

Weekly Medical Directors Briefing

May 18-22, 2020

“Dwell on the beauty of life. Watch the stars, and see yourself running with them.” -Marcus Aurelius, Meditations

Microdosing of Mindfulness

The [data on the effectiveness of mindfulness](#) in reducing stress, anxiety, and cravings for controlled substances is strong. Mindfulness is also demonstrated to [increase happiness](#).

In spite of this, many health care professionals and patients have difficulty fully embracing mindfulness as a therapy or practice, long term. Many authors have commented on this, with myriad different explanations and analyses. (For example, [this essay](#) contrasts mindfulness with psychotherapy.) Here are some underlying beliefs that may contribute:

1. Mental illness and experiencing stress are signs of personal weakness to be covered-up or suppressed, instead of understood and addressed.
2. The mind and body are separate. Those who strongly believe this cannot believe that trying to use their mind to make their body feel better or function better.
3. Mindfulness takes too much time. Individuals who believe that mindfulness is helpful may conclude that it takes too much time to practice mindfulness regularly. Does one really need to go on a two-week meditation retreat to get into a better state of mind?
4. Mindfulness equals deep breathing and meditation. Is breathing in through the nose and out through the mouth repeatedly always the best way to re-focus the mind?

The [Greater Good Science Center](#) at UC Berkeley embraces a broader conceptualization of mindfulness. Each person is encouraged to try different methods of becoming more mindful (using a broader understanding of mindfulness than its meditative Buddhist roots), finding a method that resonates especially with their personality and beliefs.

The Center performs original research to further the evidence base on different practices, including the study listed below, which looks at the concept of [micro-dosing mindfulness](#): spending very short periods of time several times per day to experience a sense of **awe** about something in your environment, and sharing this with your friends and family. This might be something beautiful, like a flower, a pet, a story or a piece of music. It might be something more intricate and complex, like a well-engineered race car, an innovative food dish, a piece of sculpture, a formal ceremony, or a novel gadget. Whatever it is, you should focus on it for a moment at the exclusion of all else, appreciating some of the intricacies and details, experience a sense of awe, and then perhaps share the details of the experience briefly with someone in your life. For example, take a picture of it with your phone and share it with a brief description of why it affected you!

This last step, the sharing, is critical for making this mindfulness practice not just a method to reduce stress but to increase happiness. Sharing strengthens interpersonal connection, especially important in this time of physical distancing.

Interpersonal connections are necessary (but not sufficient) for a person to be happy, according to [neuroscientist and author Laurie Santos](#).

Of course, when our friends, family, colleagues or patients share something that gave them a sense of awe, we should pause, give our attention to what is being shared, reflect back what we have heard, and allow ourselves to share some of that awe.

Feeling Burned Out from the Stress of COVID-19?

In the search for new ways to effectively reduce burnout due to COVID-19, consider joining UC Berkeley and NorthBay Healthcare in a research study for healthcare workers. In just four weekly online sessions, you can learn a simple and clinically proven mindfulness technique to reduce stress and anxiety while stimulating your immune system and increasing wellbeing. Not only is this a chance to learn a new skill that may help you feel better emotionally and physically, but this is also an opportunity to be part of a research study that will be shared with other medical institutions around the world. The number of people participating will be limited, so don't wait to sign up. To learn more about the study starting June 2, 2020, visit: <https://microdosingmindfulness.com/research-studies/>.

Spring 2020 PHC Regional Medical Directors Meeting Changes to Virtual Meetings

Due to rising concerns of social spacing, due to COVID-19, the Spring PHC Regional Medical Directors Meetings are not only rescheduled but also accessible virtually.

Meetings that were previously scheduled on Friday, April 17, 2020 (Redding), April 27, 2020 (Eureka), May 1, 2020 (Ukiah), and May 8, 2020 (Novato) are now available on the following dates:

Date: Friday, May 22, 2020

Time: 9 a.m. – Noon

[Sign-Up Now](#)

The content will be the same on both dates, allowing the staff you want to attend to choose one or the other.

In response to suggestions from prior meetings, we are testing a new modular meeting format. This will allow you to have appropriate members of your team come to one or more portions of the meeting, depending on their interest. Our goal is to make the level of discussion, for all topics, to be of interest for all clinical leaders.

PHC Educational Opportunities and Events

Suicide: Prevention and Care During the COVID-19 Pandemic and Beyond

Webinar

Join us for an hour-long webinar to learn how to identify and care for individuals at risk for suicide during this particularly stressful time of COVID-19. The tools and insights regarding suicide prevention and care can be applied to life beyond the pandemic. Anyone at your organization who plays a role in suicide prevention

or who interacts with individuals at risk will benefit from this webinar. A recording will be posted on Beacon's website for anyone unable to attend.

Date: Thursday, May 28, 2020

Time: 1 p.m. – 2 p.m.

[Sign-Up Now](#)

Treatment Options? What Treatment Options? Making Sense of Methamphetamine

Free Webinar

Withdrawal from chronic alcohol consumption can range in severity from mild to very severe, with life-threatening delirium tremens. The physician or other clinician performing the history, physical exam, and lab evaluation has an important responsibility: to anticipate which patients are more likely to have a complicated withdrawal requiring more intensive monitoring. Lower risk patients can often be managed while living at home with close follow-up.

Presenter: PHC Clinical Director of Behavioral Health, Dr. Jeff DeVido

Access the Recorded Webinar through the PHC Website, on our [Wellness and Recovery Webinars](#) page.