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SPECIAL EDITION- WHAT IS NEW IN PSYCHOTHERAPY AND COUNSELING IN THE LAST 10 YEARS?

## Introduction to Articles on What Is New in Psychotherapy and Counseling in the Last 10 Years?: Part Two<sup>1</sup>

Samuel Knapp, Ed.D., ABPP  
John Gavazzi, Psy. D., ABPP

This is the second part of our set of articles on "What is New in Counseling and Psychotherapy in the last 10 years." As we stated in the introduction to the first set of articles published in the July/August issue of the *Pennsylvania Psychologist Update*, the field of psychology is changing rapidly. Neimeyer et al. (2012) estimated that the half-life for a professional psychologist is 9 years and will soon decline to 7, although the half-life varies across specialty. These articles will help psychologists keep up-to-date on the most significant changes in the field of psychotherapy and counseling in the last 10 years.

Psychologists who read these articles should remember that:

- Because of space limitations, we could not include references to many developments, and had to summarize complex issues into a few sentences.

<sup>1</sup> The authors thank workshop participants in King of Prussia, Erie, and Bedford, PA for sharing their ideas which helped refine these and other articles.

*These articles will help  
psychologists keep up-to-date on  
the most significant changes in  
the field of psychotherapy and  
counseling in the last 10 years.*

- These articles are neither definitive nor final; they are the basis for more discussion.
- Psychologists will differ in what they believe are important developments, in part, because they work within specific subfields of psychotherapy, have different areas of interest, have different theoretical orientations, are exposed to different sources of information, or simply know more than we do.
- Finally, what is "new" is a subjective decision. Sometimes we reference older techniques, but list developments as new because of an increasing research base for their support.

We broke up the advances into several articles. In this issue, we look at ways that psychological science is being incorporated into psychotherapy; social and cultural changes that impact psychotherapy; changes in American families; and changes in the social determinants of health. The previous series looked at developments in the science of psychology, psychotherapy processes, outcomes with specific treatments, and cultural diversity. A third and final series of articles will look at developments in the prevention of suicide, self-care, ethics, and professional education. Please feel free to contact with your comments ([sam@papsy.org](mailto:sam@papsy.org); or [johngavazzi@aol.com](mailto:johngavazzi@aol.com)).

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# What Is New in Integrating Basic Science into Psychotherapy?

Samuel Knapp, Ed.D., ABPP  
John Gavazzi, Psy. D., ABPP

If psychotherapy is to be evidence based or evidence informed, then we would expect that findings from psychological science should help inform the psychotherapy techniques used. In this article, we are acutely aware of the limitations of our knowledge. We have no doubt that many innovators are incorporating basic principles of scientific psychology into their treatments, although we are not aware of all of them. For example, a review by Magyar-Moe et al. (2015) found dozens of recent studies in which scholars had incorporated techniques derived from or at least frequently researched by positive psychologists (e.g., forgiveness, gratitude exercises, value identification, prosocial activities) into psychotherapy. Ongoing research will determine which activities, incorporated into which type of psychotherapy, for which patients will eventually become a staple of treatment. We submit a few representative findings that appear to have staying power.

## Self-Determination Theory

Self-determination theory holds that individuals are motivated primarily: *personal autonomy*, *connectedness* (affiliation), and *competence* (mastery). Those who are motivated by these three intrinsic factors will show persistence in their activities (Ryan & Deci, 2008). Self-determination theory has influenced how psychotherapists select treatment goals and conduct the informed consent process. For example, Lynch et al. (2011) claimed that “changes embraced by clients who are more autonomously motivated are more likely to be self-selected, congruent with the client’s values, maintained over time, and generalized to life situations outside the counselor’s office” (p. 287). Self-determination theory has also influenced the treatment of suicidal patients. It has not led to the development of a specific treatment protocol, but a general attitude that

encourages patient involvement by soliciting the cooperation of patients, explaining treatment decisions to them, and helping them to “find their voice of health” (Joiner et al., 2009, p. 147).

## Nudging and Patient Autonomy

A *nudge* is a presentation of options that encourages people in certain directions, but ultimately allows them to make their own choices (Thaler & Sunstein, 2008). At first glance, it may appear that a nudge overrides patient autonomy, but this does not have to be the case if nudges are used with transparency. Here is an example of a nudge: a psychologist who asks her patient, “What time would you like to meet next week?” (As opposed to asking “When would you like to meet again?”) is structuring a response likely to result in an appointment next week, although it is possible for the patient to ask for two appointments next week, or an appointment in two weeks, or some other modification of the schedule.

## Implementation Intentions

Good intentions do not always lead to behavior change because patients can get sidetracked by immediate demands that focus their attention away from their long-term goals, or by the intrusion of competing goals. One way that psychotherapists can help increase the likelihood that patients will implement their goals is to teach them to focus on *implementation intentions*, which are “if-then” plans. For example, if a patient begins to feel anxious then she can use the anxiety as a cue to begin relaxation exercise. The “if” (anxiety) serves as a cue to begin the “then” (the relaxation exercises).

Or, a patient trying to lose weight may develop the following intention: If I feel hungry, then I will go for a walk. The goal is

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*Good intentions do not always lead to behavior change because patients can get sidetracked by immediate demands that focus their attention away from their long-term goals, or by the intrusion of competing goals.*

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to set a predetermined routine in advance as a healthy default to alter behaviors and attain goals. Implementation intentions have helped patients lose weight, improve their diets, reduce alcohol consumption, quit smoking, improve their adherence to medical treatment, or overcome mental disorders (Toli et al., 2016).

## Attachment Theory

Some scholars have applied the principles of attachment, developed from the work of Bowlby, Ainsworth, and Main, to psychotherapy. Fonagy has taken mentalizing (“the capacity to understand others’ and one’s own behavior in terms of mental states,” Fonagy & Allison, 2014, p. 372) and linked it to attachment theory in that mentalizing requires good enough attachment relationships “as they reflect the extent to which our subjective experiences were adequately mirrored by a trusted other” (p. 372). Fonagy initially developed Mentalization Based Treatment Training Program (MBT) to treat Borderline Personality Disorder, but later expanded it to treat other personality disorders, family dysfunction, and to aid healthy adolescent development. Diamond, Diamond, and Levy (2014) have made attachment theory a core of their highly effective attachment-based family therapy.

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In addition, researchers have studied the influence of attachment style on patient's response to treatment. Patients with secure attachments (often measured with the Adult Attachment Interview) tend to have better psychotherapy outcomes. However, the data is mixed as to whether matching psychotherapists and patients according to their attachment styles will result in better outcomes (Marmarosh, 2015).

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## PPA Bids Farewell to Krista Paternostro Bower



On behalf of the PPA Board, membership, and staff, we wish Krista a very fond farewell and thank her for her many contributions to PPA. In her four years, Krista has modernized PPA including moving the operations into class A office space, and hiring a flexible, innovative team. She has led us through some difficult organizational challenges while providing steady leadership in responding to issues facing us today, with an eye toward the future. We wish her the best in her future endeavors and remain grateful for her service to PPA!

*With appreciation, David Zehrung, PhD*



# Social and Cultural Changes and Their Impact on Counseling and Psychotherapy

Samuel Knapp, Ed.D., ABPP  
John Gavazzi, Psy. D., ABPP

**T**he problems addressed by psychotherapists and counselors have changed over the last 10 years. While the frequency of reported diagnoses may be similar, the origins and permeations of patient problems are changing. Recent years have seen an increase in opioid and marijuana misuse, an increase in the prevalence-- or at least the recognition-of autism spectrum disorders, and an increased awareness of the impact of concussions and traumatic brain injuries. In addition, more psychologists will be needed for assessing and treating the growing geriatric population. Finally, we note an increased awareness of the impact of violence on health and mental health.

## Opioid and Marijuana Use and Abuse

Around 2000, many authorities encouraged physicians to pay greater attention to the treatment of pain. One negative consequence of this initiative was a tendency for physicians to prescribe opioids. The number of prescriptions for opioids doubled from 1998 to 2014 (Olsen, 2016). Although opioids may reduce pain for many patients in the short-term, they are less effective in reducing pain in the long-term, have long-term side effects, and are subject to abuse.

The risk of opioid misuse is low with patients who are taking them for the short-term control of pain, but it increases with patients who are taking opioids for chronic pain. Even then, most of these patients will not go on to abuse opioids, unless they have a history of abusing substances or untreated mental illnesses.

The biochemical similarity of prescription opioids to heroin may explain why many patients who misuse opioids turn to heroin which is cheaper. Four out of five persons currently addicted to heroin reported starting

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with prescription opioids (Olsen, 2016). Heroin use can lead to multiple health problems and an early death. Heroin use has spread rapidly across the United States in the last several years. It was once associated with lower SES users in urban America. Now it is commonly found in rural areas and users represent a wider range of SES.

It is likely that psychologists will be treating patients who are taking opioids. Psychologists who treat patients using opioids need to be aware that the long-term use of opioids can cause depression in some patients who did not have a history of depression. Also, they should be aware that some of their patients may abuse opioids. The symptoms of opioid abuse include small pupils, flushed or itchy skin, confusion, poor judgment, slurred speech, or sedation. Psychologists who suspect a patient is abusing an opioid should- if clinically indicated- consult with the prescribing professional and refer the patient to a recovery program. To reduce the risk of opioid misuse, the CDC has issued recommendations encouraging the use of non-opioid treatments for long term pain and close monitoring when opioids are prescribed (Dowell et al., 2016).

While recreational marijuana is legal in only a few states, medical marijuana is legal in 25 states and the District of Columbia. Pennsylvania recently legalized medical marijuana for several conditions including

irritable bowel syndrome, Crohn's disease, epilepsy, cancer, neuropathies, and Multiple Sclerosis.

The Food and Drug Administration has approved marijuana based medications for the treatment of nausea for patients undergoing chemotherapy for cancer and to stimulate appetite in patients experiencing wasting syndrome, a condition secondary to AIDS. Other applications for cannabis-based treatments have been approved in other countries or are currently undergoing clinical trials in the United States, even if they have not yet received FDA approval. The scientific study of marijuana is complex. Marijuana has 500 known constituent parts including 100 with potential psychoactive effects. Its effectiveness varies according to the parts of the marijuana plant that is synthesized, the method of delivery (smoking, vaping, eating, etc.), age of the patient, and other factors.

Although many view marijuana as a benign drug, we urge caution. Most who use it infrequently for recreation suffer no meaningful ill-effects from the drug. However, the marijuana used today is far more potent than the marijuana that was prevalent during the 1970s. A few users have reported psychotic reactions from taking marijuana. Many users take marijuana to control symptoms of anxiety or depression, although its effectiveness in managing these emotions is largely anecdotal and some patients may be better off taking more standard psychotropic medications. The data on whether marijuana is a gateway drug is mixed. But many heavy users of marijuana concurrently misuse other drugs and need specialized treatments.

## Autism and Autism Spectrum Disorders

The prevalence of reported autism has increased in recent years, as has research on effective treatments. The Centers for Disease

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## SOCIAL AND CULTURAL CHANGES AND THEIR IMPACT ON COUNSELING AND PSYCHOTHERAPY

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Control estimates that approximately one in 68 children have been identified with a diagnosable condition on the Autism Spectrum. In part, this statistic reflects greater recognition of Autism Spectrum Disorder (ASD), but it may also reflect an actual increase in the rate of ASDs. The causes for the increase are not clear, although vaccinations are unlikely to be a cause.

The long-term prognosis for individuals on the severe end of the autism spectrum is modest, with 50% showing no or only a little improvement even after treatment (Steinhausen et al., 2016). Prognosis is better with less severe forms of ASD and the absence of co-morbid disorders. Applied behavior analysis has the greatest likelihood of success with ASD (Matson et al., 2012).

*Concussions can lead to problems with processing speed, short-term memory, executive functioning, attention/concentration, mood regulation, and sleep/wake cycle.*

### Concussions and Acquired Brain Injuries

About 3.1 million Americans will acquire a brain injury each year. The most common source of brain injury comes from a stroke. Fortunately, many of the brain injuries are mild and lead do not lead to permanent injury or disability, but other patients have long term problems managing their personal, family, or vocational areas of life.

Recent studies have found that sports related concussions have historically been under diagnosed, including those occurring to high school athletes. Concussions can lead to problems with processing speed, short-term memory, executive functioning, attention/concentration, mood regulation, and sleep/wake cycle. Sometimes significant neurodegeneration can result from just one concussion.

Psychologists are in a unique position to aid with the assessment and treatment of concussion in athletes (Guay et al., 2016).

In Pennsylvania, psychologists are legally permitted to assess high school athletes and make return to play decisions.

### Health and Mental Health Needs of Older Adults

The population in the United States is aging rapidly as the Baby Boomers are reaching retirement age. A major health issue is how to reduce cognitive decline and dementias among older adults. Physical fitness helps prevent cognitive decline ("a healthy heart means a healthy brain"). In addition, some brain fitness programs promise to prevent cognitive decline in older adults, and to help older adults already experiencing such declines, although not all researchers share this optimism. (Smith, 2016). Promises for cognitive improvements through stem cells have not yet materialized (Wray & Fox, 2016).

The increase in geriatric Americans requires an increase in psychologists specializing in geropsychology. Older adults who suffer with a mental disorder are less likely than younger adults to receive mental health services and, when they do, they are more likely to receive it from primary care providers who likely have less training in emotional, behavioral, and cognitive problems (Karel, Gatz & Smyer, 2012). Unfortunately, the decline in reimbursement rates in Medicare has caused many psychologists to drop out of the Medicare.

### Growing Recognition of the Importance of Violence on Health

Violence and trauma often precipitate mental health problems. Psychologists should screen patients for incidents of violence in their backgrounds, including domestic violence. The overall rate of violence in the last two decades has declined (there been a recent uptick in 2016-2017, but it is too soon to tell if this is an emerging trend). For example, in 1992 there were 442 aggravated assaults per 100,000 persons, but only 242 in 2012; in 1992 42.5% of high schoolers got into a physical fight in the last year, compared to 24.7% in 2013 (Summer et al., 2015).

Increasing attention is being given to sexual assaults on college campuses. McCauley (2015) estimated that 1 in 5

women and 1 in 71 men will be a victim of sexual assaults on colleges, although little is known about the historical rates of violence. In addition, growing attention is being given to intimate partner violence which is prevalent among high school students (21% of high school students and 10% of high school males; Centers for Disease Control, Youth Risk Behavior Surveillance Survey, 2013).

Exposure to interpersonal violence is associated with a risk of developing a mental illness (Iverson et al., 2013) and exposure to trauma as a child increases the risk of a borderline personality disorder. The impact of violence varies according to its frequency (one event or repeated), the social support given to the victim, and the individual's vulnerabilities and strengths, and other factors.

PTSD is a common sequelae of interpersonal trauma. Repeated exposure to childhood traumas may lead to complex PTSD which is harder to treat. Some individuals develop subthreshold PTSD in which they have some of the psychological symptoms associated with PTSD, but not enough to qualify for a PTSD diagnosis. Fortunately, studies are showing good results for psychological treatments for PTSD, especially those using exposure or cognitive therapy. Group therapy for PTSD tends to have poorer outcomes (Haagen, Smid, Knipscheer, & Kleber, 2015). Many questions about treatment remain concerning matching the treatment with the type of trauma or modifying treatments to accommodate co-existing substance abuse. Some authors have suggested that living through a trauma can lead to post-traumatic growth, although the frequency of such growth and the factors leading to it are unclear.

Bullying in school is beginning to get professional attention, although it has long been a feature of childhood behavior. Hymel and Swear (2015) estimated that between 10 and 33% of children will be victims of bullying. Longitudinal studies showed "evidence of a direct path between childhood peer victimization and post long-term outcomes in adulthood" (McDougall & Vaillancourt, 2015, p. 304), although the actual impact on any one individual depends on their social resources, context of the bullying, and other factors. Incidents of cyberbullying appear to be increasing, and this phenomenon raises many questions

*One of the negative consequences of globalization is the spread of human trafficking into the United States. Although it often involves sexual slavery, it can also involve forced domestic or commercial labor as well.*

concerning how the intense involvement in a cyber life interacts with bullying to influence the emotional development of children (Underwood & Ehrenreich, 2017).

One of the negative consequences of globalization is the spread of human trafficking into the United States. Although it often involves sexual slavery, it can also involve forced domestic or commercial labor as well. Health care professionals need to be alert to signs that a patient is a victim of human trafficking.

Those who use forced laborers try to keep them away from licensed health care professionals. Nonetheless, health care professionals need to be aware of physical, emotional, and psychological signs that suggest that a person may be a victim of human trafficking. The physical signs include malnourishment, poor access to healthcare, and marks indicating restraint.

Emotional and psychological signs include hypervigilance, exhaustion, submissiveness and poor eye contact. Additionally, a patient who reports long work hours, involvement in the commercial sex industry, low wages, and no breaks, and who owes large sums of money may be a victim of human trafficking. A patient can contact the National Human Trafficking Resource Center by calling 1-888-373-7888.

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# What Is New in Families?

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Families are perhaps the most essential unit of social life and the ultimate source of social stability. Changes in families have been especially pronounced in the last 10 years. Traditional families still predominate, although the number of single parent, same-sex, and other non-traditional families has increased.

On the surface, one could surmise that marriages in the United States are in good shape. The divorce surge of the 1970s and 1980s has not only leveled off; it appears to be on the wane. Seventy percent of marriages that started in the 1990s reached their 15-year anniversary whereas only 65% of marriages that started in the 1970s and 1980s made it to 15 years. Those people who married in the 2000s appear to be on track to have an even higher rate of success.

However, these statistics may not accurately represent the overall stability of family life. Those who have a greater likelihood of a successful marriage are more likely to get married; those who have a lower likelihood of a successful marriage are less likely to get married.

Of course, the decision to get married is influenced by many factors including family traditions and religious beliefs. It is, in the eyes of most Americans, a sacred commitment. Also, the decision to marry a person ("the one") is influenced by love, respect, admiration, and the other emotions that make life worthwhile. However, when we look at the factors that have influenced the likely success of a marriage, it appears that financial stability is an important variable.

Those who are more likely to have successful marriages are older when they get married, have a college education, and are financially secure. Good candidates for a successful marriage tend to attract each other. College educated women not only have the advantage of greater earning power for themselves, but they are also more likely to marry more attractive men (at least

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*Heroin users have a high rate of mortality either from overdoses or from a constitution weakened by the prolonged use of heroin. One longitudinal study found that Australians who habitually took heroin had an average age of death in their late 30s and an average life expectancy of 43.5.*

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attractive in the sense of earning power and financial stability; Carbonne & Cahn, 2015).

Persons who are less financially secure are less likely to get married and, if they do, are more likely to have a stressed marriage. Although the income of college educated adults has stayed roughly the same when adjusted for inflation, the incomes of blue collar or unskilled workers have decreased substantially since 1973. A high school educated or unskilled man in the 1960s or even the 1970s could be an attractive enough husband, at least from the standpoint of financial stability. Then he could expect to get a good job, purchase a home, and have some financial security; but the same man in 2017 is far less likely to have the same financial status. The man who was an attractive enough candidate as a financial breadwinner in 1970 was no longer so in 2017.

The above paragraph uses a more traditional view of males as a primary breadwinner. Since the 1960s, the educational opportunities and earning power of women has increased, whereas the earning power of men without specialized skills or training has decreased, making them less capable of contributing to the financial security of their families.<sup>1</sup>

<sup>1</sup> On a parenthetical note, we believe that this pervasive decline to be a great tragedy that results in much human suffering and which is a destabilizing force in our democracy.

Traditionally sex and procreation were unified under the auspices of a marriage. That unity is no longer holding for many people. Although men with less earning power may still become fathers and have a commitment to help raise their children, they are less likely to get married. One young woman explained it this way: "Say I have two sandwiches: one for me and one for my child. If I have a husband, then I have to split the two sandwiches among three people instead of two."

## Premarital Counseling

About 30% of couples participate with premarital counseling. Good programs have been developed that focus on communication skills, marital expectation, readiness for marriage, and fostering a positive attitude.

Risk factors for stressed marriages include cohabitation, limited incomes, children at the time of marriage, and marrying for the second time or more. But, those individuals who are at higher risk for a stressed marriage are less likely to participate in premarital counseling. Many pre-marital programs show small gains with persons from lower SES backgrounds (Hawkins & Erickson, 2015). The reasons are not clear. Perhaps persons from lower SES backgrounds are receiving lower quality programs delivered by under trained leaders. Or, perhaps the "high quality" evidence-based programs effective with higher SES couples are ineffective or inappropriate for lower SES couples (Cobb & Sullivan, 2015).

## Non-Traditional Families

Now most psychologists work with single parent families, stepfamilies, LGBT couples and families, and other non-traditional families. As of 2014, approximately 35% of children in America were raised in single parent homes. Fewer than 50% of children live in a traditional family, comprised of two

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**WHAT IS NEW IN FAMILIES?***Continued from page 9*

parents in their first marriage. It is difficult to generalize about single parent homes. They typically have fewer financial resources than two parent homes, and there is a correlation between growing up in a single parent home and becoming pregnant as a teenager, dropping out of school, and getting divorced as an adult. But these statistics do not do justice to the diversity of outcomes within a single parent family. Many children who live in a single parent home do well. They may have an extraordinary caregiver or have an additional caring parent or grandparents who promote their well-being.

Blended families or stepfamilies are comprised of remarried or re-coupled individuals with a child or children. Estimates range between 15 and 20 million stepfamilies in America. Psychotherapists typically focus on helping remarried parents develop healthy and consistent parenting strategies, highlighting underlying family dynamics in the home, building resilience of children who may be struggling, and developing a positive relationship between children and step-parents. It takes an average of two years before the children in a blended

*Health professionals can reduce overdoses by screening patients for suicidal ideation or for risk factors or warning signs for suicide; educating patient about the problems associated with mixing opioids and other drugs; and ensuring good follow-up services for patients recently released from drug treatment facilities.*

family begin to consider themselves as a cohesive family unit.

Approximately 200,000 children (under 18) are being raised by same-sex parents. The developmental outcomes for children raised with same sex parents are as good as the developmental outcomes of children raised with heterosexual parents (APA, 2012). While same-sex couples have many commonalities with straight couples, they also differ in many ways. Less than 1/3 of states have laws that prevent discrimination of LGBT individuals. Therefore, same-sex couples may be under greater stress due

to discrimination regarding work, housing, public accommodations, and lending/credit. Psychologists need to consider a variety of factors when treating same-sex couples, including gender roles, ethnicity, cultural background, religion, social class, education, age, and immigration status as these apply to each person's identity development.

Polyamory, or at least the increase visibility of polyamory, is increasing. Polyamory is engaging in or pursuing multiple partners in a relationship with the knowledge and consent of everyone involved. Psychologists who work with non-monogamous couples and families typically work on boundary navigation, transparency/communication issues, jealousy, safe sex practices, and feelings of inadequacy.

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# What is New in Understanding the Social Determinants of Health?

*Samuel Knapp, Ed.D., ABPP*

*John Gavazzi, Psy. D., ABPP*

**R**ecent research has focused on the mechanisms that mediate the connection between stress and health. More information is being learned about the relationship between the immune system, the digestive system, and the brain. Activation of the immune system is common among individuals who attempt suicide. For example, Linqvist et al. (2011) found that elevated cytokines (hormones secreted by the immune system to fight infections or the effects of trauma) in the cerebrospinal fluid of persons who had a suicide attempt. Also, patients who receive interferon (a class of proteins linked to the human immune system used for patients with certain cancers or infections) often experience serious depression and suicidal thoughts (Brundin et al., 2015).

This inflammation/suicide link needs to be interpreted in conjunction with other findings reviewed by Kiecolt-Glasser et al. (2015). Pain, depression, poor diet, poor sleep, excess weight, lack of exercise and inflammation all interact in complex ways. Evidence suggests possible common physiological pathways for some of these factors. It is likely that the "signals produced by the gut can in turn affect the brain and emotional responses" (Kiecolt-Glasser et al., 2015, p. 1077).

In our original draft of this article we wrote, "we are a very long way from prescribing a diet to fight depression," but recent evidence suggests that a different summary statement might be warranted. Sánchez-Villegas et al. (2016) reported that participants who had a Mediterranean lifestyle (a Mediterranean diet, physical activity, and social interactions with friends) had their risk of developing depression reduced by 50%, although it is not clear which components of the Mediterranean lifestyle were responsible for the protective effect, or how these elements may have interacted with other. Also, Lothian et al. (2016) found that ingesting a broad

spectrum of micronutrients (vitamins and minerals) led to improved sleep quality.

These findings make intuitive sense because good nutrition is essential to one's physical health and one's mental health is influenced by physical health. Nonetheless, we are cautious here because many false and misleading claims have been made in the past about treating illnesses with specific foods or supplements. Nonetheless, these exploratory studies suggest a diet/mental health connection worthy of follow-up with more rigorous experimental designs.

## Social Status and Health

Disease and death are not randomly distributed across the population. Poor people are more likely to become sick or disabled, or to die early (Adler, 2009). Several explanations have been put forth to explain the SES gradient including life styles (persons with higher SES are more likely to engage in healthy behaviors); access to health care (persons with higher SES are more likely to have good health insurance or the resources to pay for preventive services or treatments); or social selection (those with serious and chronic illness were less likely to hold well-paying jobs).

Another factor may be the impact of growing up in poverty on the physical and mental development of children. "The life chances of children depend heavily on the resources that are present in both the family and the zip code that they are born into" (Odgers, 2015, p. 722).

Children born into poverty perform more poorly on standardized psychometric tests, on the average, than those born in more affluent conditions. The culprit might not be bad genes, but the circumstances in which the children were raised, because chronic stress and limited opportunities may prevent the children from developing the verbal skills or having the word-intense environments necessary for them to increase

their intelligence. Noble (2017) believes that poverty leads to identifiable physical changes in the brains of children, including a decrease in some parts of the cortex. Furthermore, the chronic stress associated with poverty can weaken the immune system, and may lead to physical problems such as elevated blood pressure or cardiovascular diseases (Morozink et al., 2010).

In addition, being a member of a non-dominant ethnic minority that experiences discrimination may increase the risk of disease. "Chronically elevated cortisol levels and a dysregulated hypothalamic-pituitary-adrenal (HPA) axis appear to mediate effects of racial discrimination on allostatic load and disease" (Berger & Samyai, 2015, p. 1).

## Life Style and Health

Life style changes (diet, exercise, etc.) influence well-being and longevity. Certain behaviors, such as adequate sleep, eating sufficient fruits and vegetables, exercising, refraining from smoking and drinking alcohol in moderation increases in an individual's life span. Walsh (2011) argues for expanding the definition of life style to include increasing time spent with nature, enhancing the quality of intimate relationships, and engaging in service to others.

Nevertheless, "health professionals have significantly underestimated the importance of life style for mental health" (Walsh, 2011, p. 579). Certainly, when treating certain patients, psychologists will give attention to life style issues related to the presenting symptoms of their patients. A logical extension of Walsh's work is that a thorough review of the patient's well-being would require attention to other aspects of their lifestyle related to well-being.

Americans continue to have high rates of excessive weight or obesity, reflecting the easy availability of rich food and a decline in physical exercise. The National Institute of

*Continued on page 12*



## WHAT IS NEW IN FAMILIES?

Continued from page 11

Health, reported that more than one-third of adults are obese and another one-third are overweight. The long-term trends on obesity are mixed; some studies indicating a recent decrease in obesity, others failing to do so (Zylke & Bauchner, 2016).

Because excess weight is linked to physical diseases such as diabetes or heart failure, the next generation of Americans may have a shorter life span than previous generations. Since the American Civil War, the life expectancy of Americans has increased, primarily because of improved sanitation, cleaner drinking water, safer foods, and the control of infectious diseases through antibiotics and vaccinations. This may be changing. "Age-adjusted death rates for the first nine months of 2015 increased significantly compared with the same period in 2014, most notably involving causes of death related to obesity" (Ludwig, 2016, p. 2369).

In addition, persons with excess weight have higher rates of mental illness. The reasons are not clear. Perhaps obese individuals feel the impact of social discrimination. Or perhaps a predisposition to both excess weight and mental illness comes from a third variable: lower socioeconomic status. The conditions co-morbid with childhood obesity include anxiety, depression, learning problems, behavioral dysregulation, and ADHD (Halfon et al., 2016).

Psychologists have an important role in preventing diabetes and helping patients with diabetes to manage their diets, increase their exercise levels, and improving adherence to medical regimens (Hunter, 2016). Data is growing on the elements of effective weight loss programs. However, losing weight is difficult and few health professionals are well trained in this area of practice. Unfortunately, the number of overweight patients trying to lose weight is decreasing (Snook, et al., 2017).

Recent data shows that the diets of many Americans are improving with an increased consumption of whole grains, nuts, and fish, and a decreased consumption of sugar. Nonetheless diets vary substantially by SES, with persons in lower SES groups having worse diets (Rehm et al., 2016). What is being eaten may be more important than how much is being eaten (the total caloric content). Perhaps certain foods, such as nuts or olive oil, cause the body to metabolize calories more

efficiently (Ludwig, 2016).

Exercise is an important component of good health. Regular exercise protects against many diseases and cognitive decline. "No other single intervention or treatment is associated with such a diverse array of benefits" (Berra, et al, 2015, p. 2617).

## Addressing Life Style Issues in Treatment

The triple aim of health care is to improve the patient experience, improve health of the patient, and reduce costs of health care delivery (IHI, n.d.). Psychologists contribute to improved health across a wide range of health care conditions (Kazak et al., 2017). Although George Engel first proposed the biopsychosocial model of illness in 1977, it has not been well incorporated into the daily delivery of health care. Historically, the role of psychological services has been under represented. Good primary care involves good psychological care. Psychological services play a significant role in identifying, preventing, and treating many of the leading causes of death in the United States, including cancer, heart disease, stroke, diabetes, and suicide.

In addition, psychologists contribute to specialties in pediatric, oncology, and obstetrics. For example, when working with cancer patients, psychologists can be involved in modifying lifestyle choices that increase the risk of cancer, promoting education that increases the rate of early screening, and assisting in the behavioral health issues of those who have been diagnosed with cancer (McDonald, O'Connell, & Suls, 2016). Similarly, psychologists can treat chronic pain through operant conditioning, cognitive restructuring, relaxation, and other therapies (Jensen & Turk, 2014). Finally, psychological services not only improve outcomes, research indicates that mental health interventions reduce the cost of health care (although there is still debate as to whether the medical savings completely offset the behavioral health costs) and provides a higher quality of life for patients. Psychologists add value in terms of cost and quality.

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**Learning objective:** At the end of the program the participants will be able to describe changes related to counseling and psychotherapy in the last 10 years in the areas of applying psychological science to psychotherapy, social and cultural changes that impact psychotherapy, changes in families, and social determinants of health.

### The Integration of Basic Science into Psychotherapy

- Self-determination theory holds that human motivation is influenced primarily by
  - Autonomy, connectedness, and competence
  - Autonomy, beneficence, and non-maleficence
  - Connectedness, attachment, and affiliation
  - All the above
- The concept of nudge applies when psychotherapists
  - Directly tell patients what to do
  - Encourage certain responses, but ultimately let patients decide
  - Let patients decide without attempting to influence their decision at all
  - None of the above
- Research with attachment-based therapy has shown that better outcomes occur when
  - Therapists have a secure attachment style
  - Patients have a secure attachment style
  - The attachment styles of the patients and therapists are matched
  - All the above

### Social and Cultural Changes and Their Impact on Counseling and Psychotherapy

- Which of the following statements about opioids is TRUE?
  - Opioids do not reduce feelings of pain, even in the short-term
  - Heroin addiction has no relationship to opioid misuse
  - The long-term prescription of opioids increases the risk of developing an opioid use disorder especially if the patients had a background of substance abuse
  - All the above
- Which is (are) true about treatments for persons with autism spectrum disorders?
  - Outcomes are better if the patients have no comorbid conditions
  - Applied behavior analysis produces the best overall outcomes
  - The outcomes are better for the less severe forms of autism
  - All of the above
- Despite a recent increase in homicides, data show a general trend toward less violence in the last 25 years  
TRUE FALSE

### What is new in families?

- Which individual is more likely to have a successful marriage?
  - A man with a high school education who married just out of high school
  - A woman with a high school education who married just out of high school
  - A woman with a college education who is financially secure
  - A man with a high school education who has completed military service
- Since 1993, the income of unskilled workers in the United States has, after adjusting for inflation
  - stayed the same
  - increased substantially
  - decreased

Continued on page 14

9. Evidence suggests that the outcomes for children raised in same sex households tend to be
- Worse on standardized measures of child well-being
  - As well as children raised in heterosexual families
  - Better on standardized measures of child well-being if they are boys
  - Better on standardized measures of child well-being if they are girls
10. Poverty or chronic stress in childhood may
- Impair a child's vocabulary development
  - Predispose a child to physical illnesses
  - Weaken the immune system of a child
  - All the above
11. Current studies suggest that
- The average weight of Americans has dropped substantially in the last 10 years
  - The diets of Americans are improving across all SES groups
  - Mortality rates for Americans are increasing especially for diseases associated with excess weight
  - None of the above
12. Possible reason(s) that excess weight is associated with higher rates of mental illness are
- Social discrimination against persons with excess weight
  - Both excess weight and mental illness may have a common factor, such as lower SES
  - Both a and b
  - None of the above

**What is new in understanding the social determinants of health?**

## Continuing Education Answer Sheet

### *The Pennsylvania Psychologist Update, November 2017*

Please circle the letter corresponding to the correct answer for each question.

- a b c d
- a b c d
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### Satisfaction Rating

Overall, I found this issue of the *Pennsylvania Psychologist Update*:

Was relevant to my interests	5	4	3	2	1	Not relevant
Increased knowledge of topics	5	4	3	2	1	Not informative
Was excellent	5	4	3	2	1	Poor

Comments or suggestions for future issues \_\_\_\_\_

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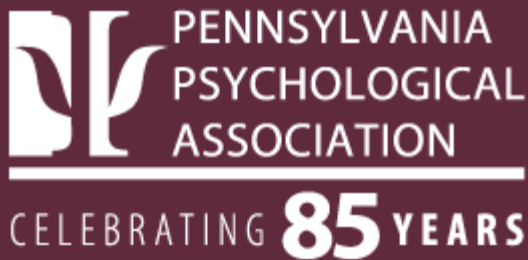
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John Gavazzi, PsyD, ABPP—PPA Webinar

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