Mediterranean Diet

A video on the link between this diet and the brain, <https://www.cbs.com/shows/cbs-sunday-morning/video/CgVHSlGJKvRvouhOycate1n81d1_aL9n/diet-and-brain-health-you-are-what-you-eat-/>  
  
A related website <https://oldwayspt.org/>

Relaxation Response

<https://www.bensonhenryinstitute.org/mission-history/>

<http://www.mbmi.org/basics/whatis_rresponse_elicitation.asp>

|  |  |  |
| --- | --- | --- |
| **ELICIT THE RELAXATION RESPONSE** | | |
| http://www.mbmi.org/images/spacer.gif | | |
| http://www.mbmi.org/images/spacer.gif | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Elicitation of the relaxation response is actually quite easy. There are two essential steps:**   |  |  |  | | --- | --- | --- | | 1. |  | Repetition of a word, sound, phrase, prayer, or muscular activity. | | http://www.mbmi.org/images/bullet_spacer.gif | | | | 2. |  | Passive disregard of everyday thoughts that inevitably come to mind and the return to your repetition. |   **The following is the generic technique taught at the Mind/Body Medical Institute:**   |  |  |  | | --- | --- | --- | | 1. |  | Pick a focus word, short phrase, or prayer that is firmly rooted in your belief system, such as "one," "peace," "The Lord is my shepherd," "Hail Mary full of grace," or "shalom." | | http://www.mbmi.org/images/bullet_spacer.gif | | | | 2. |  | Sit quietly in a comfortable position. | | http://www.mbmi.org/images/bullet_spacer.gif | | | | 3. |  | Close your eyes. | | http://www.mbmi.org/images/bullet_spacer.gif | | | | 4. |  | Relax your muscles, progressing from your feet to your calves, thighs, abdomen, shoulders, head, and neck. | | http://www.mbmi.org/images/bullet_spacer.gif | | | | 5. |  | Breathe slowly and naturally, and as you do, say your focus word, sound, phrase, or prayer silently to yourself as you exhale. | | http://www.mbmi.org/images/bullet_spacer.gif | | | | 6. |  | Assume a passive attitude. Don't worry about how well you're doing. When other thoughts come to mind, simply say to yourself, "Oh well," and gently return to your repetition. | | http://www.mbmi.org/images/bullet_spacer.gif | | | | 7. |  | Continue for 10 to 20 minutes. | |  | | | | 8. |  | Do not stand immediately. Continue sitting quietly for a minute or so, allowing other thoughts to return. Then open your eyes and sit for another minute before rising. | | http://www.mbmi.org/images/bullet_spacer.gif | | | | 9. |  | Practice the technique once or twice daily. Good times to do so are before breakfast and before dinner. |   Regular elicitation of the relaxation response has been scientifically proven to be an effective treatment for a wide range of stress-related disorders. In fact, to the extent that any disease is caused or made worse by stress, the relaxation response can help.  **Positive Self Talk**  <https://www.rewire.org/talking-good-thing/>  DBT for Emotional Regulation  <https://www.youtube.com/watch?v=2JuLXQ8w_9A>  <https://www.youtube.com/watch?v=iQEurMdJtds> | |  |

HOW to ESCAPE a CRAVING

The pull to use or engage in a behavior that washes over you like a wave and begs you to come back to old behaviors is a craving, a natural and normal part of life. It is your brain’s attempt to satisfy a dopaminergic desire for something that the brain has decided is really, really good for it (even if you know that it isn’t so good for you!).

Urge Surfing

One skill to cope with a craving and avoid relapse to behavior that ultimately only doubles stress and suffering is called Urge Surfing.

If we think of cravings like a wave that comes over us, then we know that it doesn’t just materialize at full strength out of nowhere. Like a wave, it begins as a small swell, like a bump on an otherwise smooth ocean. Then, as it moves along, it grows in size and strength until it naturally crests and crashes over into the sea. After that, it calms back down again.

Urge Surfing is the act of riding that wave, like you would if you were a surfer riding a wave into shore. Alan Marlatt, a pioneer in the field of substance use treatment and the developer of the concept of Urge Surfing, points out that we can’t get rid of cravings. Like waves, they come back again and again, forever crashing into and washing over you. If you can work on accepting this as a reality, then you can use your breath and your attention to ride the wave out. This requires being mindful of the process and engaging with the wave, rather than trying to run from it or stand strong through it.

How to Surf an Urge

Before we start to practice urge surfing, we have to be thoughtful about what we are asking of yourself. We will be asking you to come in contact with a thought or feeling that might be uncomfortable for you, and we will be asking you not to run away from that feeling, rather to sit with it and engage with it. That is a lot to ask of anyone, so start by being compassionate to yourself if this is hard for you! Of course it is, it’s hard for everyone!

For this practice, start by choosing something that isn’t your most intense craving or difficult behavior. Once you have one in mind, you can follow the script below:

1. Sit comfortably in a chair or on a mat or pillow with your back relatively straight.  If sitting is not comfortable you can lie down.
2. Close your eyes.  Focus your attention for a few minutes on your breathing.
3. In your mind’s eye, picture the challenging situation where you have the urge to act on impulse or engage in the behavior you are trying to change.
4. Notice the thoughts, emotions, or physical situations that come…and go.
5. If cravings or urges occur, just observe them.
6. Notice how the cravings and urges are like waves:  they rise, they crest, they fall. Stay with the experience and observe the waves.  Even though you are not reacting in this moment, the cravings and urges fall; they subside.  They may rise again and subside again. You are like a surfer riding a wave. Try to enjoy the freedom of observing while not needing to react.
7. As you think about your experience of cravings and urges, you may notice that some are more intense than others.  Some may feel like a little ripple while others feel like a tidal wave. Notice that you can be present and not react.
8. Notice that you can be present and not react, that you can experience cravings and urges and not react.
9. Now, let go of the imagined scenario and return your attention to your breathing.
10. Open your eyes if they were closed and bring your attention back into the room.

After you’re done with this experience, it can be helpful to take a moment to think through what that experience was like. If you’re someone who journals, now might be a good time (or a good time to start!), and if not, maybe just take a minute to reflect on the process.

Urge surfing isn’t easy, yet it is a very effective and powerful way to cope with difficult cravings that will naturally arise. And, just like surfing a real wave, the more you practice, the more skilled you will get at riding out that craving.

Sleep

<https://www.sleepfoundation.org/sleep-solutions/sleep-tools-tips>

<https://mobile.va.gov/app/cbt-i-coach>

**Sarah Silverman, PsyD**  
Clinical Health Psychologist

Behavioral Sleep Medicine Specialist

**Telephone (813) 844-7000**

* Sleep problems that co-occur with medical conditions
* Alternative non-medication treatments for insomnia, hypersomnia/narcolepsy, and circadian rhythm sleep-wake disorders (e.g., shift work, delayed sleep phase)
* Adjustment to CPAP therapy for sleep apnea
* Sleep program development
* Mindfulness-based stress reduction

Mental Health Resources

The National Suicide Prevention Lifeline is a national network of local crisis centers that provides **free** and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. Just call **1-800-273-TALK (8255)**

For **Free** assistance during a moment of crisis, **text CONNECT to 741741** any time day or night 24/7 from anywhere in the USA with cell phone reception. A live, trained Crisis Counselor receives the text and responds quickly. The Crisis Counselor helps you move from a hot moment to a cool calm to stay safe and healthy using effective active listening and suggested referrals - all through text message, using Crisis Text Line’s secure platform.

<https://www.crisistextline.org/textline>

<https://suicidepreventionlifeline.org/>

<https://www.nami.org/>

<https://www.mhanational.org/>

<https://www.womenshealth.gov/mental-health>

<https://www.mantherapy.org/>

<https://medlineplus.gov/teenmentalhealth.html>

<https://www.samhsa.gov/find-help/national-helpline>

<https://parenting.nytimes.com/health/mental-health/archive>

<https://bringchange2mind.org/>

<https://www.bevocalspeakup.com/>

<https://www.dbsalliance.org/about/>

**PSYCHOTHERAPY**

<https://www.nami.org/learn-more/treatment/psychotherapy>

<https://adaa.org/finding-help/treatment/therapy>

<https://openpathcollective.org/open-path-staff/>

<https://www.opencounseling.com/florida>

<https://openpathcollective.org/find-a-clinician/?address=&distance=50&n=&ethnicity=&active=undefined&remote=FL&age=118&language=&modality=&specialties=290&treatment=&pagination=0>

<https://www.7cups.com/>

<https://www.affordablecounselingbrandon.com/>

<https://rethinkmytherapy.com/?campaignid=9300688460&adgroupid=92436064205&adid=417419192803&gclid=EAIaIQobChMI6-O91PXg6gIVHwiICR0olgXFEAMYASAAEgKxj_D_BwE>

<https://www.psychologytoday.com/us/therapists/anxiety/florida>

<https://www.theravive.com/cities/fl/anxiety-therapist-davenport.aspx>

<https://transcendencecounselingfl.com/invest-in-yourself>

<https://www.goodtherapy.org/therapists/fl/doral>

<https://www.nami.org/learn-more/treatment/psychotherapy>

<https://adaa.org/finding-help/treatment/therapy>

<https://www.fhcp.com/doctor-on-demand/>

<https://www.e-psychiatry.com/intermediate_patient_new>

<https://www.psychologytoday.com/us/psychiatrists/bipolar-disorder/florida/756497?sid=5f15c496153e5&spec=172&spec=327&spec=1001&ref=17&psy=2&tr=ResultsProfileBtn>

<https://www.psychologytoday.com/us/psychiatrists/bipolar-disorder/florida/356006?sid=5f15c496153e5&spec=172&spec=327&spec=1001&ref=1&psy=2&tr=ResultsProfileBtn>

<https://www.psychologytoday.com/us/psychiatrists/bipolar-disorder/florida/160986?sid=5f15c496153e5&spec=172&spec=327&spec=1001&ref=3&psy=2&tr=ResultsProfileBtn>

<https://www.psychologytoday.com/us/psychiatrists/bipolar-disorder/florida/280986?sid=5f15c496153e5&spec=172&spec=327&spec=1001&ref=5&psy=2&tr=ResultsProfileBtn>

<https://www.psychologytoday.com/us/psychiatrists/bipolar-disorder/florida/493213?sid=5f15c496153e5&spec=172&spec=327&spec=1001&ref=8&psy=2&tr=ResultsProfileBtn>

<https://www.psychologytoday.com/us/psychiatrists/bipolar-disorder/florida/478071?sid=5f15c496153e5&spec=172&spec=327&spec=1001&ref=4&psy=2&tr=ResultsProfileBtn>

Borderline Personality Disorder = Emotional Regulation Disorder

<https://www.borderlinepersonalitydisorder.org/what-is-bpd/bpd-overview/>

<https://www.mayoclinic.org/diseases-conditions/borderline-personality-disorder/symptoms-causes/syc-20370237>

<https://www.psychologytoday.com/us/blog/i-hate-you-dont-leave-me>

<https://www.betterhelp.com/advice/personality-disorders/understanding-the-contradiction-i-hate-you-dont-leave-me/>

SEX RESOURCES:

<https://www.issm.info/>

<http://www.ashasexualhealth.org/>

<https://weillcornell.org/news/5-facts-all-men-should-know-about-sexual-problems-and-dysfunction>

<https://www.acog.org/patient-resources/faqs/womens-health/your-sexual-health>

<https://www.afraidtoask.com/>

<https://womanlab.org/>

<https://www.bedsider.org/>

<https://www.adolescenthealth.org/Resources/Clinical-Care-Resources/Sexual-Reproductive-Health/Sexual-Reproductive-Health-Resources-For-Adolesc.aspx>

<https://kinseyinstitute.org/>

<https://www.health.harvard.edu/topics/mens-sexual-health>

<https://www.rainn.org/articles/sexual-assault-men-and-boys>

<https://www.nsvrc.org/sites/default/files/2014-09/nsvrc_publications_resource-list_online-resources-for-survivors.pdf>

<https://managingcontraception.com/>

Alcohol Use Disorder

**Introduction to Collaborative Addiction Treatment**

Why would a psychiatric provider consider a collaborative addiction treatment relationship with a client who, by definition, is making very bad decisions?  Addicts and alcoholics keep using and drinking and are often irresponsible in other ways.  How could they meaningfully contribute to treatment decisions?  Don’t they need to be told what to do, and be made to do it long enough for changes to last?

Not necessarily.  At Oasis Health Online we suggest that 1) supporting recovery is about engaging motivations that are more fundamental than the motivations to use or drink and 2) we best engage these motivations when we collaborate with (rather than confront, direct or “motivate”) our clients.

To support this suggestion these articles will 1) review scientific findings about treatment, 2) place treatment in the larger context of recovery, 3) integrate 1 and 2 in order to propose a collaborative approach to treatment, and 4) describe how Oasis Health Online uses an entirely collaborative approach. Finally, we will consider whether collaborative care is effective.

The Science of Addiction Treatment

In his book,*The Sober Truth: Debunking the Bad Science Behind 12-Step Programs and the Rehab Industry*, Lance Dodes, a retired psychiatry professor from Harvard Medical School, looked at Alcoholics Anonymous’ retention rates along with studies on sobriety and rates of active involvement (attending meetings regularly and working the program) among AA members.

Based on these data, he put AA’s success rate somewhere between 5 and 8 percent.

A meticulous analysis of treatments, [The Handbook of Alcoholism Treatment Approaches: Effective Alternatives](http://books.google.com/books/about/Handbook_of_alcoholism_treatment_approac.html?id=LHlHAAAAMAAJ)(3rd ed.), edited by Hester & Miller (Boston: Allyn & Bacon, 2003), may be the best single summary of the science of alcohol treatment, ranks AA 38th out of 48 methods.

The handbook considers every randomized clinical trial (381 in all) available in the scientific literature through about the year 2000.  Because of the substantial similarities between alcohol, other substance, and activity addiction (e.g., gambling) treatment, this book may also be the best single summary of evidence-based addiction (not just alcohol) treatment.

The book lists treatments in order of efficacy, listing 18 which have sufficient support to be considered “evidence-based.”

These 18 treatments can be grouped as follows and are not listed in order of efficacy.  The treatments and groups are not entirely distinct.  For instance, there are instructional and behavioral components to most treatments.

1) brief motivational counseling (brief interventions, motivational enhancement)

2) medications (naltrexone, acamprosate)

3) behavioral approaches–expanding and rewarding behaviors not associated with substance use: community reinforcement approach, behavioral self-control training, behavior contracting, marital therapy-behavioral,

4) instructional approaches–from a cognitive behavioral perspective (self-change manual, social skills training, cognitive therapy)

5) aversion therapy (nausea, covert sensitization, apneic)

6) miscellaneous (family therapy, case management, acupuncture, client-centered therapy)

What broader themes can be identified here?

The authors, primarily in the concluding sections of chapters 1 and 2, suggest that:

1) Some treatments work better than others, but no one treatment is clearly superior for all individuals.   They list 81 treatments that cannot be considered evidence-based (however, not all these treatments have been sufficiently studied).

2) The efficacious treatments hint at underlying mechanisms of change, such as motivation enhancement, the changes produced by medications, an improved capacity to cope, improved relationships and improved environments.

3) It is time to discontinue using approaches, such as confrontation, which are not efficacious (“confrontational approaches have one of the most dismal track records in outcome research…with not a single positive study [from 12 studies conducted] (pg. 34).” Unfortunately, however, “the negative correlation between scientific evidence and treatment-as-usual remains striking and could hardly be larger if one intentionally constructed treatment programs from those approaches with the least evidence of efficacy (pg. 41).”

4) Different individuals are likely to respond to different approaches. Unfortunately, research has provided little guidance about how to match individuals to treatment. However, “clients themselves are important resources in choosing from the menu of options. They know a great deal about themselves and their own level of motivation for different approaches to change (pg. 11).”

Naltrexone

* **Naltrexone (daily tablet 50mg – 150mg or monthly intramuscular injection Vivitrol)** blocks the release of endorphins whenever alcohol is ingested.
* The blocked reinforcement caused by naltrexone whenever alcohol is consumed gradually weakens and can ultimately extinguish the behavior of drinking.
* **The reduction in craving and drinking is progressive. Benefits can be seen 10 days after starting, but the effects are more than 3 times stronger after 3 to 4 months.**
* The benefits continue increasing indefinitely as long as you take naltrexone
* Naltrexone has no potential for addiction, does not make you feel high or low, and seldom produces side effects.
* Naltrexone is a lifetime commitment.
* Combined pharmacotherapies and behavioral interventions for alcohol dependence: the COMBINE study: a randomized controlled trial.