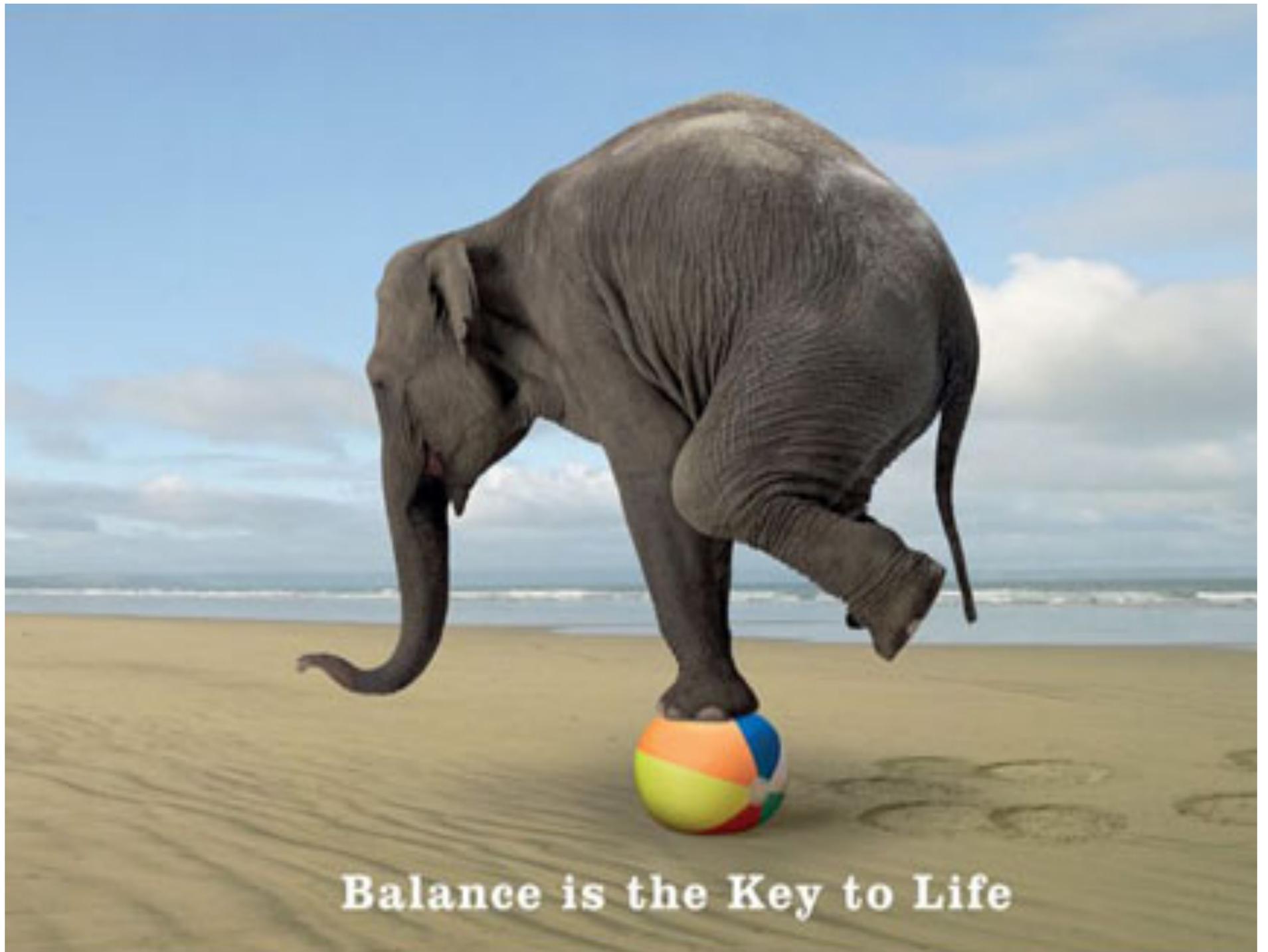
- **Foundation for Perfect Health lifestyle program and the Living in Balance workshop**
- **Health is the state of vibrant balance in which all the layers of one's life are integrated**



Five Elements

Building Blocks of Nature

- **Space (AKASHA) - Potential**
- **Air (VAYU) - Change**
- **Fire (TEJAS) – Transformation**
- **Water (JALA) – Cohesiveness**
- **Earth (PRITHIVI) – Form/Protection**

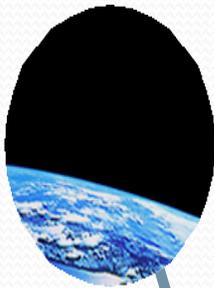


Balance is the Key to Life

Three Doshas

Mind Body Constitutions

Space



Air



Fire



Water



Earth



Vata
(Movement)

Pitta
(Transformation)

Kapha
(Protection)

Vata

Primary Functions: Movement, Transportation

Qualities of Vata

- Cold
- Light
- Dry
- Irregular
- Rough
- Mobile
- Quick
- Changeable

Space



Air



Vata
(Movement)

Vata

Resembling the Wind

Characteristics

- Thin, light frame
- Variable digestion and sleep patterns
- Dry skin and hair
- Cold hands and feet
- Moves and talks quickly
- Resists routine
- Welcomes new experiences

Balanced

- Energetic
- Creative
- Adaptable
- Shows initiative
- Good communicator
- Spontaneous

Imbalanced

- Overactive Mind
- Anxiety
- Worry
- Inconsistency
- Insomnia
- Constipation
- Gas, bloating

Pitta

Primary Functions: Transformation, Metabolism

Qualities of Pitta

- Hot
- Light
- Intense
- Penetrating
- Pungent
- Sharp
- Acidic
- Moist

Fire



Water



Pitta
Transformation

Pitta

Fiery In Nature

Characteristics

- Medium build
- Strong digestion
- Warm body temp
- Sleeps soundly for short periods
- Sharp intellect
- Direct and precise
- Stays close to routine
- Courageous

Balanced

- Bright
- Warm, friendly
- Good decision-maker
- Leader
- Strong digestion

Imbalanced

- Angry
- Irritable
- Excessively critical
- Judgmental
- Aggressive
- Skin rashes
- Inflammation
- Indigestion

Kapha

Primary Functions: Protection, Structural Integrity

Qualities of Kapha

- Cold
- Heavy
- Solid
- Stable
- Smooth
- Slow
- Steady
- Stamina

Water



Earth



Kapha
(Protection)

Kapha

Grounded, Unruffled, May Resist Change

Characteristics

- Heavysset
- Smooth skin and thick hair
- Deep sound sleep
- Slow moving
- Good stamina
- Easygoing
- Methodical, thoughtful nature
- Enjoys routine

Balanced

- Steady
- Consistent
- Loyal
- Strong
- Supportive
- Content
- Calm

Imbalanced

- Dull
- Inert
- Needy
- Attached
- Congested
- Overweight
- Complacent
- Overly-protective

Individual Mind-Body Constitution

Prakruti

- Your individual constitution - determined at conception
- Made up of all three doshas - but one or two typically predominate

Vikruti

- Current state of balance - now!
- Influenced by your experiences and choices

Maintaining balance is essential to health

Referring to Mind-Body Constitutions



- Vata
- Pitta
- Kapha
- Vata-Pitta or Pitta-Vata
- Pitta-Kapha or Kapha-Pitta
- Kapha-Vata or Vata-Kapha
- Vata-Pitta-Kapha or Tri-Doshic

Mind Body Questionnaire

Interpreting Your Results

Section One

- The proportions of Vata, Pitta and Kapha in your basic nature
- These tend to change slowly over your lifetime

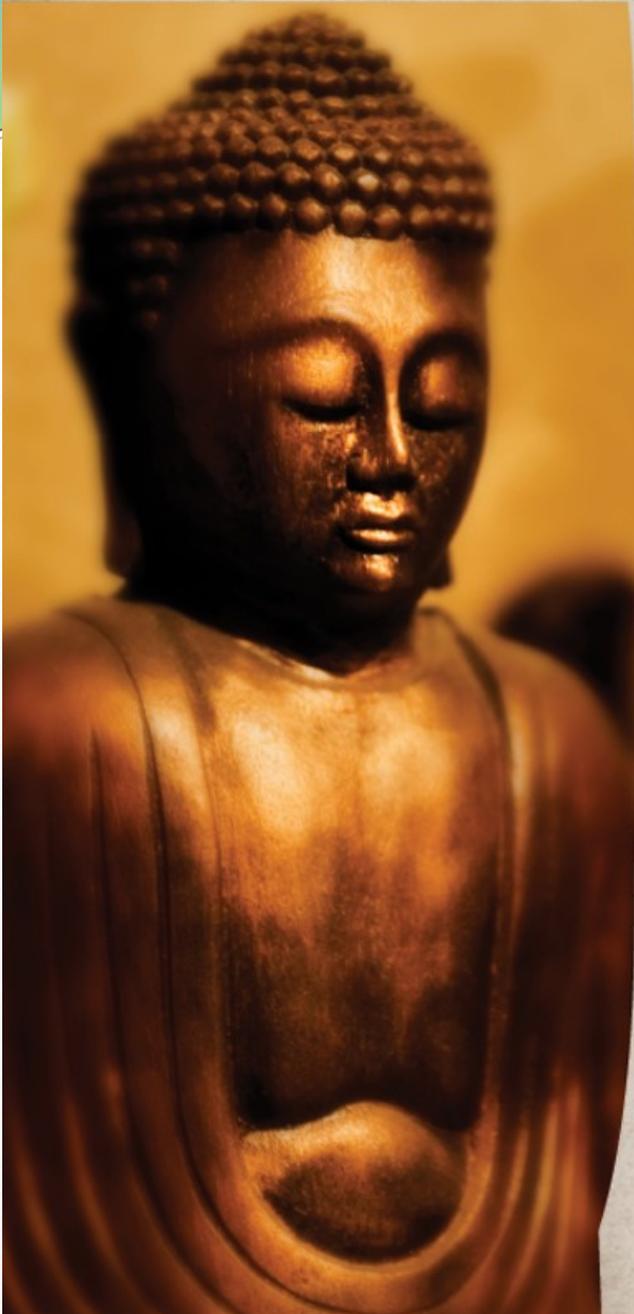
Section Two

- Snapshot of your current mind body state
- Follow the dosha diet, teas and spices corresponding to your highest body score
- Use dosha music, massage oil, and aromas corresponding to your highest mind score

Enlivening Health

- **Begin thinking of yourself as a multidimensional being and notice when you see yourself constricted**
- **Be aware of your current mind body state and which dosha is most prominent**
- **Meditate for 20-30 minutes each morning and evening. Record insights or questions**





Namasté (NAH-mah-stay)

A Sanskrit word that is translated literally as **"I bow to you."**

It is more commonly translated as **"the divine light in me honors the divine light in you."**

Learn more Sanskrit terms at the
Chopra Center online library.

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Ayurveda – Mind Body Constitution

Nirmala Raniga

Ayurveda, is an ancient traditional healing system that originated in India 5,000 years ago. The meaning of Ayurveda is derived from the Sanskrit words Ayus meaning life and Veda meaning wisdom or knowledge. Thus the literal translation is the knowledge or the wisdom of life.

Ayurveda views health as a state of dynamic balance of all the layers of life – balance of body, mind and spirit with the environment. One of the foundational concepts in Ayurveda are the three energies of nature, called Doshas: are known as Vata, Pitta, and Kapha.

Each of us has a unique proportion of these three forces that shapes our nature. If Vata is dominant in our system, we tend to be thin, light, enthusiastic, energetic, and changeable. If Pitta predominates in our nature, we tend to be intense, intelligent, and goal-oriented and we have a strong appetite for life. When Kapha prevails, we tend to be easy-going, methodical, and nurturing.

Although each of us has all three forces, most people have one or two elements that predominate.

At birth we are all intrinsically in balance but as we go through life, physical stress, emotional turbulence and trauma, and non-nurturing life choices can all lead to a lack of balance and integration between body, mind, spirit and environment. If left untreated, this imbalance can manifest itself as physical or emotional distress, addictive behaviors and eventually dis-ease or chronic illness. By integrating and aligning all the layers of life, Ayurveda's system of healing will bring you back to optimal health.

(To learn more about doshas, please take the [Dosha Quiz](#))

Note: Material presented is referenced from the book Perfect Health – The Complete Mind Body Guide by Deepak Chopra, M.D.

Are you attending Perfect Health? YES NO Today's Date: _____ Program Date: _____

This mind-body questionnaire gathers information about your basic nature – the way you were as a child or the basic patterns that have been true most of your life. If you developed an illness in childhood or as an adult, think of how things were for you before that illness.

INSTRUCTIONS: (Please read carefully!)

 Rank each characteristic with either **5, 3, or 1**. For each row, use each number one time. (Each row should add up to 9)

5 = Most accurately represents me 3 = Secondly represents me 1 = Rarely represents me

EXAMPLE	<input type="text" value="3"/> Vata	<input type="text" value="5"/> Pitta	<input type="text" value="1"/> Kapha	= 9
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CHARACTERISTICS	VATA	PITTA	KAPHA	
FRAME	<input type="checkbox"/> I am thin, lanky and slender with prominent joints and thin muscles.	<input type="checkbox"/> I have a medium, symmetrical build with good muscle development	<input type="checkbox"/> I have a large, round or stocky build. My frame is broad, stout or thick.	= 9
WEIGHT	<input type="checkbox"/> LOW; I may forget to eat or have a tendency to lose weight.	<input type="checkbox"/> MODERATE; it is easy for me to gain or lose weight if I put my mind to it.	<input type="checkbox"/> HEAVY; I gain weight easily and have difficulty losing it.	= 9
EYES	<input type="checkbox"/> My eyes are small and active.	<input type="checkbox"/> I have a penetrating gaze.	<input type="checkbox"/> I have large pleasant eyes.	= 9
COMPLEXION	<input type="checkbox"/> My skin is dry, rough or thin.	<input type="checkbox"/> My skin is warm, reddish in color and prone to irritation.	<input type="checkbox"/> My skin is thick, moist and smooth.	= 9
HAIR	<input type="checkbox"/> My hair is dry, brittle or frizzy.	<input type="checkbox"/> My hair is fine with a tendency towards early thinning or graying.	<input type="checkbox"/> I have abundant, thick and oily hair.	= 9
JOINTS	<input type="checkbox"/> My joints are thin and prominent and have a tendency to crack.	<input type="checkbox"/> My joints are loose and flexible.	<input type="checkbox"/> My joints are large, well knit and padded.	= 9
SLEEP PATTERN	<input type="checkbox"/> I am a light sleeper with a tendency to awaken easily.	<input type="checkbox"/> I am a moderately sound sleeper, usually needing less than eight hours to feel rested.	<input type="checkbox"/> My sleep is deep and long. I tend to awaken slowly in the morning.	= 9
BODY TEMPERATURE	<input type="checkbox"/> My hands and feet are usually cold and I prefer warm environments.	<input type="checkbox"/> I am usually warm, regardless of the season, and prefer cooler environments.	<input type="checkbox"/> I am adaptable to most temperatures but do not like cold, wet days.	= 9
TEMPERAMENT	<input type="checkbox"/> I am lively and enthusiastic by nature. I like to change.	<input type="checkbox"/> I am purposeful and intense. I like to convince.	<input type="checkbox"/> I am easy going and accepting. I like to support.	= 9
UNDER STRESS...	<input type="checkbox"/> I become anxious and/or worried.	<input type="checkbox"/> I become irritable and/or aggressive.	<input type="checkbox"/> I become withdrawn and/or reclusive.	= 9
TOTAL	_____ VATA TOTAL	_____ PITTA TOTAL	_____ KAPHA TOTAL	= 90

Note: Each row should add up to 9. VATA TOTAL, PITTA TOTAL, and KAPHA TOTAL should add up to 90.

VIKRUTI SUBDOSHA QUESTIONNAIRE



VATA

NOT AT ALL

SOMEWHAT/
OCCASIONALLY

VERY OFTEN

Name: _____

Program Date: _____

Today's Date: _____

Age: _____

GENDER: M F

These questions are intended to assess your current life situation, including any recent stresses, illnesses, or life changes. It is most helpful if you answer these questions according to what has been true for you over the past few weeks and months.

MIND			
1. I've been having difficulty with mental clarity or the ability to focus my attention.	1	3	5
2. I've been feeling overwhelmed, worried, or anxious.	1	3	5
3. My life has been turbulent and chaotic.	1	3	5
4. I've been starting new projects, but have difficulty completing them.	1	3	5
5. I've been having difficulty falling asleep or have been awakening easily.	1	3	5
6. I've been having a hard time making decisions.	1	3	5
7. I've been having trouble following through on commitments I've made.	1	3	5
8. I've been feeling restless if I'm not constantly on the move.	1	3	5
9. I've been acting impulsively or inconsistently.	1	3	5
10. I've been more forgetful than usual.	1	3	5
BODY			
11. I've had a dry throat, have felt the need to frequently clear my throat, or have a dry cough.	1	3	5
12. I've been experiencing gas, cramping, or bloating after meals.	1	3	5
13. My appetite has been inconsistent.	1	3	5
14. I've been suffering from chronic pain.	1	3	5
15. My skin has been dry or flaking.	1	3	5
16. My bowel movements have been hard and dry or are irregular.	1	3	5
17. Men: I've been having trouble getting sexually aroused, maintaining erections, or experiencing orgasms. Women: My menstrual cycle has been uncomfortable or irregular or I am experiencing vaginal dryness.	1	3	5
18. I've been getting light-headed when I get up quickly.	1	3	5
19. My hands and feet have been uncomfortably cold.	1	3	5
20. I've been having muscle twitches, cramps, or heart palpitations.	1	3	5



VATA-MIND SCORE # 1-10: _____ VATA-BODY SCORE # 11-20: _____

Name: _____

Program Date: _____

MIND

1. I've been feeling discontented with my life.	I	3	5
2. I've been judgmental and critical of others.	I	3	5
3. I've been feeling jealous of others.	I	3	5
4. I've been expressing anger towards others easily.	I	3	5
5. I've been feeling irritable or impatient.	I	3	5
6. I've been compulsive, with difficulty stopping once I've started a project.	I	3	5
7. I've been strongly opinionated, freely sharing my point of view without being asked.	I	3	5
8. I've been frustrated by other people.	I	3	5
9. I've been feeling the need to out-compete others.	I	3	5
10. I've been ruminating over situations from the past.	I	3	5

BODY

11. I've been feeling overheated or have been experiencing hot flashes.	I	3	5
12. I've been having headaches accompanied by light sensitivity or distorted vision.	I	3	5
13. My eyes have been itchy, irritated, red, or watery.	I	3	5
14. I've been having more than two bowel movements per day.	I	3	5
15. My appetite has been excessively strong.	I	3	5
16. I've been getting reflux/heartburn or have an ulcer.	I	3	5
17. I've been sensing the accumulation of toxins (from food, air, water, alcohol, cigarettes, or drugs) in my system.	I	3	5
18. I've been diagnosed with some form of liver malady.	I	3	5
19. I've been diagnosed with high blood pressure or coronary heart disease.	I	3	5
20. My skin has been itchy, irritated, prone to breakouts, or I've been diagnosed with an inflammatory skin condition.	I	3	5



PITTA-MIND SCORE # 1-10: _____ PITTA-BODY SCORE # 11-20: _____

Name: _____

Program Date: _____

MIND

1. I've been dealing with conflict by withdrawing.	1	3	5
2. I've been accumulating clutter in my life.	1	3	5
3. I've been resistant to changing my routine.	1	3	5
4. I've been having difficulty leaving a relationship, job, or situation even though it is no longer nourishing me.	1	3	5
5. My short-term memory has been of concern to me.	1	3	5
6. I've been intending to be more physically active, but have difficulty exercising regularly.	1	3	5
7. I've been eating more out of my emotional rather than nutritional needs.	1	3	5
8. I've been having difficulty getting going in the morning.	1	3	5
9. I have not been confident in my ability to cope with challenges.	1	3	5
10. I've been having a hard time moving beyond the past.	1	3	5

BODY

11. My ankles tend to swell.	1	3	5
12. I tend to be sluggish or lethargic in the morning.	1	3	5
13. I have a lot of phlegm or mucous production	1	3	5
14. I feel nauseated or full for an extended time after eating.	1	3	5
15. I am more than 10 pounds over my ideal weight.	1	3	5
16. I have high cholesterol or atherosclerotic heart disease.	1	3	5
17. I have been having episodes of asthma or wheezing.	1	3	5
18. I fall asleep easily after meals.	1	3	5
19. I have a tendency to have elevated blood sugars.	1	3	5
20. I have frequent sinus congestion or respiratory infections.	1	3	5



KAPHA-MIND SCORE # 1-10: _____ KAPHA-BODY SCORE # 11-20: _____

Name: _____

Program Date: _____

TOTALS

VATA-MIND SCORE # 1-10: _____ VATA-BODY SCORE # 11-20: _____

PITTA-MIND SCORE # 1-10: _____ PITTA-BODY SCORE # 11-20: _____

KAPHA-MIND SCORE # 1-10: _____ KAPHA-BODY SCORE # 11-20: _____



CHARACTER & FITNESS INVESTIGATIONS: PART OF THE PROBLEM OR PART OF THE SOLUTION?



NATIONAL CONFERENCE FOR LAWYER
ASSISTANCE PROGRAMS,
CHARLESTON, SOUTH CAROLINA
SEPTEMBER, 2018

Robert Albury, West Virginia Judges
and Lawyers Assistance Program

Matt Samuelson, National Conference
of Bar Examiners

Janet Stearns, University of Miami
School of Law

Sondra Tennessee, University of
Houston Law Center



- ▶ *The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys (the “Study”)*
 - ▶ P.R. Krill, R. Johnson, & L. Albert
 - ▶ 10 J. Addiction Med. 46 (2016)

- ▶ *Suffering in Silence: The Survey of Law Student Well-Being and the Reluctance of Law Students to Seek Help for Substance Use and Mental Health Concerns (the “Law Student Survey”)*
 - ▶ J.M. Organ, D. Jaffe, K. Bender
 - ▶ 66 J. Legal Educ. 116 (2016)

MAJOR RESEARCH STUDIES

SURVEY OF LAW STUDENT WELL BEING (SLSWB)

Spring 2014 Survey made possible by the financial support of the ABA Enterprise Fund and the Dave Nee Foundation, and the cooperation of the 15 participating law schools and their students.



PARTICIPANTS & METHODS

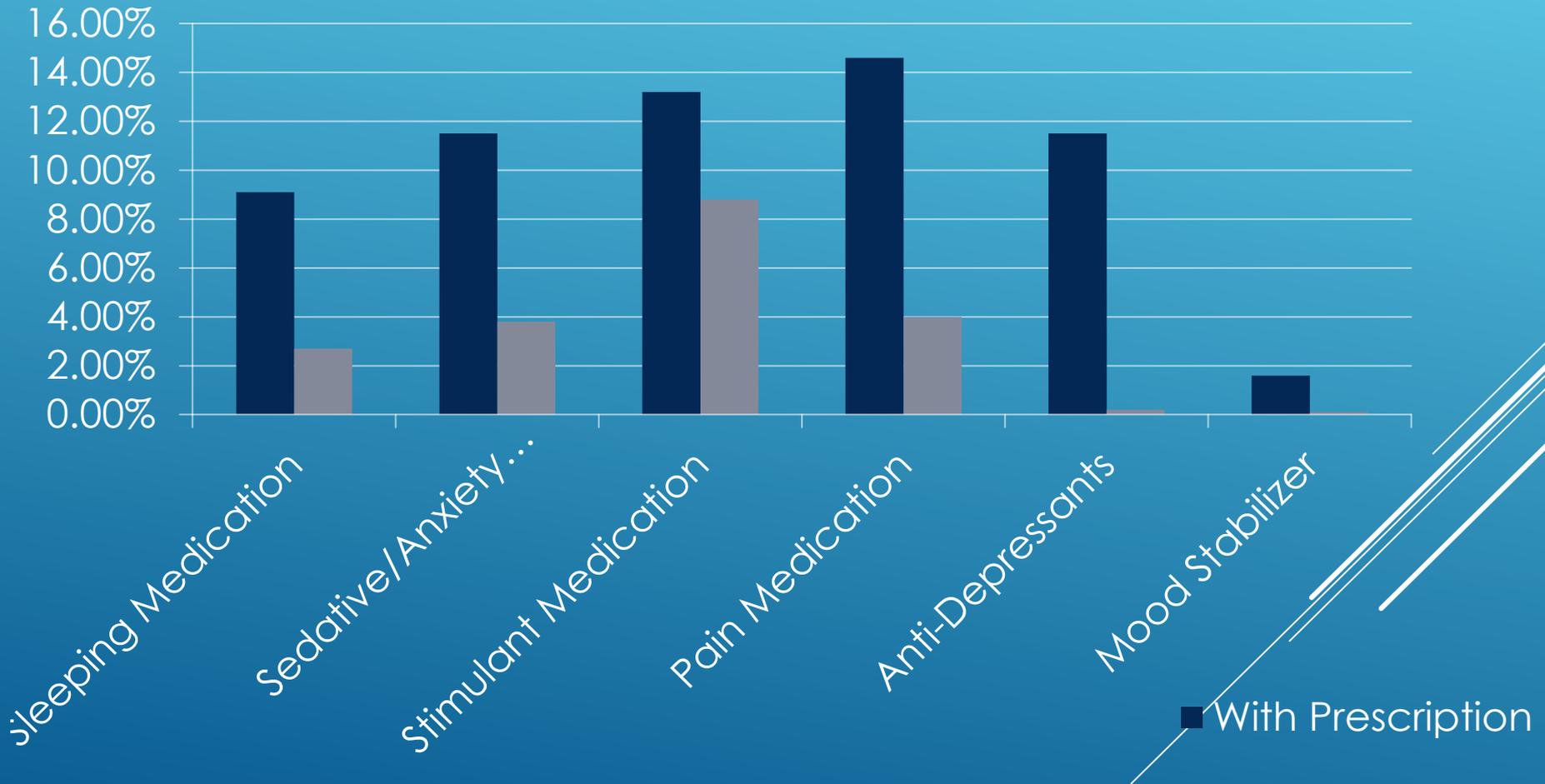
- ▶ IRB
 - ▶ Web-based Survey Design
 - ▶ 15 Law Schools
 - ▶ About 11,300 Law Students
 - ▶ Approximately 3,400 Respondents
 - ▶ Response Rate of Roughly 30%
- ▶ **56% women**
 - ▶ **44% men**
- ▶ **69% Caucasian**
 - ▶ **8% African-American**
 - ▶ **5% Hispanic**
 - ▶ **7% Asian**
 - ▶ **7% Multiracial**
- ▶ **First-years – 30.4%**
 - ▶ **Second-years – 34.4%**
 - ▶ **Third-years (or more) – 35%**

Alcohol Consumption	SLSWB	Healthy Minds (Grad.)	Healthy Minds (Undergrad.)
Prior 30 days - drank enough to get drunk	53%	39%	61%
Prior 2 weeks - binge drank at least once	43%	36%	45%
Prior 2 weeks - binge drank 2 or more times	22%	12%	30%

ALCOHOL CONSUMPTION AND PROBLEM BEHAVIORS

- ▶ 25 percent positive for CAGE questions
 - ▶ Other common problems included:
 - ▶ vomited (37%)
 - ▶ had amnesia or memory loss (25%)
 - ▶ missed class (19%)
 - ▶ drove while under the influence (15%)
 - ▶ Thought I had a problem – afraid I might be an alcoholic (14%)
- 

PRESCRIPTION DRUG USE IN THE PAST 12 MONTHS



DISTRIBUTION AND MISUSE

- ▶ Overall, **12.6%** of respondents with a prescription have given away their prescription drugs in the last 12 months – with stimulants being most frequent, followed by sedatives and pain medication.
 - ▶ Overall, **14.4%** of respondents used prescription drugs without a prescription in the last 12 months – with stimulants being used most frequently, followed by sedatives and pain medication.
- 

PRESCRIPTION STIMULANTS

- ▶ Most common reasons for prescription stimulant use **without a prescription**:
 - ▶ To concentrate better while studying – 67%
 - ▶ To increase my alertness to study longer – 64%
 - ▶ To increase my alertness to work longer – 46%
 - ▶ To concentrate better while working -- 45%
 - ▶ To prevent other students (who are using prescription stimulants) from having an “edge” – 20%

Depression & Anxiety in Law School

Depression/Anxiety SCREEN

Depression

Screened Positive: 17%
[PHQ-2]

Anxiety

Screened Positive: 37% total
23% for mild to moderate
14% for severe

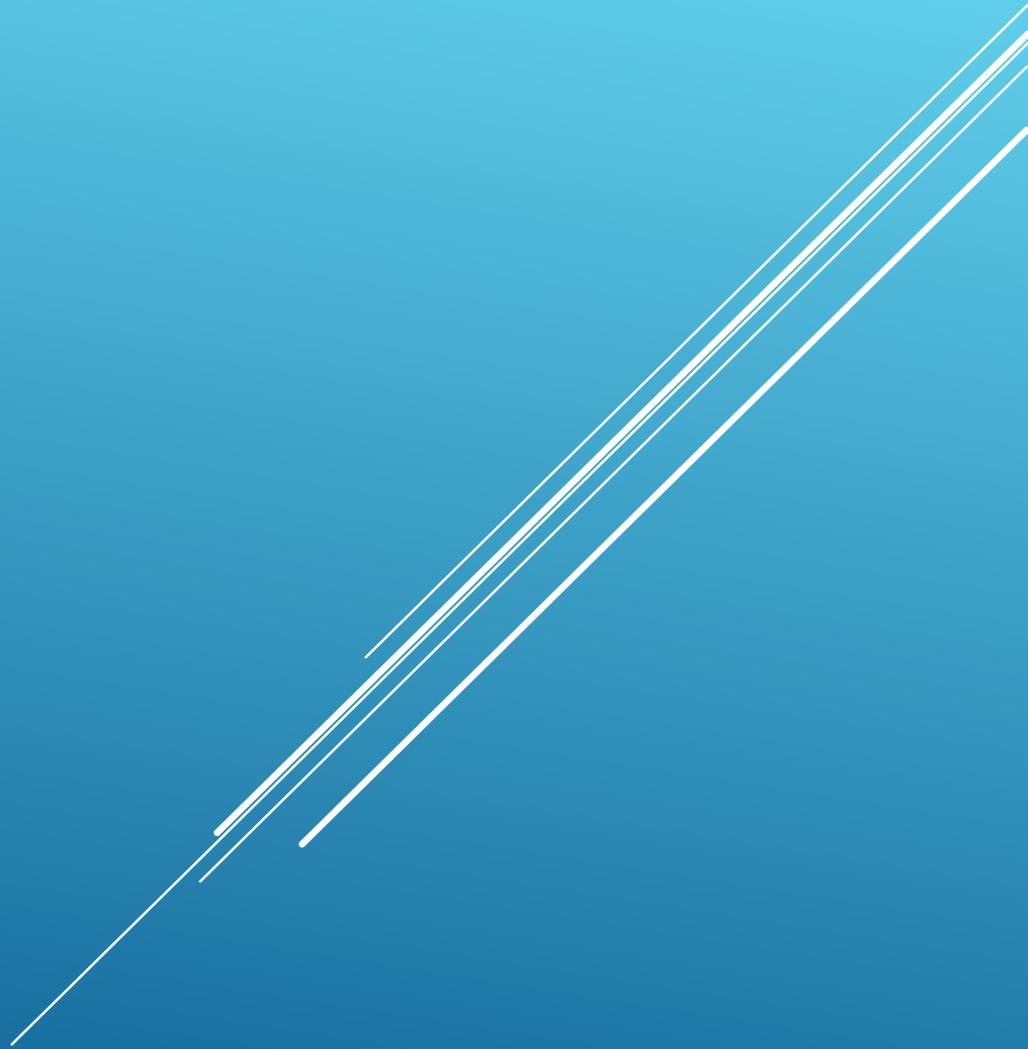
Depression & Anxiety in Law School

Depression/Anxiety Diagnosis	Comparison
Depression	
Diagnosis: 18% in lifetime, 17% of whom were diagnosed since starting law school	15% of undergraduate students and 17% of graduate students from the Healthy Minds Study
Anxiety	
Diagnosis: 21% in lifetime, 30% of whom were diagnosed since starting law school	14% of undergraduate students and 15% of graduate students from the Healthy Minds Study

FREQUENCY OF SUICIDAL THOUGHTS & SELF-INJURY

- ▶ 20% have thought seriously about suicide sometime in their life
 - ▶ 6% have thought seriously about suicide in the last 12 months
 - ▶ 9% of respondents have hurt themselves in the last 12 months
 - ▶ 17% of those have done so two or more times in the past month
- 

HELP SEEKING BEHAVIORS



- ▶ If you believed you had an alcohol or drug problem, how likely would you be to seek assistance from
- ▶ **81%** - a health professional
- ▶ **30%** - LAP
- ▶ **14%** - dean of students
- ▶ But only 4% have ever actually used a health professional for alcohol or drug issues.

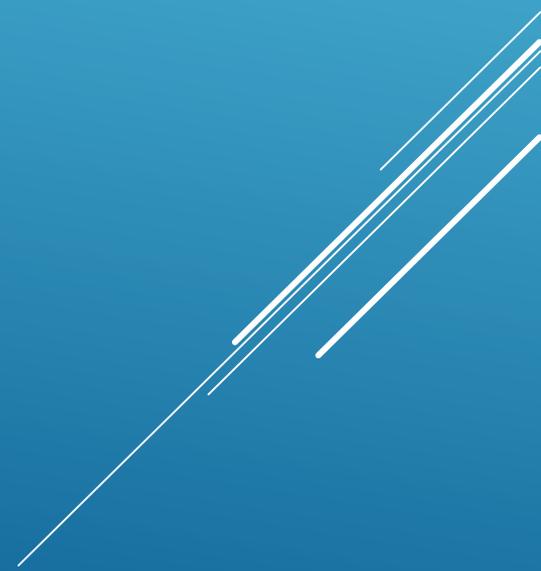
FOR DRUG AND ALCOHOL CONCERNS

- ▶ If you believed you had a mental health problem, how likely would you be to seek assistance from
- ▶ **79%** a health professional
- ▶ **15%** dean of students
- ▶ 42% thought they needed help for emotional or mental health problems in the past year.
- ▶ **Only half of those who thought they needed help reported actually receiving counseling**

FOR MENTAL HEALTH CONCERNS

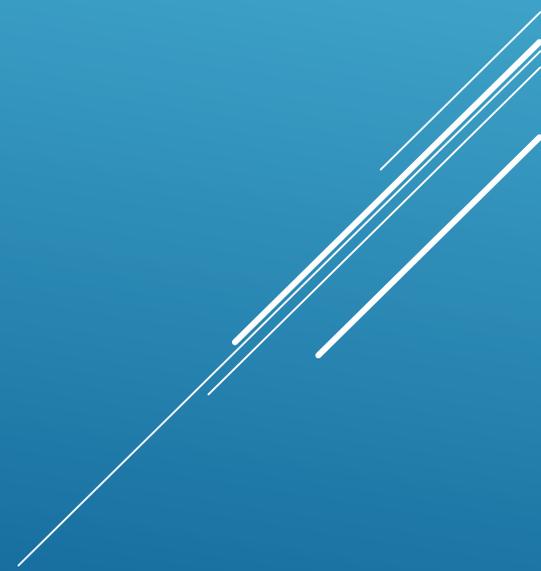


FACTORS THAT WOULD DISCOURAGE SEEKING HELP

- ▶ Threat to job or academic status
 - ▶ Potential threat to bar admission
 - ▶ Social stigma
 - ▶ Handle it myself
- 

- ▶ **44%** report a better chance of getting admitted to the bar if a mental health problem **is hidden**.
- ▶ **49%** report a better chance of getting admitted to the bar if a substance use problem **is hidden**.
- ▶ **The percentages are even higher among those with multiple concerns, who are most in need of seeking help.**
- ▶ 71% agree or strongly agree that law students do not seek help for fear of the professional consequences.

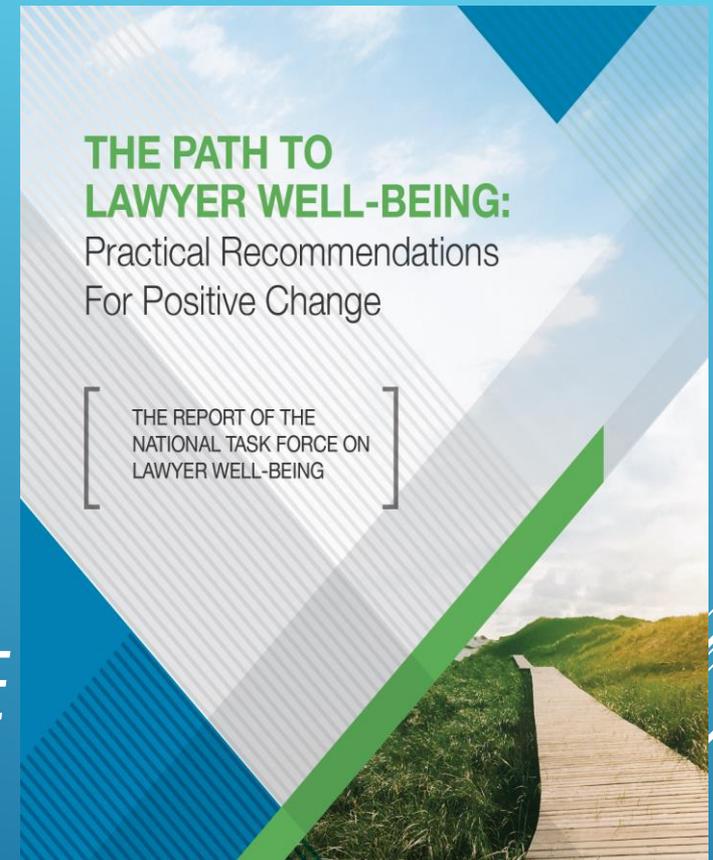
OUR LAW STUDENTS ARE SCARED TO ASK FOR HELP



THE PATH TO LAWYER WELL-BEING:

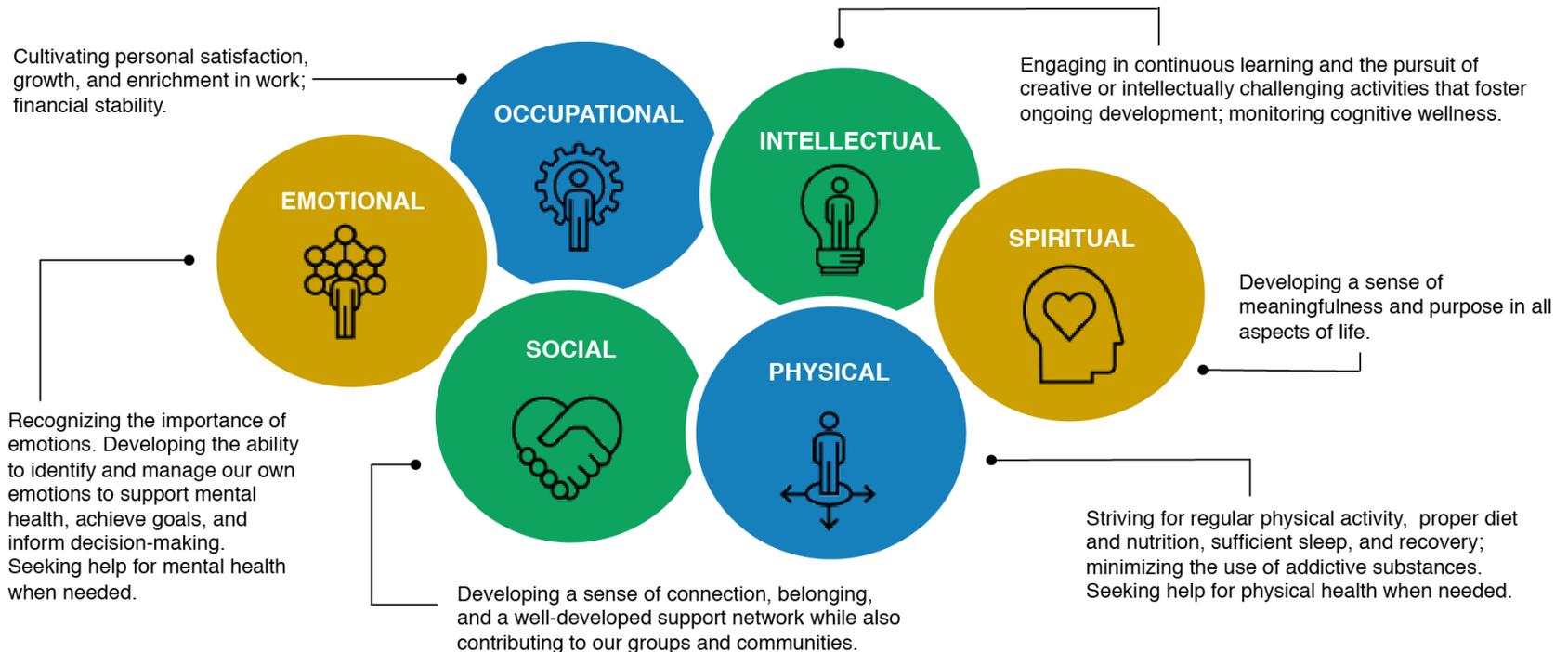
PRACTICAL RECOMMENDATIONS FOR POSITIVE CHANGE

THE REPORT OF THE NATIONAL TASK
FORCE ON LAWYER WELL-BEING



What is lawyer “well-being”?

A continuous process in which lawyers strive for thriving in each dimension of their lives:



ABA House of Delegates Adopts Lawyer Well-Being Resolution at Midyear Meeting

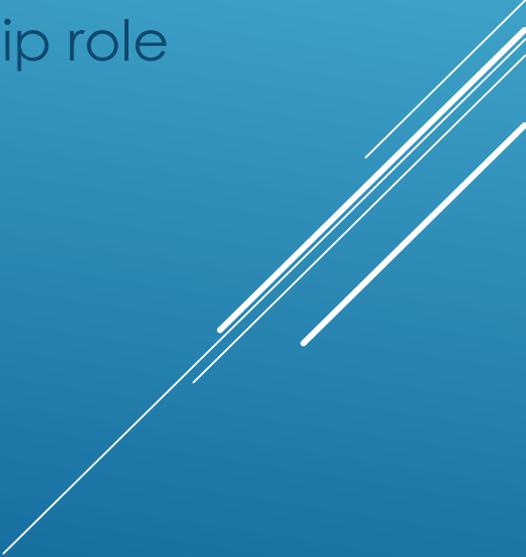
The ABA House of Delegates adopted [Resolution 105](#) at the ABA Midyear Meeting in Vancouver, which supports the goal of reducing mental health and substance use disorders and improving the well-being of lawyers, judges and law students, and urges stakeholders within the legal profession to consider the recommendations set out in *The Path to Lawyer Well-Being: Practical Recommendations for Positive Change* from the National Task Force on Lawyer Well-Being.

Resolution 105 was primarily sponsored by the [Working Group to Advance Well-Being in the Legal Profession](#), an ABA Presidential Initiative. Resolution 105 was co-sponsored by the [ABA Commission on Lawyer Assistance Programs](#), the [ABA Standing Committee on Professionalism](#) and the [National Organization of Bar Counsel](#).

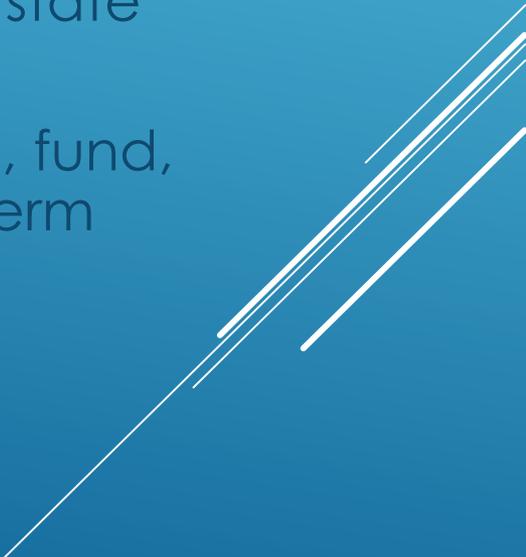
**ABA URGES ALL STAKEHOLDERS TO
SUPPORT THE TASK FORCE REPORT,
FEBRUARY, 2018 IN VANCOUVER**

GENERAL RECOMMENDATION: **ACKNOWLEDGE THE PROBLEMS AND TAKE RESPONSIBILITY**

In order to transform passive denial to proactive support for change:

- ▶ Every sector must support lawyer well-being.
 - ▶ Every one of us must take a leadership role within our sphere of influence.
- 

GENERAL RECOMMENDATION: **CREATE A PROFESSION-WIDE ACTION PLAN**

- ▶ Develop a National Action Plan that continues the effort.
 - ▶ Create state-level action plan, led by state Supreme Court
 - ▶ Create an organized coalition to plan, fund, instigate, motivate, and sustain long-term change.
- 

21. Adjust the Admissions Process to Support Law Student Well-Being.

21.1 Re-Evaluate Bar Application Inquiries About Mental Health History.

21.2 Adopt Essential Eligibility Admission Requirements.

21.3 Adopt a Rule for Conditional Admission to Practice Law with Specific Requirements and Conditions.

21.4 Publish Data Reflecting Low Rate of Denied Admissions Due to Mental Health Disorders and Substance Use.

REGULATORS:
RECOMMENDATIONS FOR ACTION

The National Conference of Bar Examiners is a not-for-profit Corporation founded in 1931. The mission of the Conference is

- to work with other institutions to develop, maintain, and apply reasonable and uniform standards of education and character for eligibility for admission to the practice of law; and
- to assist bar admission authorities by
 - providing standardized examinations of uniform and high quality for the testing of applicants for admission to the practice of law,
 - disseminating relevant information concerning admission standards and practices,
 - conducting educational programs for the members and staffs of such authorities, and
 - providing other services such as character and fitness investigations and research.



National
Conference of
Bar Examiners

NCBE facilitates conversations and relationships with (and among) stakeholders to encourage the development of reasonable and uniform standards.

It is important to note that **NCBE doesn't make the rules**; instead, we provide services to jurisdictions.

As such, our website includes cautionary language in numerous locations.

NCBE'S CHARACTER AND FITNESS SERVICES

Requirements, deadlines, and processing timelines vary among jurisdictions. Decisions regarding your qualification for admission are made by the jurisdiction and not by NCBE. The information provided here relates only to NCBE's character and fitness services.



Character and Fitness Services

Investigations—Conducting background investigations on applicants and preparing character and fitness reports for jurisdictions.

Cross-Reference Service—A tool offered to jurisdictions to investigate whether applicants have previously submitted any type of application to another jurisdiction.

NCBE hosts the online C&F application for 28 jurisdictions.

- 26 jurisdictions use the application for one or more of the following categories of applicants:
 - 1st time admission
 - Attorney admission (licensed in another U.S. jurisdiction or territory)
 - Foreign-Educated/Foreign-Licensed
 - Admission by Transferred UBE Score
- 2 jurisdictions use the application only for Foreign Legal Consultants (foreign educated/foreign licensed)
- We investigate and gather information about:
responses to questions on the application (affirmative and negative); and,
issues presented, if any, based on the information contained in a particular application.

We provide a report to the jurisdiction(s) that uses our services.

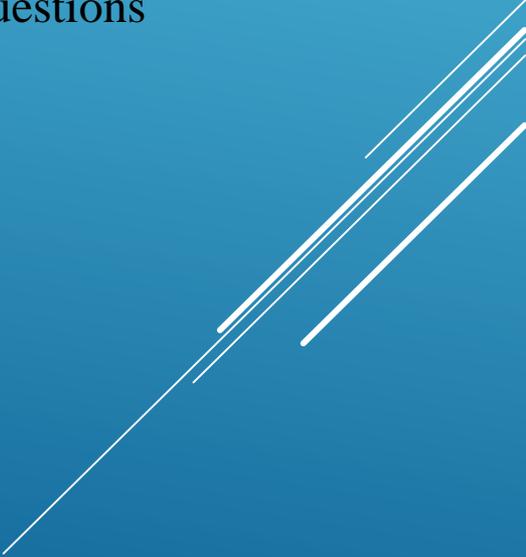
Each user jurisdiction then makes C&F decisions according to their rules and standards.

Many jurisdictions handle C&F issues and applications without using NCBE's investigation services.



NCBE's Online Application – Mental Health Questions

Of the 28 jurisdictions NCBE works with to provide C&F services:

- **20** use the **standard language**
 - **5** use **nonstandard language** for some or all of the mental health questions
 - **3** do not use any of the mental health questions (the questions are **suppressed** and do not appear)
- 

29. Conduct or Behavior

Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice law in a competent, ethical, and professional manner?

30. Condition or Impairment

Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice law in a competent, ethical, and professional manner?

If Yes, Are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or participate in a monitoring or support program?

31. Defense or Explanation

Within the past five years, have you asserted any condition or impairment as a defense, in mitigation, or as an explanation for your conduct in the course of any inquiry, any investigation, or any administrative or judicial proceeding by an educational institution, government agency, professional organization, or licensing authority; or in connection with an employment, disciplinary or termination procedure?

31. Defense or Explanation (Alternate Language – used for OH and LA)

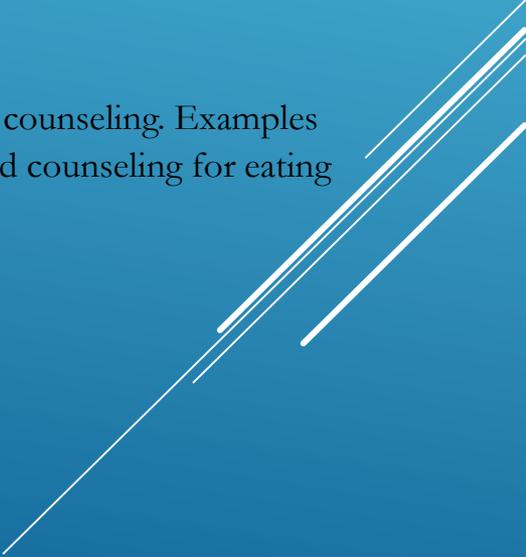
Within the past five years, have you engaged in any conduct that: (1) resulted in arrest, discipline, sanction or warning; (2) resulted in termination or suspension from school or employment; (3) resulted in loss or suspension of any license; (4) resulted in any inquiry, any investigation, or any administrative or judicial proceeding by an employer, educational institution, government agency, professional organization, or licensing authority, or in connection with an employment disciplinary or termination procedure; or (5) endangered the safety of others, breached fiduciary obligations, or constituted a violation of workplace or academic conduct rules? If so, provide a complete explanation and include all defenses or claims that you offered in mitigation or as an explanation for your conduct.

PREAMBLE TO QUESTIONS 29, 30, and 31

Through this application, the National Conference of Bar Examiners makes inquiry about circumstances that may affect an applicant's ability to meet the professional responsibilities of a lawyer. This information is treated confidentially by the National Conference and will be disclosed only to the jurisdiction(s) to which a report is submitted. The purpose of such inquiries is to allow jurisdictions to determine the current fitness of an applicant to practice law. The mere fact of treatment, monitoring, or participation in a support group is not, in itself, a basis on which admission is denied; boards of bar examiners routinely certify for admission individuals who demonstrate personal responsibility and maturity in dealing with fitness issues. The National Conference encourages applicants who may benefit from assistance to seek it.

Boards do, on occasion, deny certification to applicants whose ability to function is impaired in a manner relevant to the practice of law at the time that the licensing decision is made, or to applicants who demonstrate a lack of candor by their responses. This is consistent with the public purpose that underlies the licensing responsibilities assigned to bar admission agencies; further, the responsibility for demonstrating qualification to practice law is ordinarily assigned to the applicant in most jurisdictions.

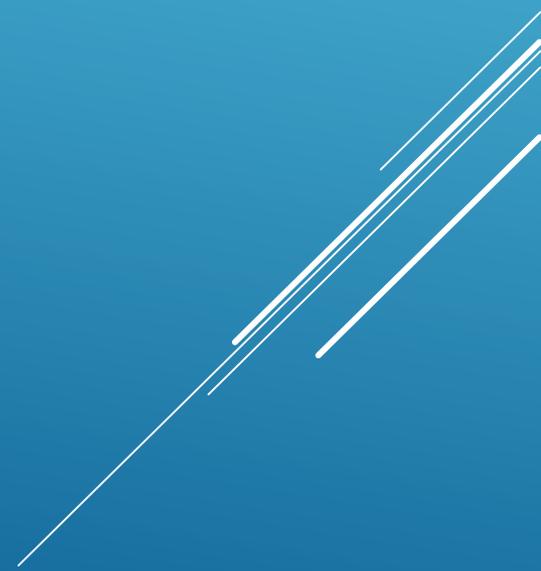
The National Conference does not seek information that is fairly characterized as situational counseling. Examples of situational counseling include stress counseling, domestic counseling, grief counseling, and counseling for eating or sleeping disorders. The National Conference does not seek medical records.



DOES THE SCREENING FOCUS
ON PAST ACTS OR BEHAVIORS,
OR PROACTIVE REQUESTS FOR
HELP?



ARE SPECIFIC MEDICAL
RECORDS BEING REQUESTED
AND WHY?





U.S. Department of Justice
Civil Rights Division

*Assistant Attorney General
950 Pennsylvania Ave, NW - RFK
Washington, DC 20530*

February 5, 2014

The Honorable Bernette J. Johnson
Chief Justice
Louisiana Supreme Court
400 Royal Street, Suite 4200
New Orleans, LA 70130-8102

Elizabeth S. Schell
Executive Director
Louisiana Supreme Court Committee on Bar Admissions
2800 Veterans Memorial Blvd., Suite 310
Metairie, LA 70002

Charles B. Plattsmier
Chief Disciplinary Counsel
Louisiana Attorney Disciplinary Board
Office of Disciplinary Counsel
4000 S. Sherwood Forest Blvd., Suite 607
Baton Rouge, LA 70816

Re: The United States' Investigation of the Louisiana Attorney Licensure System Pursuant to the Americans with Disabilities Act (DJ No. 204-32M-60, 204-32-88, 204-32-89)

IMPACT OF DOJ V. LOUISIANA?

IN RE PETITION FOR REINSTATEMENT
OF DITRAPANO,
WEST VIRGINIA SUPREME COURT



OTHER CASES, OTHER STATES



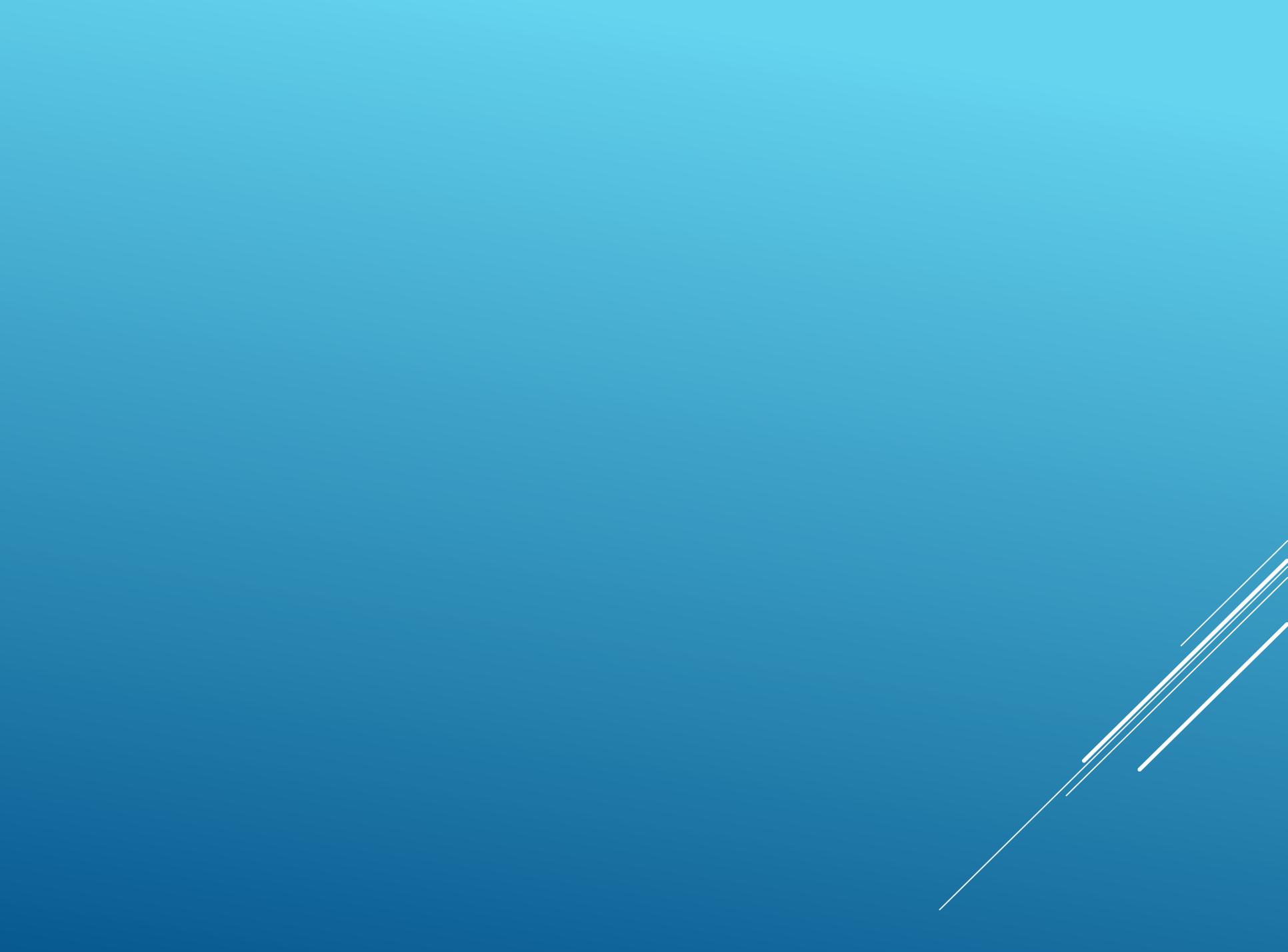
- REVIEW OF BAR APPLICATION QUESTIONS
- IMPROVING LAW SCHOOL ADMISSION SCREENING
- TRAINING LAW SCHOOL STAFF
- EDUCATING LAW STUDENTS
- UTILIZING JLAP SERVICES FOR TRAINING, EDUCATION, ASSISTANCE, ADVOCACY AND CONDITIONAL ADMISSIONS

STRATEGIES FOR REFORM

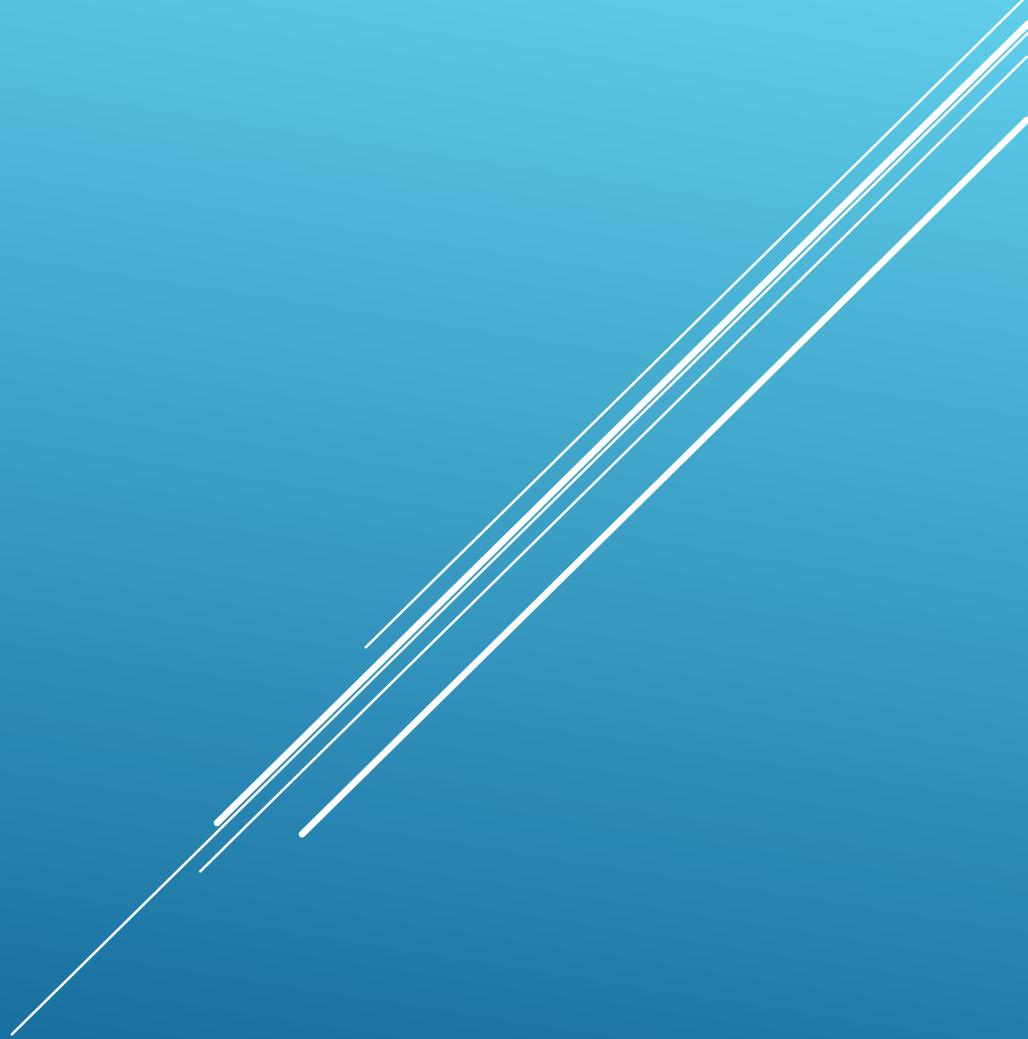
WILL STUDENTS BE REVIEWED MORE
SLOWLY, DENIED ADMISSION, OR
DIVERTED TO CONDITIONAL
ADMISSION?
AND DO WE KNOW?

NEED FOR STATE BY STATE DATA





QUESTIONS &
COMMENTS?



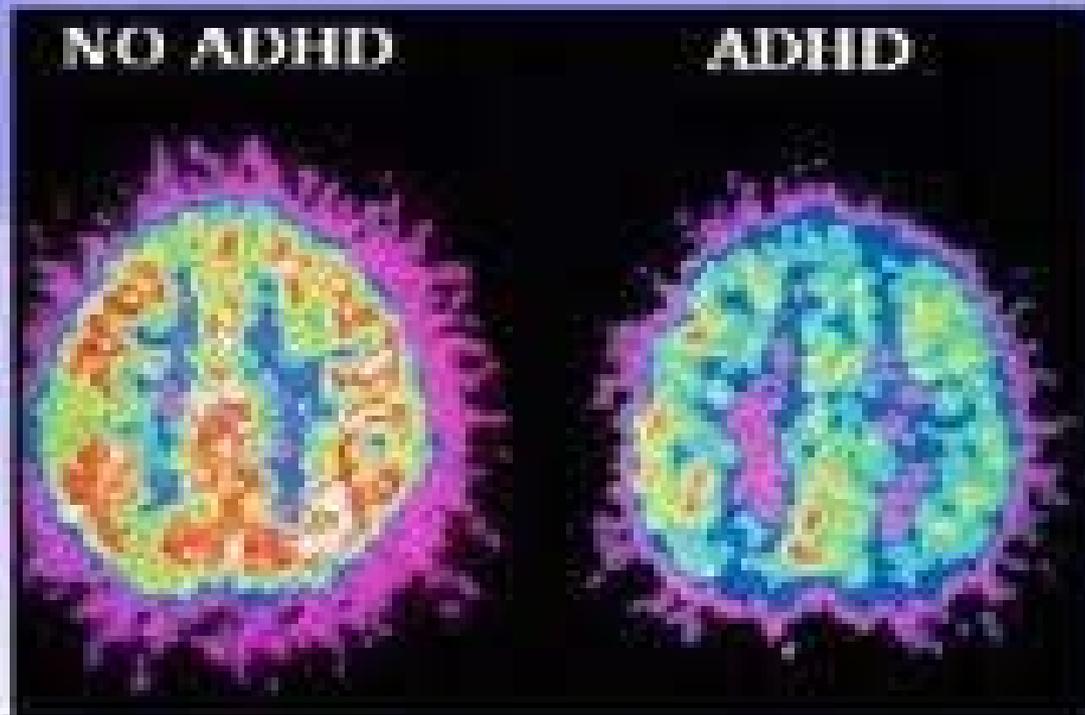
Practicing Law with ADHD: A Hero's Journey



Attention Variability Syndrome: High Interest/Low Interest

- ▶ Attention varies depending on whether an activity is of high interest or low interest.
 - ▶ High interest attention is focused and sustainable.
 - ▶ Low interest attention is weak and easily distractible.
- 

PET SCAN



<http://www.health-center.com/english/brain/adhd/default.htm>

ADHD/ADD

- ▶ ADHD/ADD Affects 5% of the Adult Population and 12.2% of Attorneys.
 - ▶ Prior to 1994 it was thought to be only a childhood disorder.
 - ▶ In the DSM-V, ADHD was moved from the category “Disorders Usually First Diagnosed in Infancy, Childhood and Adolescence” to the “Neurodevelopmental Disorder” category.
- 

ADHD/ADD

- ▶ The DSM –V also finally has Adult ADD diagnostic criteria. Criteria changed from 6 to 5 symptoms for each type (age 17 and over).
- ▶ Previously, symptoms must have been present before age 7. Now, in the DSM–V (2013), symptoms must have been present before age 12.
- ▶ Clear evidence that symptoms have persisted for at least six months and negatively impact social, occupational and or academic activities in two or more settings.

ADHD Main Types

- ▶ Predominantly inattentive (ADD)
 - ▶ Predominantly hyperactive/impulsive (ADHD)
 - ▶ Combined (both ADD/ADHD)
 - ▶ Other Specified or Unspecified (does not meet full definition but symptoms exist and clinical distress or impairment needs to be significant)
- 

Common Characteristics of ADD

- ▶ Significant difficulty starting tasks, organizing, and planning related to low interest activities which significantly impair functioning.
 - ▶ Being easily distracted by the environment and getting lost in one's internal thinking.
 - ▶ Making decisions impulsively and searching for novelty to wake up the brain.
- 

Common Characteristics of ADD

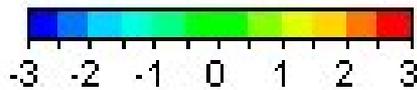
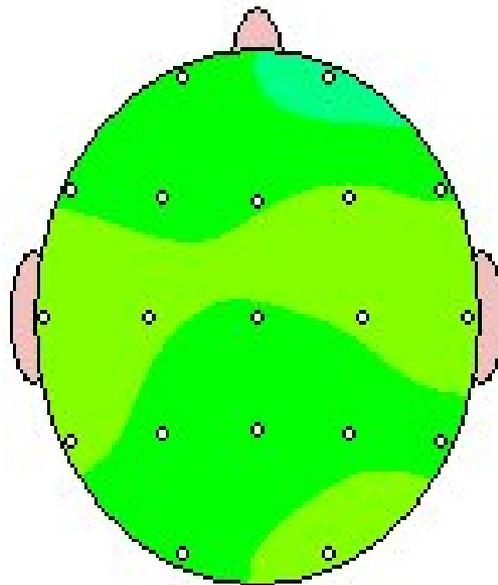
- ▶ Difficulty stopping activities that are high interest.
 - ▶ Difficulty retaining instructions, staying on topic, and noticing cues to accurately read people.
 - ▶ Low self esteem due to poor motivation and difficulty getting tasks completed.
 - ▶ Poor impulse control
- 

Common Characteristics of ADD

- ▶ Often begin projects without planning or preparation and failing to sustain the activity.
 - ▶ Significant difficulty following through with time deadlines in low interest activities such as paperwork, filing, phone calls, e-mails.
 - ▶ Difficulty regulating emotions such as getting easily frustrated or overwhelmed to an extent that affects personal and work relationships.
- 

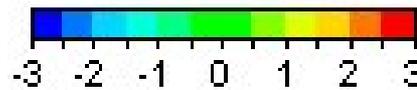
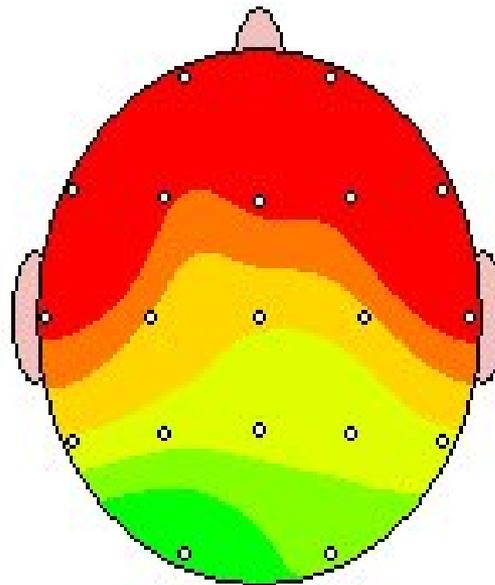
Brain Map

NORMAL



This is a normal BrainMap

ADHD



This is one of the typical BrainMap patterns seen in a child with ADHD. It shows an underactive (red colour) frontal lobe behind the forehead.

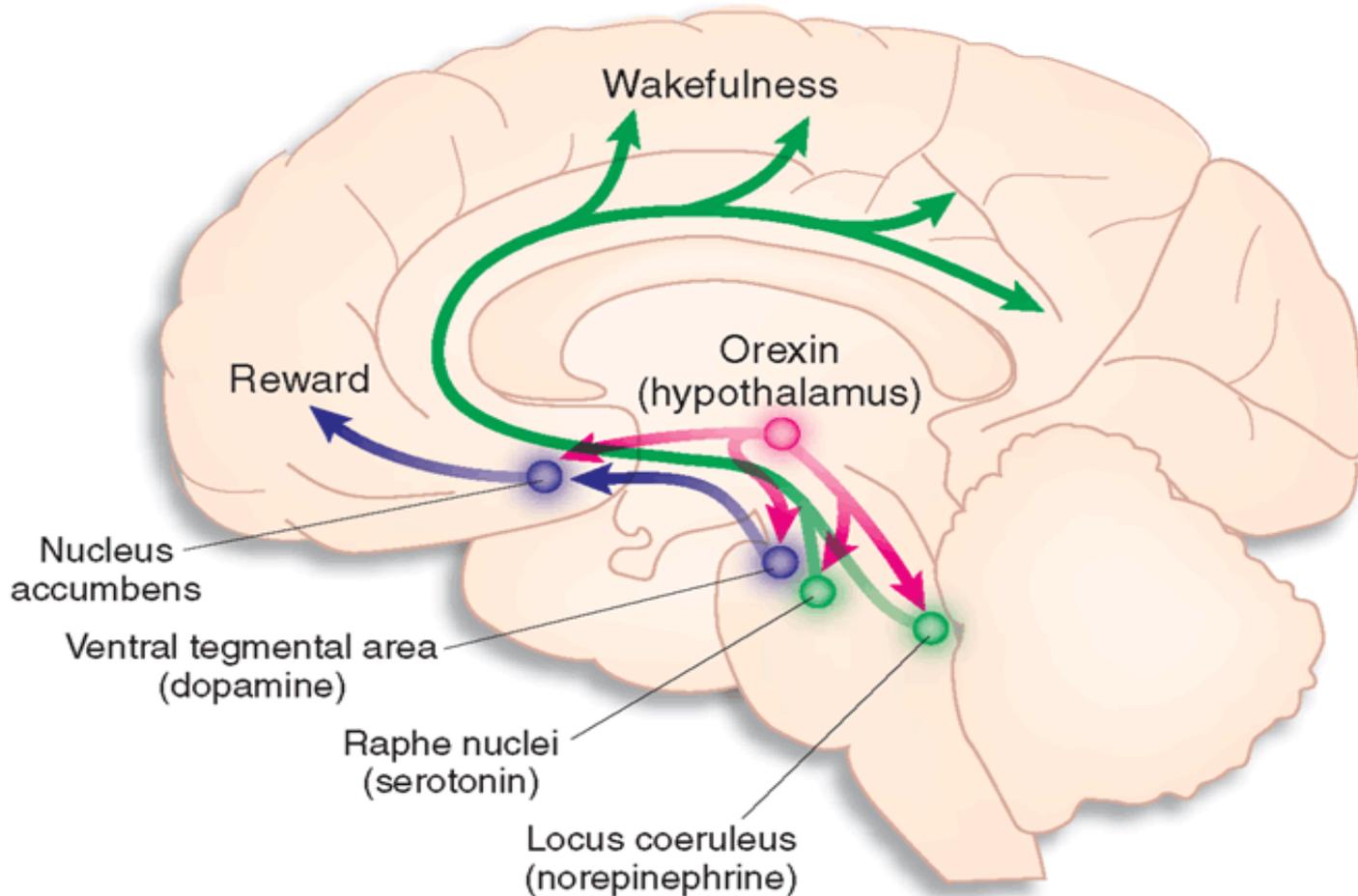
ADHD Neuroimaging Findings

- ▶ Glucose metabolism and dopamine are dramatically reduced in low interest activities
 - ▶ When presented with an interesting task glucose and dopamine increase dramatically
 - ▶ There are global and regional reductions but the changes are dramatic in the prefrontal cortex
- 

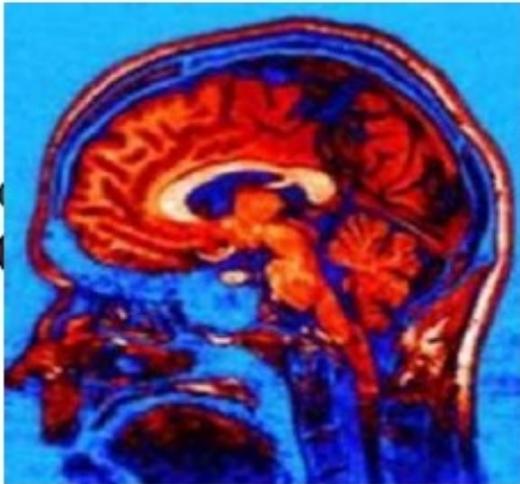
Neurotransmitters and ADHD

- ▶ Dopamine activates the pleasure and reward focusing centers in the brain.
 - ▶ Norepinephrine (brain adrenaline) plays a part in general alertness, learning, focusing and activity level.
 - ▶ Neurotransmitters are affected by high and low interest activities.
- 

Dopamine Reward Pathway



Dopamine



- Dopamine is both a neurotransmitter and a hormone.
- It is the precursor for adrenaline and noradrenaline production
- Dopamine increases arousal and decreases inhibition.
- Its effects would show up on a brainscan as increased cerebral activity

DRD4: The Novelty-seeking Gene

- ▶ The novelty-seeking gene, DRD4, interacts with the worrier gene, COMT, to affect novelty-seeking
- ▶ People who have certain versions of each genes are more likely than other people to seek out new situations and experiences even if doing so involves significant risk

Mental Health and Addiction Disorders that Affect Attention – Often Co-occurring with ADHD

- ▶ Substance Abuse
 - ▶ Depression, bipolar depression, all anxiety disorders
 - ▶ Autistic spectrum, psychotic disorders, and many others.
- 

Medical conditions that can contribute to attention deficits

- ▶ Sleep Disorders, especially sleep apnea
 - ▶ Cancer
 - ▶ Chronic Pain
 - ▶ Heart disease
 - ▶ Allergies
 - ▶ Head Injuries
 - ▶ The medical list may be quite extensive.
 - ▶ Medication side effects may also affect attention.
 - ▶ Untreated medical conditions may affect attention and organization.
- 

Gifts of ADHD

- ▶ Creativity
- ▶ Spontaneity
- ▶ Imagination
- ▶ Inventiveness
- ▶ Connecting to new situations
- ▶ Hyper-focusing

From Neurodiversity by Thomas Armstrong, PhD



Thom Hartmann's Adult ADHD: How to Succeed as a Hunter in a Farmer's World

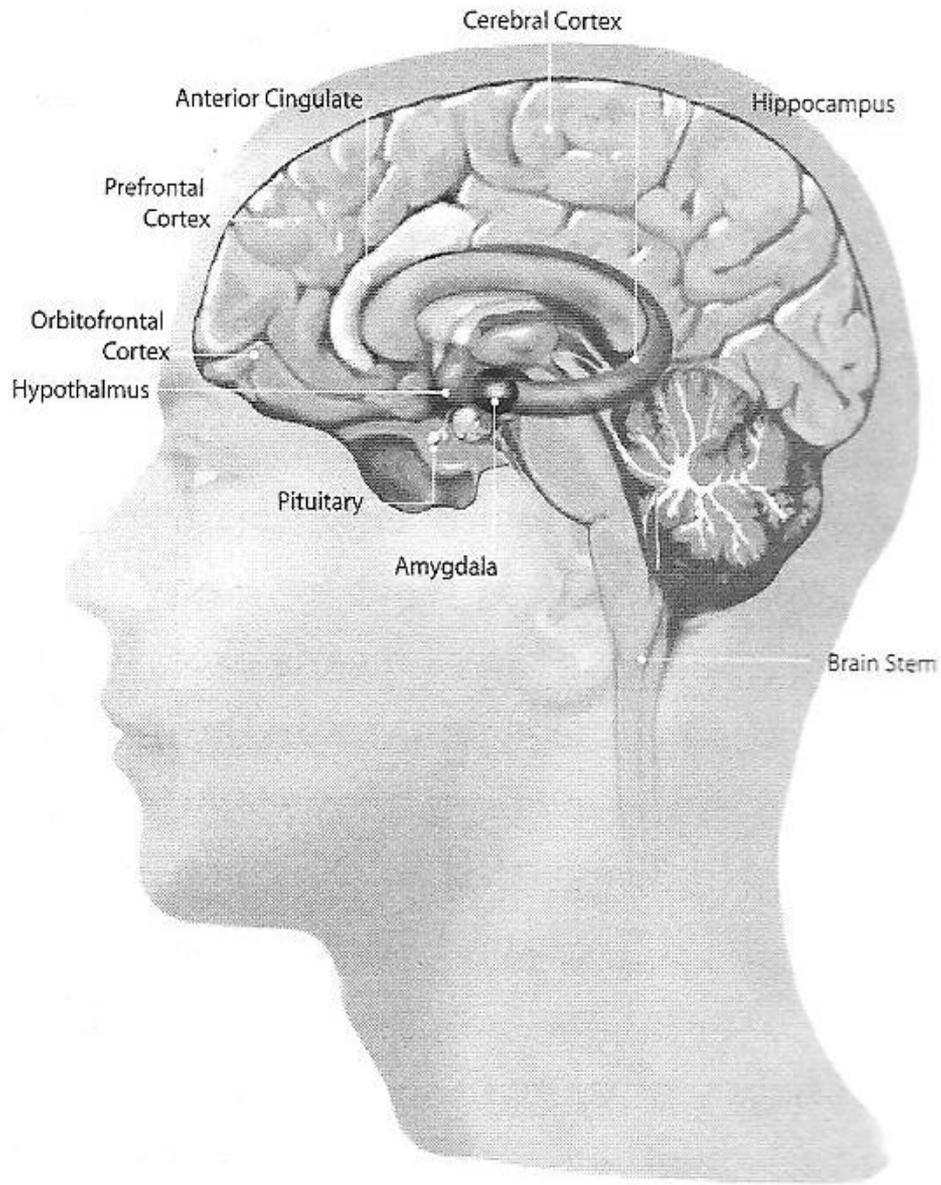


Hunter/Farmer Theory



Technology is Rewiring our Brain

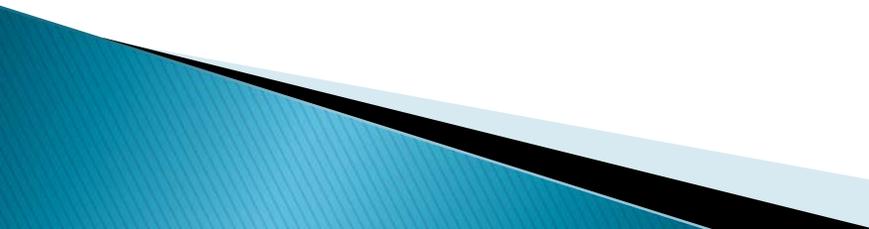




Prefrontal Cortex

- ▶ Marked reduction in electrical activity in low interest activities
 - ▶ Difficult to formulate plans and strategies in low interest activities due to low electrical activity
 - ▶ Reward pathway that seeks novelty will try to wake up the pre-frontal cortex.
- 

Limbic Region

- ▶ Regulates emotion. Attachment styles affect Amygdala regulation.
 - ▶ Emotions are believed to occur before thoughts but thoughts direct emotions.
 - ▶ The brain has many more emotional neuronal pathways than cognitive pathways.
 - ▶ Emotions elicit memories. The hippocampus, our memory center, is state dependent.
- 

Attachment Styles

- ▶ Secure Attachment
- ▶ Insecure Attachment
 - Avoidant
 - Anxious / Ambivalent
 - Disorganized

The Brain in the Palm of Your Hand

Your palm:

represents the Brain Stem

Your thumb:

represents the Limbic area
(the amygdala, hippocampus)

**Your fingers from middle of knuckles to
bottom of finger nail:**

represents the prefrontal cortex

From Parenting from the Inside Out, by Daniel Seigel and Mary Hartzell



The Brain in the Palm of Your Hand

What happens to our brains when we experience emotional dysregulation?

We flip our lids!

(The anterior cingulate is overwhelmed and it reduces cognitive functioning.)



Research on Hope

The pathway to hope is through goals that are:

- ▶ Simple
- ▶ Realistic
- ▶ Achievable

Adapted from CR Snyder PhD Handbook of Hope



Stages of Change

- ▶ Pre-contemplation: I do not have a problem or very limited awareness of a problem. I am ambivalent about changing.
 - ▶ Contemplation: I do have a problem and want to change.
 - ▶ Preparation: Commitment to a plan of simple, realistic and achievable goals.
- 

Stages of Change

- ▶ Action: Tools and skills are used to face challenges.
 - ▶ Maintenance: Maintaining gains and preventing major derailments.
- 

Stages of Change



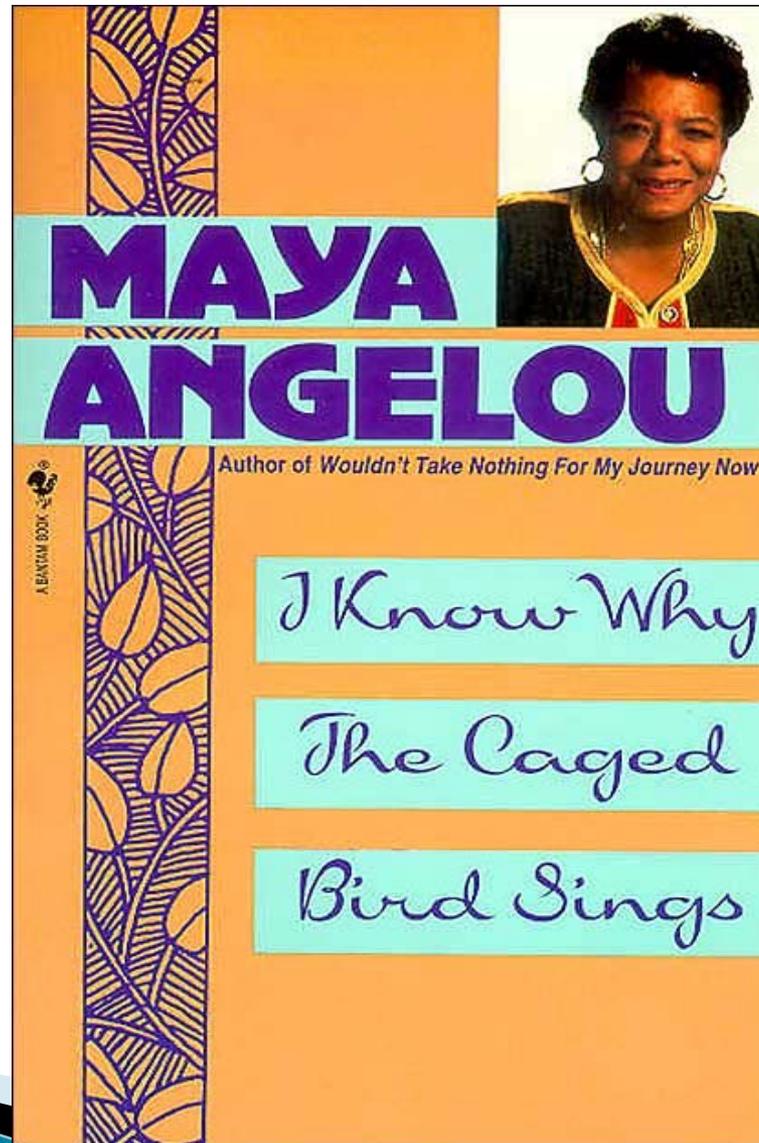
Break

Multiple Intelligences

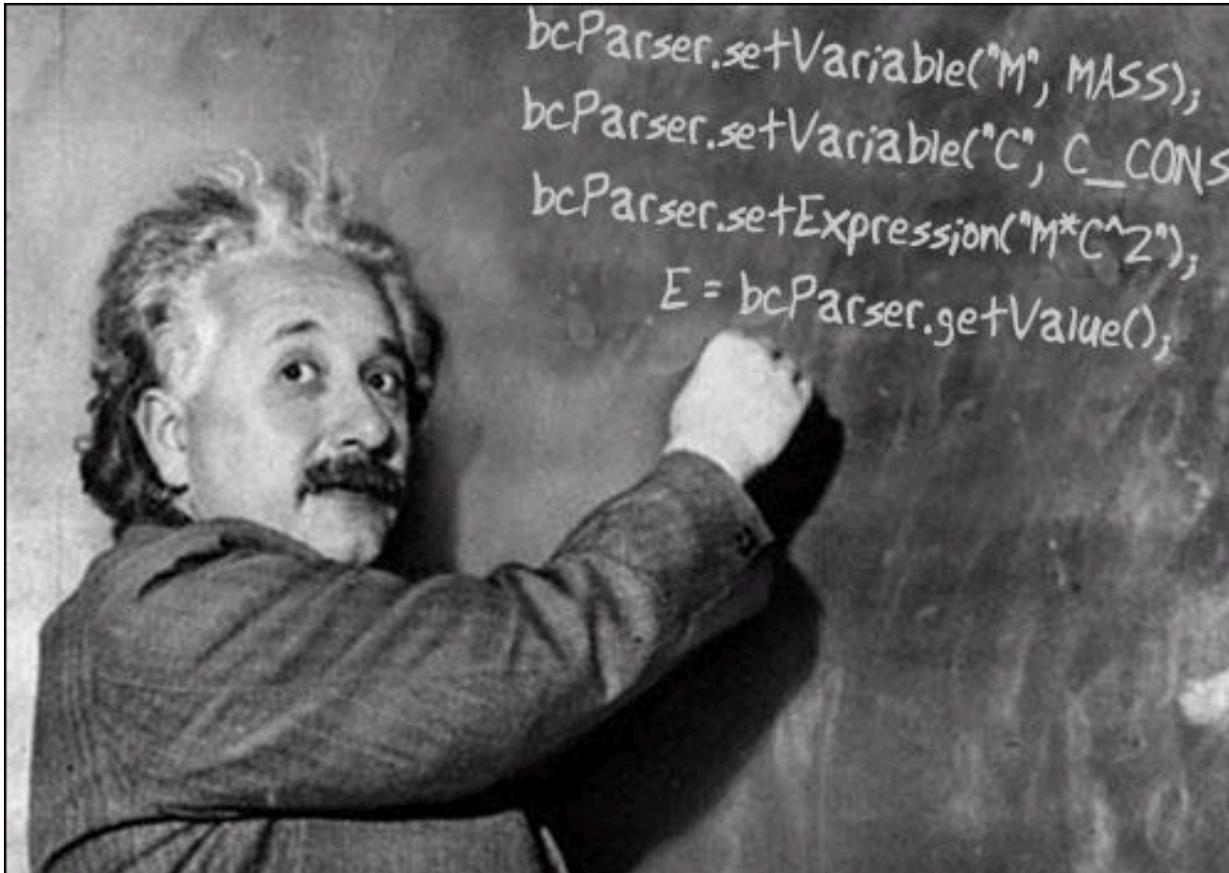
Howard Gardner

- ▶ Linguistic
 - ▶ Logical–Mathematical
 - ▶ Visual–Spatial
 - ▶ Bodily–Kinesthetic
 - ▶ Musical
 - ▶ Interpersonal
 - ▶ Intrapersonal
 - ▶ Naturalistic
 - ▶ Existential
- 

Linguistic: Oral/Written



Logical-Mathematical



Visual-Spatial



Bodily-Kinesthetic



Musical



Interpersonal



Intrapersonal



Naturalistic



Existential: Mindfulness / Transpersonal



Common Planning Problems

- ▶ Time– frequently late, takes longer than predicted to do projects.
 - ▶ Space–disorganized desk, room, files.
 - ▶ Projects – haphazard approach, difficulty locating needed items.
 - ▶ Distracted or hyper–focused; either wastes too much time on other things or spends too much time on a task area.
- 

Common Planning Problems

- ▶ Will do a project only as long as there is intense interest
 - ▶ May do many things 50–80% done then stop
 - ▶ Slow or no starts in low interest activities
 - ▶ Problems stopping during high interest activities
 - ▶ Takes a crisis management approach to life
- 

Daily Schedule and Planning Tips

- ▶ Select a planner (calendar, daily planner, phone, computer, etc.)
 - ▶ Identify a time to plan for each day (day before or morning of)
 - ▶ Check planner 2–5 times each day
 - ▶ Focus on start times not deadlines
- 

Daily Schedule and Planning Tips

- ▶ Add behavioral activation activities to manage moods.

For example, pleasant activities, exercise, volunteering, activities with friends/family, healthy eating habits, etc. Consider learning style.

- ▶ Set a start time to manage procrastination
 - ▶ Identify tasks with start times
- 

Barriers to Using Planners

- ▶ Not setting a time to get started
 - ▶ Making your planner too complicated
 - ▶ Not adjusting or modifying the planner to your needs
 - ▶ Forgetting to check planner several times a day
 - ▶ Not asking others for help
- 

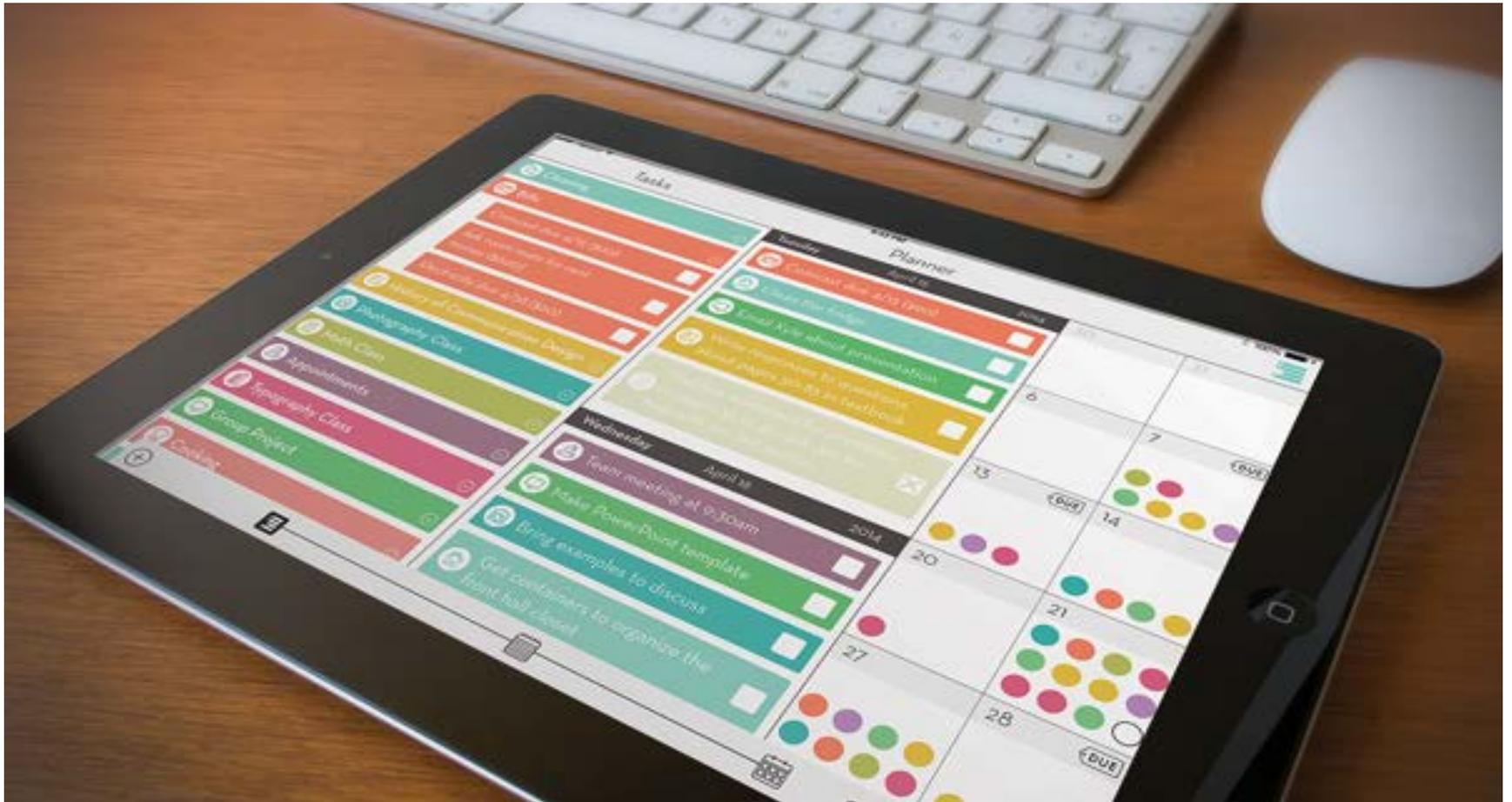
Selected Planning Resources

- ▶ Identify who can help you with planning
 - ▶ If you don't have someone, hire a coach or ask your counselor to arrange phone calls to keep you focused on your plan
 - ▶ ADDitude Magazine www.additudemag.com
 - ▶ ADD Warehouse www.addwarehouse.com
- 

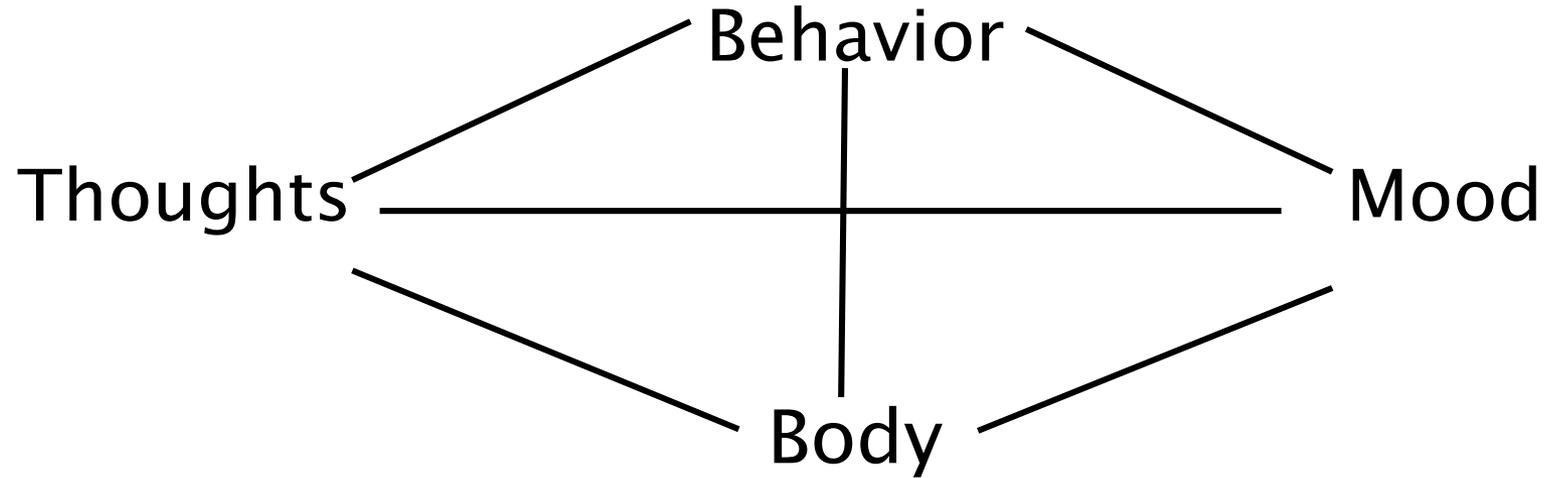
Planning and Color

- ▶ Color-code materials such as filing systems.
- ▶ Use different colored paper for important memos, or for each project.

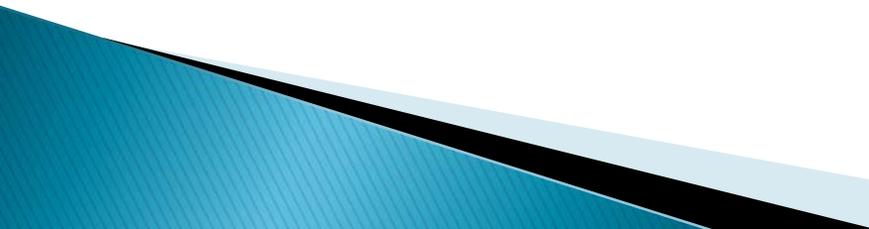
ADHD Planner



Environment



Basic Behavioral Principles

- ▶ Behaviors change faster than thoughts.
 - ▶ Behaviors can address biological, psychological and social concerns.
 - ▶ You need to set simple, realistic and achievable goals.
 - ▶ Problem solving behaviors can be enhanced by visual medium.
 - ▶ Changing behaviors can change thoughts and schemas (thought patterns or behavior patterns).
- 

Core Behavioral–Activation Skills

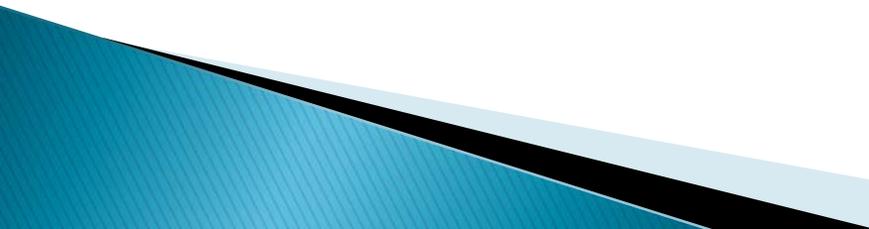
- ▶ Daily Schedule and Planning
 - ▶ Breathing
 - ▶ Diet and Nutrition
 - ▶ Exercise
 - ▶ Managing Procrastination
 - ▶ Social Network
 - ▶ Sleep Hygiene
 - ▶ Medication
- 

BELLY BREATHING



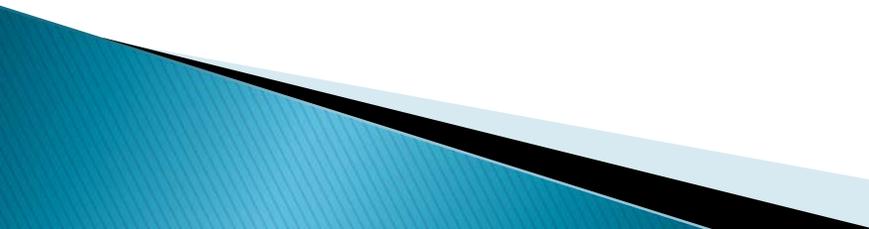
Belly Breathing
Activates the
Relaxation Response.

Belly Breathing

- ▶ Herbert Benson's Relaxation Response
 - ▶ Put arms behind chair for three minutes for full response. Be flexible with time variations and arm positions.
 - ▶ Lungs increase with air from 40–50 CC in chest breathing to 400–500 CC per breath
 - ▶ Stomach lining stores 90% of body's stored serotonin
 - ▶ Stomach presses on Vagus nerve which triggers relaxation
- 

Healthy Eating Habits

Identify eating patterns and strategies:

- ▶ Under-eating patterns
 - ▶ Over-eating patterns
 - ▶ Drugs and alcohol patterns
 - ▶ Nicotine
 - ▶ Role of caffeine with depression/anxiety
 - ▶ Identify simple, realistic and achievable goals
- 

Exercise

- ▶ Identify exercise: type and amount
- ▶ Set start date and start time
- ▶ Goals:
 - Simple
 - Realistic
 - Achievable

Manage Procrastination

- ▶ Set simple, realistic and achievable goals
 - ▶ Set start date and time – not a deadline
 - ▶ Action activates motivation
 - ▶ Motivation activates action
- 

Social Network

- ▶ Too Loose
- ▶ Too Dense
- ▶ Address how to utilize your network

Sleep Hygiene

- ▶ How much sleep do you need?
 - ▶ How much sleep do you get?
 - ▶ Factor of life style affecting sleep
 - ▶ Medical factors to sleep
 - ▶ Problem solving sleep issues
- 

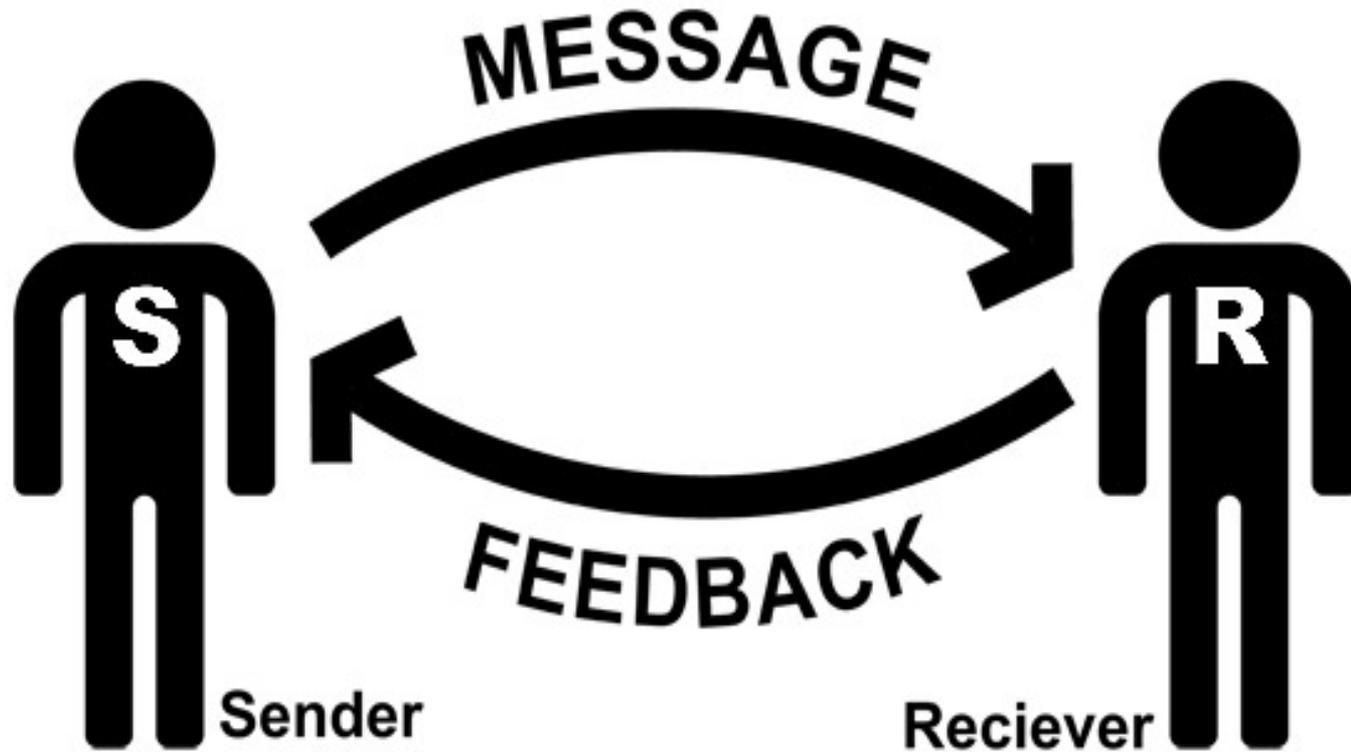
Selected Behavioral Resources

- ▶ Transforming ADHD, by Greg Crosby and Tonya Lippert
 - ▶ Feeling Good, by David Burns
 - ▶ Seeking Safety, by Lisa Najavits
- 

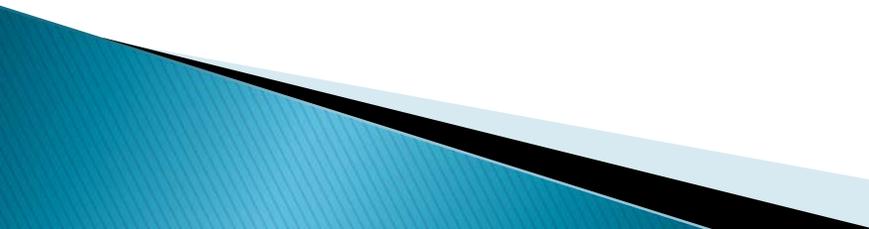
Rituals to Enhance Communication

- ▶ Write down agreements in planner
 - ▶ Listening skills
 - ▶ Reading social cues
 - ▶ Patience
 - ▶ Showing consideration and compassion
 - ▶ Business meeting
 - ▶ Home meeting
- 

Communication



Listening Skills

- ▶ Parrot instructions and write them down
 - ▶ I statements
 - ▶ Paraphrase to verify the message. “I heard you say_____. Is that right?” or “I want to make sure I got this correctly”
 - ▶ Perception Check to check out feelings. “You seem anxious. Is that accurate?”
 - ▶ Gottman rule: Five positive statements to one negative increases problem solving.
- 

Weekly Business Meeting

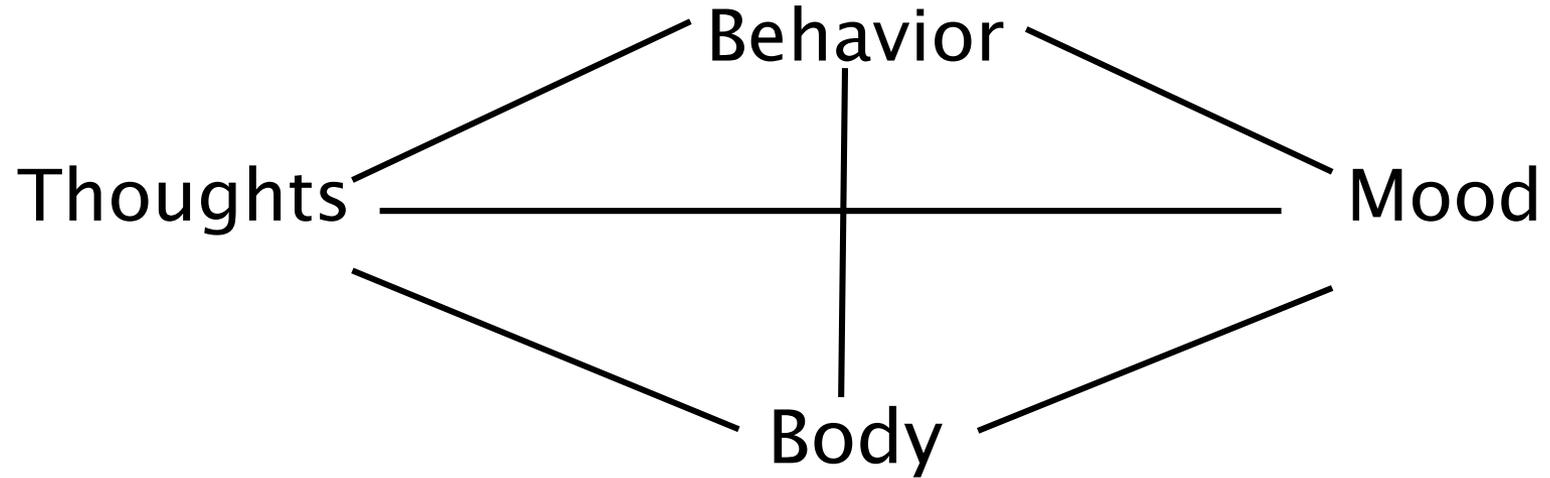
- ▶ Set realistic time to start meeting.
 - ▶ Break tasks into small steps.
 - ▶ Get help if stuck.
 - ▶ Insert into the planner.
- 

Weekly Home Meeting

- ▶ Have start time
 - ▶ Adjust meeting to needs of each week
 - ▶ Take notes
 - ▶ Go over basic tasks or events. Decide who will do what, when.
 - ▶ Insert tasks into planner.
- 

Lunch

Environment



Core Cognitive Skills

- ▶ Gratitudes
 - ▶ Grounding Skills
 - ▶ Identifying thinking errors
 - ▶ Maintenance planning
- 

Gratitudes

- ▶ Identify three things you are grateful for
- ▶ Tell the story behind each one
- ▶ Gratitudes decrease depression, anger, anxiety, cravings and increase self-esteem.

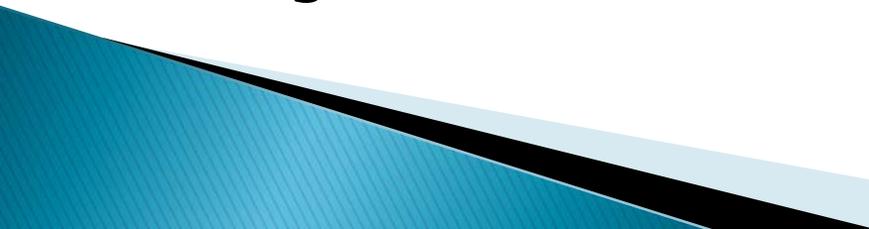
From How of Happiness by Lyubormirsky.



Grounding

- ▶ Mental
 - ▶ Physical
 - ▶ Soothing
- 

Thinking Errors

- ▶ Overgeneralization
 - ▶ All or Nothing
 - ▶ Focusing on the Negative/Mental Filter
 - ▶ Jumping to Conclusions
 - ▶ Discounting the Positive
 - ▶ Magnification/Catastrophizing
- 

Thinking Errors – continued

- ▶ Emotional Reasoning
 - ▶ Should Statements
 - ▶ Labeling and Mislabeled
 - ▶ Personalization and Blame
 - ▶ Minimization/Denial
- 

Maintenance Planning

- ▶ Identify high interest/low interest activities that may lead to inattention or hyper-focusing in the coming week.
 - ▶ What planning steps will you take to manage your high interest and low interest?
 - ▶ Predict the biggest problem of the week. Problem solve how to break it down in simple, realistic and achievable steps.
- 

Sharing your learning with others

- ▶ Share with others how you responded to the challenges.
 - ▶ Share the tools and skills you use to respond to the difficulties.
- 

Suggestions for Reasonable Accommodation

- ▶ If appropriate work with HR Department or Student Services.
 - ▶ Ask for extra time to complete tasks, if possible.
 - ▶ Work with a coach or equivalent to go over basic tasks at least weekly if not daily.
- 

Suggestions for Reasonable Accommodation

- ▶ Adjustable desk. Consider exercising at breaks.
 - ▶ Problem solve work space and reduce sound for less interruption. Consider noise-cancelling ear phones.
 - ▶ Support groups are helpful in maintaining change.
- 

Suggestions for Reasonable Accommodation

- ▶ Google: Smart Gadgets: ADHD Tools for Work and Home: Attitude: Living Well with Attention Deficit.
 - ▶ Dragon Software/Naturally Speaking or equivalent.
 - ▶ Astrid Taskmaster (updates tasks) Free for Android.
- 

Suggestions for Reasonable Accommodation

- ▶ My Bills (free for Android)
 - ▶ Electronic Key finder
 - ▶ Smart pen
 - ▶ Electronic organizers or smart phone
- 

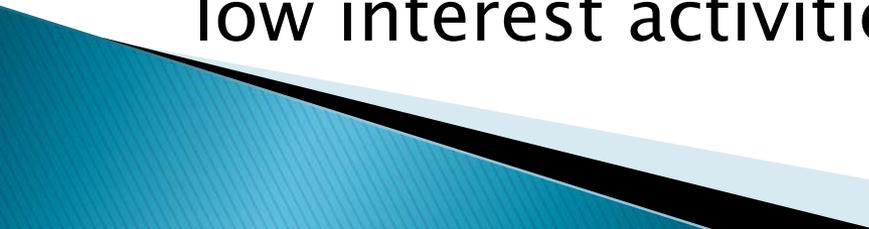
Suggestions for Reasonable Accommodation

- ▶ Identify a daily planner to fit your needs (be patient – there are many kinds).
 - ▶ Have a set time to start daily planning each day.
 - ▶ Designate times to review planner daily.
- 

Suggestions – continued

- ▶ Identify someone as a coach you can trust who can help you. This will take time.
 - ▶ Set up a filing system. Color code it ,if needed, use dividers and get filing help if you need to.
 - ▶ Respond to e-mails and use the internet at set times of day – not at random.
- 

More Suggestions

- ▶ Use external alarms to help you remember time. Set an alarm to start a low interest activity and an alarm to stop a high interest activity.
 - ▶ During staff meetings or in class, sit near the front, take notes, paraphrase and participate.
 - ▶ Especially important to implement a strategy to reduce external office distractions during low interest activities.
- 

Pathway to Hope



Simple, Realistic and Achievable Goals = Hope.

CR Snyder PhD. **Handbook of Hope.**

Hero's Adventure of ADHD

Departure: Beginning the journey, often in barren, isolated, alone place, overwhelmed and confused. Limited awareness about the problems of under and over focusing and lack of organizational skills in low interest activities until one receives a message that there is a problem. Then increased awareness that a change needs to occur and committing to go with the journey. Identifying who is with you on the journey, identifying your strengths and skills and recognizing your emotional and behavioral patterns .

Initiation: Trials, tests and ordeals during the descent . Establish skills to help in the struggle of planning and organizing and regulating emotions and learn how to utilize observation, tools and support to deal with the descent. Trials of managing ADHD may trigger giving up on the struggle or activate the courage and determination to move on. Determination can be challenged until hope is found. A key is establishing simple , realistic and achievable goals..

Return: Returning home with a sense of accomplishment. Sometimes the excitement is so great that one does not want to return home. Self acceptance is very important in the adjustment process. Maintenance is the hardest stage to maintain. A new journey starts again in maintaining your gains. Sharing with others about what one learned from the journey helps one commit to your own journey and build a new future.

Adapted from Power of Myth by Joseph Campbell with Bill Moyers