

FOCUS

VISTA PSYCHOLOGICAL & COUNSELING CENTRE, LLC WINTER 2020

How Can You Help A Loved One Suffering From Loneliness?

You are worried about your mother. Before the pandemic, you would visit her every week with your young children. They loved playing in her garden and eating homemade cookies together. You would take your mother to medical appointments and on small excursions. Due to her chronic lung disease, you made the difficult decision in March not to continue in-person family visits. You call her daily, but she sounds increasingly sad and worried. What can you do? Loneliness is a subjective mental state of feeling disconnected from others. It is different from social isolation—you can be lonely even when surrounded by people you care about. Loneliness can be triggered by memories of losing someone, by feeling, understood by others, through having emotionally unsatisfying relationships, or by having less access to relationships due to changing life circumstances. According to studies, loneliness is one of the greatest health concerns people face: it is equivalent to smoking 15 cigarettes daily, it appears to be worse for your health than obesity, and it may increase your risk of death by 29%. It does not seem surprising that reports of both loneliness and suicide have increased dramatically in recent years. According to a recent survey, more than three out of five Americans now consider themselves lonely. Data from the federal government show that the rates of suicide have increased more than one-third from 1999 through 2018. Although studies have not determined whether loneliness causes suicide, they have demonstrated an association between loneliness and suicidal thoughts and behaviors that are independent of depression. Alarmingly, gun sales in the United States have skyrocketed since March 2020. With lockdowns and stay-at-home orders increasing social isolation, decreasing loneliness should be a public health priority. If unaddressed, loneliness may contribute to a firearms-related suicide crisis. So what can you do to prevent loneliness and help a loved one? Although we do not have enough data to identify the most effective loneliness interventions the following principles may help guide you and your loved ones and should be used daily:

Connect meaningfully with family and friends. Although technology can help foster connections, it is imperfect: social media, for example, has actually been linked to increasing loneliness. Connect in a way that works best for you: whether by phone, via video chat, through a mobile application or even by talking with your neighbors across the fence or in a park. **Be thankful.** Loneliness can lead people to focus on themselves and their hardships. Aim to express appreciation toward friends, family, and strangers. **Focus on what you can change.** Spending time dwelling on your current situation can perpetuate loneliness; rather, focus your attention on something within your control and work at it. **Enjoy keeping busy.** Complete a chore, spend time writing, find a new hobby, or just allow yourself to delve into a new activity. Let your creativity shine! **Remove negativity.** Surround yourself with people and activities that bring you joy. Consider taking a break from the news, or at least limiting your consumption. **Smile.** Data suggests that just the act of smiling can make you feel better. **Be kind, understanding, and patient.** Work on treating yourself and others with compassion. Engaging in pleasurable interactions can also help those around you, and may result in deeper connections. **Develop a routine that provides balance and familiarity.** Create a daily plan that includes physical activity, time for connecting with loved ones, a project or hobby, and a relaxing pleasure. **Source: Stephanie Collier, MD, MPH, Contributor, Harvard Health Blog, September 4, 2020. Harvard Health Publishing, Harvard Medical School.**

Vista Welcomes

Logos Tutoring and Learning Center LLC

Offering academic tutoring and skill development for all ages, from Kindergarten through adult learners beginning in early October. We have talented and experienced professional tutors available across the disciplines, including standardized testing, and will be offering one-on-one virtual tutoring and in-house group sessions at competitive rates. Returning clients will be able to conveniently schedule online and utilize our top-of-the-line video conferencing software.

Parents are welcome to connect with friends and family to create “learning pods” where their students will have the opportunity to safely socialize and have access to tutors for homework assistance as groups in a classroom setting. Group rates will be available.

We are thrilled to be a part of the Vista campus and look forward to serving the local community and assisting families through this challenging time.

Please visit us at:
www.logoslearningcenter.com

Call us at 330.244.8782 ext 224

Or contact Matt McLain at:
matt@logoslearningcenter.com
to request a free consultation.



What Explains the Rise in Autism Diagnosis?

In the 1960s, roughly one in 10,000 Americans were diagnosed with autism; today, 1 in 54 children are. Though increases in environmental factors leading to autism have been considered as a possible explanation for this massive surge, recent research in the journal *JAMA Psychiatry* strongly implicates another factor: changes in how the condition is diagnosed. Using data from 38,000 twin pairs collected from 1982 to 2008, researchers found that “the proportion of autism that’s genetic and environmental is consistent over time,” says Mark Taylor a senior researcher at the Karolinska Institute in Sweden and lead author of the study. “Although the prevalence of autism has increased a lot, this study doesn’t provide evidence that it’s because there has also been some change to the environment.” Some environmental factors that are thought to be related to autism include maternal infection during pregnancy and older paternal age. The study doesn’t render specific factors invalid but rather shows they are probably not behind the surge in diagnoses. Cultural and diagnostic shifts may instead be responsible for increased prevalence, the authors argue. Families and clinicians today are likely more aware of autism than in past decades, making diagnosis more common. Similarly, changes in the official criteria for making a diagnosis may have contributed to the increase number of people receiving one. **Source: Abigail Fagan, Psychology Today, September/October 2020, page 9.**

Eleven Ways to Curb Your Drinking

Are you concerned about your alcohol intake? Maybe you feel that you’re drinking too much or too often. Perhaps it’s a habit you’d like to better control. It’s always wise to check with your doctor — he/she should be able to help you decide whether it’s best for you to cut back or to abstain. People who are dependent on alcohol, or have other medical or mental health problems, should stop drinking completely. But many people may benefit simply by cutting back. If your doctor suggests that you curb your drinking, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) suggests that the following steps may be helpful:

Put it in writing. Making a list of the reasons to curtail your drinking — such as feeling healthier, sleeping better or improving your relationships — can motivate you. **Set a drinking goal.** Set a limit on how much you will drink. You should keep your drinking below the recommended guidelines: no more than one standard drink per day for women and for men ages 65 and older, and no more than two standard drinks per day for men under 65. These limits may be too high for people who have certain medical conditions or for some older adults. Your doctor can help you determine what’s right for you. **Keep a diary of your drinking.** For three to four weeks, keep track of every time you have a drink. Include information about what and how much you drank as well as where you were. Compare this to your goal. If you’re having trouble sticking to your goal, discuss it with your doctor or another health professional. **Don’t keep alcohol in your house.** Having no alcohol at home can help limit your drinking. **Drink slowly.** Sip your drink. Drink soda, water, or juice after having an alcoholic beverage. Never drink on an empty stomach. **Choose alcohol-free days.** Decide not to drink a day or two each week. You may want to abstain a week or a month to see how you feel physically and emotionally without alcohol in your life. Taking a break from alcohol can be a good way to start drinking less. **Watch for peer pressure.** Practice ways to say no politely. You do not have to drink just because others are, and you shouldn’t feel obligated to accept every drink you’re offered. Stay away from people who encourage you to drink. **Keep busy.** Take a walk, play sports, go out to eat, or catch a movie. When you’re at home, pick up a new hobby or revisit an old one. Painting, board games, playing a musical instrument, woodworking — these and other activities are great alternatives to drinking. **Ask for support.** Cutting down on your drinking may not always be easy. Let friends and family members know that you need their support. Your doctor, counselor, or therapist may also be able to offer help. **Guard against temptation.** Steer clear of people and places that make you want to drink. If you associate drinking with certain events, such as holidays or vacations, develop a plan for managing them in advance. Monitor your feelings. When you’re worried, lonely, or angry, you may be tempted to reach for a drink. Try to cultivate new, healthy ways to cope with stress. **Be persistent.** Most people who successfully cut down or stop drinking altogether do so only after several attempts. You’ll probably have setbacks, but don’t let them keep you from reaching your long-term goal. There’s really no final endpoint, as the process usually requires ongoing effort.

Some of these strategies — such as watching for peer pressure, keeping busy, asking for support, being aware of temptation, and being persistent — can also be helpful for people who want to give up alcohol completely. Once you’ve cut back on your drinking (so you’re at or below the recommended guidelines), examine your drinking habits regularly to see if you’re maintaining this level of drinking. Some people attain their goal only to find that old habits crop up again later. If this happens consult your doctor. **Source: HEALTHbeat, Harvard University, Harvard Health Publishing, 4 Blackburn Circle, 4th Floor, Boston, MA 02115.**



Keep Naps Under An Hour

Snoozing for an hour or more may raise your risk of death and heart disease, a researcher says.

“Daytime napping is common all over the world and is generally considered a healthy habit,” Dr. Zhe Pan of Guangzhou Medical University, China said in a news release. “A common view is that napping improves performance and counteracts the negative consequences of ‘sleep debt’. Our study challenges these widely held opinions.” The study was presented at the European Society of Cardiology Congress 2020 digital conference. The study analyzed more than 313,000 participants from over 20 studies to examine the link between napping and potential health consequences. Prior research on the subject was said to “produce conflicting results.” Of the participants, 39 percent took naps. The study found that longer naps (lasting more than 60 minutes brought on a 30 percent higher risk of “all-cause death” and a 34 percent greater chance of cardiovascular disease compared with staying awake. When the study factored in the duration of night time sleep, the higher mortality risk was only connected to people who got more than six hours of shut-eye each night, according to the release. The study also found that naps, regardless of length, were “linked with 19% elevated risk of death.” “The results suggest that shorter naps (especially those less than 30 to 45 minutes) might improve heart health in people who sleep insufficiently at night,” Pan said. According to recommendations from the American Sleep Association (ASA), a 15 to 30 minute “power nap” can lend an extra boost of energy during the day, but “are not meant to replace any nighttime sleep.” The ASA says the benefits of napping for 60 minutes or more include better creativity, mood, and “procedural memory.” They say adults should nap around the same time each day, no longer than 30 minutes. Meanwhile, Pan said it was unclear how napping affects the body, though prior studies reportedly suggest long naps bring along inflammation, which may threaten longevity and heart health. The release also noted that previous research has linked napping to “high blood pressure, diabetes, and poor overall physical health.” Finally, Pan said for those who don’t usually take daytime naps, “there is no convincing evidence to start.”

Source: Kayla Rivas, [FoxNews.com](https://www.foxnews.com), August 27, 2020.

The Gift of Reading Out Loud

Reading used to be a social activity, not something we did silently to ourselves. For thousands of years, we shared the news of the day around a crowded dinner table or a bar, and stories were told aloud after tea and chores perhaps now’s a good time to revive the art of reading aloud as a form of connection and community. Interestingly, perhaps because of the vast span of historical time when reading also meant experiencing sound, even when we are reading silently to ourselves it turns out we’re still “hearing.” When we’re settled into our favorite book, or armed with our favorite paper on the train (indeed, as you’re reading these words to yourself right now), auditory processing are lighting up in our brains. Today, it’s not unusual to attend a mindfulness retreat and to hear someone read a passage aloud. Reading aloud and listening to someone read aloud can be a great way to tune in to the present moment and bring our mindfulness practice to life. And while there’s also evidence that reading aloud can improve comprehension and memory, it is simply a wonderful opportunity to be present with friends and family. Elaine Smookler, a performer, singer, psychotherapist, and mindfulness teacher, (and regular *Mindful* columnist), suggests that to use reading aloud as a kind of mindfulness practice, we should remember that mindfulness is about awakening to the moment. “Mindfulness is about engagement,” says Smookler. If we’re reading but not necessarily connecting with the person, or we’re trying to make ourselves sound a certain way, we can easily slip into automatic pilot. “But, if we can courageously stand on the precipice of opening up a book, take a few breaths, and enter into sharing with another person—staying close to the intent of being present—reading aloud can be a powerful instrument of connection.” **Start small.** Just as you start meditating in shorter bouts that became longer over time, give yourself permission here to do the same. Books of short fiction, poetry, and essays are great for reading aloud. You might start with a two-person reading practice, one-on-one with a partner. Depending on the person, it could be a lovely nighttime wind-down ritual. Take turns reading, so that you can spend time with the intimate experience of being read to as well as the way that reading the words out loud makes you feel and see things differently.

Surprise Yourself. Remember that the idea is to be engaged in the moment, to allow ourselves to be surprised and shaken out of the routine of our own habits of mind. “So, if we are engaged, we might read it one way today and another way tomorrow. If we’re reading the same way every day then we’ve already lost track of the intention of mindfulness, which is to be present in the moment,” says Smookler. **Play, don’t rush.** The goal is not to get to the end of the story but to experience it fully. Feel the way your breath shapes the words. Don’t be afraid to laugh; don’t be afraid to weep; to stop and ask questions, and to say, “Again!” As a child would after their favorite story ends for yet another time, only a moment later to begin anew. Smookler suggests that no matter how you approach it, don’t let it be about falling in love with the sound of your voice, or negatively judging how you sound, even if it’s a “squeak.” **Encourage others.** In our modern book clubs we all commit to reading the same book together—yet we do the reading part alone. If you’re already part of a book club, you might suggest reading the first few chapters of the next book together even if you meet virtually. Encourage people to take notes about their favorite passages or ideas as someone reads, or to close their eyes and simply take it in. When the chapter is over, if you’ve found a particularly beautiful or insightful line, have someone repeat it and then have a silent meditation for two minutes to reflect. Then share. **Read aloud alone.** Reading aloud can also be a way to spend some quality time alone connecting with the voice and mind of a beloved author, rather than scrolling through social media feeds. Pick a favorite book, a favorite speech, monologue, lesson, essay, or poem. Can you feel the voice of the author or character as you read aloud? Does it help you connect to them in a different way?

Memorize a favorite poem or prose passage. Embodying a piece of writing, out loud, without reading, offers a unique way to connect with the present moment. Once memorized, those words will always be with you, just like your breathe. **Source: Heather Shayne Blakeslee, *Mindful*, June 2020, pages 20-21.**

Marijuana Myths and Medical Cannabis Facts

Here are some common myths about marijuana, many of which have been sponsored by industries that benefit from the prohibition of marijuana along with the facts. **Marijuana kills brain cells and lowers IQ.** Interesting, numerous studies have proven that cannabis does just the opposite - it promotes the growth and development of new brain cells. No other class of compounds has demonstrated the neuroprotective effects of cannabis. Very promising animal studies show that treating brain injuries, including newborn babies lacking oxygen, victims of stroke, and head trauma, all sustain less damage and heal faster if they are given cannabinoids, the substances found in cannabis, or their synthetic counterparts. Cannabinoids also protect the brain from slower forms of injury, like Alzheimer's and multiple sclerosis, especially when used in the correct dosage. While cannabis can cause some temporary cognitive changes such as a decrease in short term memory, these changes are reversible when an adult stops using cannabis. **Marijuana makes you "stoned" or "high".**

Smoking or ingesting marijuana can cause a psychoactive effect, which most people describe as a pleasant euphoria and enhancement of the senses, but it can include less desirable features like sedation and paranoia. Pleasant or uncomfortable, a growing number of patients want the medical benefits of cannabis without any intoxication or impairment in function - they want to use it while working, safely driving, and more. This is both possible and practical. After decades of selective breeding to produce the most intoxicating strains of cannabis, sought after by recreational users and dealers in the underground area, medical cannabis breeders are now producing strains that emphasize the health benefits and reduce or eliminate the psychoactivity.

Smoking marijuana causes cancer. A large study in 2006 showed that heavy cannabis users have an equal or lower rate of lung and respiratory tract cancers than non-users, even though cannabis smoke has been proven to contain cancer-causing properties. This has been known since the 1970's but more recently cannabinoids have become a major focus of the pharmaceutical industry's anti-cancer drug development. While smoking cannabis is unlikely to cause cancer, it can irritate the respiratory tract, especially in sensitive individuals. Most patients and responsible adult cannabis users are turning to non-smokable delivery methods: vaporizers allow users to inhale the medicinal components of the herbs without any smoke; tinctures and liquid extracts are safe and convenient, and topically applied cannabis salves are reported to reduce pain and inflammation. **Marijuana is addictive and a gateway to other drugs.** Marijuana dependence does exist but is not common. One study found that only 95 of those who try marijuana develop dependence compared to, for example 24% of those who try heroin. Furthermore, marijuana dependencies much safer- the withdrawal effects are old and similar to intensity to caffeine withdrawal. Most people don't have any trouble stopping use of cannabis when and if they need to. Recent research demonstrates the cannabis actually serves as an *exit drug*, not a gateway drug. One study of 350 cannabis users in California found 40 percent of the subjects used cannabis as a substitute for alcohol, 26% as a substitute for illicit Type to enter text drugs and 66% as a substitute for prescription drugs. Any time a person can replace a safer substance, like cannabis, for a more harmful substance, such as alcohol, it is a step in the right

direction. **Marijuana makes people hungry and fat.** We've all heard that marijuana causes "the munchies," and it's widely known that cannabis can help AIDS and cancer patients reduce nausea and promote appetite, to their great benefit. Most users report enhanced taste and pleasure while eating under the influence of cannabis. Surprisingly, a 2011 study of 52,000 participants in the *American Journal of Epidemiology* showed people who smoke cannabis at least three times a week, compared with those who don't use it at all, are one third less likely to be obese. While cannabinoids affect brain centers related to pleasure and eating, they also affect the hormones of metabolism, and if used correctly, can potentially restore balance in individuals who are both underweight and overweight. **Marijuana makes people mentally unstable.** Some evidence points to marijuana use being associated with the onset of psychosis or schizophrenia, with the highest risk group being young men. However statistics show that to prevent one case of psychosis, 2,000 young men would need to stop using marijuana. While scientists debate whether or not cannabis can actually cause or trigger the onset of mental illness, if it does, it's extremely rare. It is much more common for cannabis to actually help mental illness such as depression, anxiety, PTSD, bipolar, and even schizophrenia, especially when used appropriately under the guidance of a healthcare professional. **Cannabis or marijuana.** Over all, marijuana has gotten a bad name due to decades of prohibition and reefer madness-like thinking. In fact, the word "marijuana" was first used in U.S. policy during an effort to marginalize Mexican immigrants in the early 1900s. As our society works to help this misunderstood plant find its appropriate place in our laws, I recommend using its real name that dispels the myths about this incredible plant and invokes the truth made available by thousands of scientists and researchers: *cannabis*. Cannabis has a lot to offer humanity, and you deserve to know the truth.

Source: Dustin Sulak, DO, is the founder of Integr8 Health, a medical practice in Maine that follows over 8,000 patients using medical cannabis; Healer.com, a medical cannabis patient education resource; and Cannabis Expertise, a continuing medical education curriculum. Recognized as a leading clinician in the application of medical cannabis, Dr. Sulak is committed to providing education to clinicians and patients on the use of medical cannabis.



Medical Cannabis Recommendations

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