Rooted psychiatry: from r/K strategies to relational presence



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In biology, r- and K-strategists represent two fundamental life strategies. r-strategists prioritize rapid growth—thin stems, abundant seeds, quick colonization. K-strategists, in contrast, develop slowly but durably—hardwood trunks, deep roots, long lives, and fierce competition for stable existence. Forests need both: the quick colonizers to fill gaps and the enduring giants to anchor the ecosystem.

Coping strategies, too, often oscillate between immediacy and endurance. Patients and clinicians alike must sometimes use r-strategies—short-term, adaptive bursts that get us through long days, night shifts, or emotional droughts. At other times, K-strategies—life-bringing habits that deepen roots and resilience—are what sustain well-being across decades.

Just as ecosystems evolve toward balance, psychiatry has begun to recognize the value of these long-term, K-like adaptations. Indeed, the past APA's annual meeting had a lifestyle theme. The American College of Lifestyle Medicine (ACLM) has a helpful paradigm psychiatrists can reference for such interventions, identifying six pillars that promote enduring health: nutrition, physical activity, restorative sleep, stress management, positive social connection, and avoidance of risky substances. Each of these domains builds resilience rather than momentary relief.

Evidence is abundant. A 2023 meta-analysis found exercise's number needed to treat (NNT) for depression is as low as 2.0—potentially better than psychotherapy (2.3) or medication (3.5)—meaning fewer patients needed to exercise for one to benefit (Heissel et al., 2023). Aerobic exercise in schizophrenia significantly reduces both positive and negative symptoms, with adherence comparable to medication (Guo et al., 2024). Even something as simple as adding two servings of fruits and vegetables for 14 days improved well-being in one study (Conner et al., 2017). Such results remind us that psychiatry's most powerful tools are often those that grow roots slowly yet yield enduring fruit.

Still, evidence alone does not plant behavior. Many psychiatrists struggle to integrate these insights into daily practice. ACLM's FITT (Frequency, Intensity, Type, Time) prescription model offers one practical bridge—translating broad principles into specific, measurable goals. At Wright State University, we are incorporating a curriculum next year in several residency specialties that lets residents sit for a board exam in lifestyle medicine on top of their other specialty board certification when they graduate. This integration signals a cultural shift: the psychiatrist not merely as prescriber, but as cultivator of habits that let patients flourish over time.

In nature, one of the jungle's most productive trees—the strangler fig—thrives by growing around a host, using its structure to reach sunlight. On a college trip to Costa Rica, I watched these figs intertwine into elaborate lattices alive with monkeys, vines, and light. Psychiatrically, similar displacement occurs when a healthy habit grows around and gradually replaces a maladaptive one. Lionel Sanders, a professional triathlete, speaks openly about how his all-in personality once fueled substance addiction but now drives his training. Exercise did not erase his temperament; it redirected it—much like a fig transforming into a living cathedral around a decaying trunk.

Yet healthy interventions can occur on both sides of the room. A psychiatrist who tends to their own emotional and relational well-being brings greater authenticity and attunement into each encounter. Psychiatric studies show very large placebo effect sizes, particularly for depression and anxiety, of 1.40 and 1.23, respectively (Bschor et al., 2024). This emphasizes the importance of non-pharmacologic factors such as therapeutic alliance, empathy, and patient expectation in clinical efficacy. A psychiatrist fulfilling their ethical mandate (as dictated by the AMA) to care for themselves will be more able to facilitate the therapeutic holding environment and growth patients desire. This underscores the importance of weaving therapeutic principles into even brief medication management visits, as healing often springs not from molecules but from ***relationship***—the soil of therapeutic alliance from which all other treatments grow.

Zooming out, these insights resonate beyond the therapy room. In Ohio and elsewhere, communities reveal both fracture and potential. Divisions over politics, faith, and culture can heighten isolation, yet they also present opportunities for renewal. Watching thousands in Columbus cheer together for a football team (the best one in the country currently) may seem trivial, but it captures something essential—the joy of shared purpose. Psychiatrists, likewise, can move from being detached observers to active participants in the human game—modeling authentic, relational presence and practicing healthy habits themselves that invites patients into the same process of growth.

Ultimately, whether prescribing medication, encouraging exercise, or simply offering empathy, our task as psychiatrists is to nurture the conditions for long-term growth, helping patients develop roots strong enough to endure both drought and storm.

References

OPPA Update on Certified Mental Health Assistants

OPPA would like to provide an update to members on the Certified Mental Health Assistants (CMHA) legislation that passed last year and the advocacy that has occurred since:

OPPA members may recall, during the last legislative session, Senate Bill 60 established a new mid-level mental health provider in Ohio known as the Certified Mental Health Assistant (CMHA). Initially, OPPA expressed serious concerns about the bill's potential impact on patient safety and quality of care. Despite providing testimony in opposition and holding multiple meetings with the bill's sponsor and committee leadership, it became evident that the legislation would move forward.

To help mitigate potential risks, OPPA successfully negotiated 10 critical amendments to improve the bill and ensure a limited scope of practice with direct physician oversight. In exchange for these key changes, OPPA agreed to shift its position from "strongly oppose" to "neutral." This adjustment does not indicate support for the CMHA model, but rather, reflects a strategic effort to improve the legislation and protect patients to the greatest extent possible. See FAQs on CMHAs.

Following passage of the bill, attention has now turned to the administrative rule-making process, which will determine how the law is implemented. During the rule-making process and beyond, OPPA remains committed to providing input and advocating for policies that promote high-quality, evidence-based psychiatric care that uphold patient safety across Ohio. We are actively engaged in the rule-making process and will continue to provide updates to our members as new details emerge.

Please note, while some OPPA members may personally support the new CMHA provider type, it's important to clarify that OPPA, as an organization, does not hold that position. Members are asked to refrain from suggesting organizational support for the CMHA role. In addition, OPPA and Chapter meetings are not the appropriate setting to attempt to recruit for the program. These conversations and employment discussions should take place outside of official OPPA meetings. These actions could be misconstrued as coming directly from OPPA.

Call for Newsletter Editor: Insight Matters

The Ohio Psychiatric Physicians Association (OPPA) is seeking an OPPA member to serve as Editor of Insight Matters to fulfill the remaining term (May 2027) of Awais Aftab, MD, who recently stepped down.

This voluntary position serves as a voting member of the OPPA Council and requires attendance at quarterly Council meetings. Prior experience in publication editing is preferred.

Responsibilities

In accordance with the OPPA Bylaws, the Editor of Insight Matters is responsible for:

- Soliciting materials for publication and enforcing submission deadlines
- Reviewing and editing all articles prior to layout
- Determining the final content of each issue
- Collaborating with the Executive Director to establish editorial guidelines and expectations for contributors

Insight Matters is published quarterly in January/February, April, July, and October.