



2015 YLD
Bridge the Gap Seminar

Depression

8:00 a.m.-9:00 a.m.

Presented by:

Hugh Grady

ILAP Executive Director

Phone: 800-243-1533 or 515-277-3817

Email: hugh@iowalap.org

<http://www.iowalap.org>



Friday, May 15, 2015

Iowa Lawyers Assistance Program

800-243-1533

UNDERSTANDING DEPRESSION



Goals of Presentation

- ❑ Common types of Depression
- ❑ Depression in the Legal Profession
- ❑ Causes and symptoms
- ❑ Relationship to alcohol and substance abuse
- ❑ Treatment and recovery
- ❑ Helping a friend or colleague who is depressed

WHO GETS DEPRESSED?

- ❑ ANYONE-AT ANY AGE
- ❑ CHILDHOOD DEPRESSION EFFECTS 1 IN 33 CHILDREN
- ❑ 1 IN 8 TEENS SUFFER FROM ADOLESCENT DEPRESSION WHICH IS LINKED TO A HIGHER RATE OF SUICIDE
- ❑ 8-10% OF ADULTS OVER 18

WHO GET'S DEPRESSED?

- ❑ Women have a higher rate then men due to hormonal differences, post-partum, menopause
- ❑ Depression in men is often masked by hostility, anger, alcohol and drug abuse
- ❑ Women seek treatment twice the rate of men, less stigma, less association with being "weak"
- ❑ Approximately six million seniors experience "late life depression" due to retirement, loss, illness, loss of independence and aging

PREVELANCE OF DEPRESSION

NATIONAL INSTITUTES OF HEALTH
8-9.5% (20.9 MILLION) ADULTS

WORLD HEALTH ORGANIZATION
"ONE OF THE MOST DISABLING DISORDERS IN THE WORLD AFFECTING 25% OF WOMEN AND 10% OF MEN (340 MILLION) ADULTS WORLDWIDE"

"BY 2020, DEPRESSION WILL BE THE SECOND LEADING CAUSE OF DISABILITY AFTER HEART DISEASE"

WHAT CAUSES DEPRESSION?

- NO SINGLE CAUSE

- MULTIPLE FACTORS:
BRAIN FUNCTIONING-IMBALANCE IN THE
BRAIN'S NEUROTRANSMITTERS:
*SERATONIN, NOREPINEFRINE AND
DOPAMINE*

- MOOD REGULATORS-DEFICENCY CAUSES
DEPRESSION-TOO MUCH CAUSES MANIA

CAUSES

- GENETIC VULNERABILITY: FAMILY
HISTORY

- STRESSORS: WORK, FAMILY, SOCIAL,
PERSONALITY (PERFECTIONISM,
LOW SELF-ESTEEM),
LOSS, TRAUMA, ILLNESS,
MEDICATIONS,
ALCOHOL/SUSTANCE ABUSE

PREVELANCE IN THE PROFESSION

- STATISTICS (AALS)

Depression among law students:
10% beginning of first semester
32% end of 1st year
34% after 2nd year
40% after 3rd year

Stress among law students is 96%, compared to
70% in medical students and 43% in graduate
students pursuing other fields.

DEPRESSION IN THE PROFESSION

- ❑ Johns Hopkins study found that lawyers are 3.5x more likely to develop depression than 104 other professional groups
- ❑ Chronic stress can trigger the onset of clinical depression.
- ❑ 15% of people with clinical depression commit suicide.
- ❑ Lawyers rank 5th in incidence of suicide by occupation.

WHAT IS DEPRESSION?

- ❑ MOOD DISORDER THAT CAN RANGE FROM MILD, TEMPORARY EPISODES OF SADNESS
- ❑ TO A SEVERE AND PERSISTENT STATE THAT IS:
 - > **NOT** SOMETHING YOU CAN “SNAP OUT OF”
 - > **NOT** A SIGN OF WEAKNESS
 - > **NOT** A CONDITION TO BE IGNORED
 - > **NOT** A CONDITION THAT GOES AWAY BY ITSELF
- ❑ **CLINICAL/MAJOR DEPRESSION**

CLINICAL/MAJOR DEPRESSION

- ❑ A SERIOUS ILLNESS
- ❑ A “WHOLE BODY” ILLNESS
- ❑ AFFECTS MIND, BODY & SPIRIT
 - > THINKING
 - > FEELINGS
 - > BEHAVIOR
 - > PHYSICAL WELL-BEING
- > DEPRESSION AFFECTS EACH PERSON DIFFERENTLY, GENETICS, AGE, GENDER AND CULTURAL BACKGROUND ARE ALL FACTORS.

DIAGNOSING MAJOR DEPRESSION DSM IV-R

5 OR MORE SYMPTOMS PERSIST FOR AT LEAST 2 WEEKS

- DEPRESSED MOOD MOST OF THE DAY, EVERY DAY
- LOSS OF INTEREST OR PLEASURE IN MOST ACTIVITIES
- INSOMNIA OR HYPERSOMNIA
- SIGNIFICANT WEIGHT LOSS OR GAIN
- PSYCHOMOTOR AGITATION (RESTLESSNESS) IRRITABILITY
- FATIGUE OR LOSS OF ENERGY
- FEELINGS OF WORTHLESS OR EXCESSIVE GUILT
- LOSS OF CONCENTRATION AND INDECISIVENESS
- RECURRING THOUGHTS OF SUICIDE OR DEATH

CRITERIA FOR DIAGNOSIS

- R/O MEDICAL CONDITION
- R/O SIDE EFFECTS OF DRUGS
- R/O ALCOHOL/SUBSTANCE ABUSE

- SYMPTOMS CAUSE SIGNIFICANT DISTRESS AND IMPAIRMENT

- LAWYERS-AFFECT WORK PRODUCT, ABILITY TO FOCUS, MEET DEADLINES, COMMUNICATE WITH CLIENTS

BIPOLAR DISORDER

- MANIC DEPRESSIVE DISORDER

- CYCLING MOOD CHANGES BETWEEN DEPRESSION AND MANIA

- CHANGES ARE USUALLY GRADUAL

- EPISODES LAST SEVERAL WEEKS

SYMPTOMS OF MANIA

- ❑ ABNORMAL ELATION
- ❑ GRANDIOSE IDEAS
- ❑ RACING THOUGHTS
- ❑ HYPERACTIVITY
- ❑ IMPULSIVITY
- ❑ INAPPROPRIATE SOCIAL BEHAVIOR
- ❑ DECREASED NEED FOR SLEEP
- ❑ EXCESSIVE IRRITABILITY

DYSTHYMIA

- ❑ LONG-TERM CHRONIC SYMPTOMS THAT ARE LESS DISABLING THAN MAJOR DEPRESSION
- ❑ CAN ALSO IMPAIR FUNCTIONING AND AFFECT GENERAL WELL-BEING
- ❑ SYMPTOMS ARE SAME AS MAJOR DEPRESSION BUT GENERALLY LESS SEVERE
- ❑ SYMPTOMS HAVE PERSISTED FOR LONGER PERIODS OF TIME THAN MAJOR DEPRESSION
- ❑ TENDENCY TOWARD NEGATIVE THINKING, PERSON APPEARS UNHAPPY
- ❑ TREATED WITH MEDICATION AND THERAPY

ADDITIONAL RISK FACTORS

- ❑ ISOLATED, LACK OF SOCIAL SUPPORT
- ❑ HISTORY OF DEPRESSION-ONE EPISODE OF MAJOR DEPRESSION, 50% CHANCE OF A SECOND EPISODE
- ❑ DISSATISFACTION WITH WORK, CAREER
- ❑ FINANCIAL PROBLEMS
- ❑ TRAUMA, JOB LOSS, OTHER STRESSFUL LIFE EVENTS
- ❑ SERIOUS ILLNESS

DEPRESSION, ALCOHOL AND DRUG ABUSE

- ❑ High rate of co-morbidity
- ❑ Untreated depression can result in “self-medicating” with alcohol and drugs
- ❑ Alcohol and drug abuse affects brain functions that can result in depression
- ❑ Drugs classified as CNS depressants-alcohol, barbiturates and benzodiazepines

DEPRESSANT DRUGS

- ❑ Barbiturates-phenobarbital, seconal
- ❑ Benzodiazepines-librium, valium, xanax, ativan
- ❑ Alcohol and Marijuana-slow brain functioning and diminish cognitive abilities
- ❑ Cocaine elevates a person’s mood then they crash into depression

“SELF-MEDICATING” DEPRESSION

- ❑ Natural instinct to fight painful feelings
- ❑ Use of drugs-alcohol, pot, nicotine, caffeine
- ❑ Compulsive behaviors-food (eating disorders), shopping, gambling, shop lifting, sexual addiction, pornography, workaholism.....

TREATMENT FOR DEPRESSION

- ❑ According to the American Psychological Association (APA), treatment for depression that includes both medication and psychotherapy is best.
- ❑ Medication alleviates the symptoms
- ❑ Therapy provides emotional support, problem-solving techniques, examining and changing thinking styles, looking at behavior, teaching social skills, meeting basic needs

RECOVERY FROM DEPRESSION

- ❑ Stick to your treatment plan
- ❑ Educate yourself
- ❑ Pay attention to signs and symptoms
- ❑ Self-care:
 - >eating healthy, getting exercise
 - >plenty of rest
 - >stress management/relaxation techniques
 - >support network
 - >activities
 - >reasonable goals
 - >increase resilience
 - >DON'T GIVE UP

HELPING SOMEONE WHO IS DEPRESSED

- ❑ "DOING NOTHING IS NOT AN OPTION"
- ❑ SAY SOMETHING! ACKNOWLEDGE YOUR CONCERN
- ❑ SHARE YOUR OBSERVATIONS AND CHANGES IN THEIR BEHAVIOR
- ❑ LISTEN WITH EMPATHY
- ❑ BE AVAILABLE
- ❑ BE PATIENT
- ❑ ENCOURAGE THEM TO SEEK PROFESSIONAL HELP
- ❑ CONTACT LAP
- ❑ THREAT OF SUICIDE-CALL 911

LAWYER ASSISTANCE PROGRAM

- ❑ FREE, CONFIDENTIAL HELP FOR LAWYERS, JUDGES, LAW STUDENTS AND FAMILY MEMBERS
- ❑ MENTAL HEALTH, DEPRESSION, ANXIETY, STRESS, ALCOHOL & DRUGS, PERSONAL, FAMILY, MARITAL, JOB OR CAREER, CHARACTER & FITNESS, DISCIPLINARY, SUSPENDED/DISBARRED SEEKING READMISSION
- ❑ EVALUATION, REFERRAL, EDUCATION, INTERVENTION, SUPPORTIVE COUNSELING, PEER SUPPORT, MONITORING

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