Psychological Flexibility

Applying Psychological Flexibility in Clinical Practice: Enhancing Effectiveness in Therapy

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Alma



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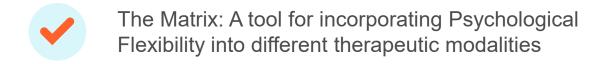
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Agenda











Learning **Objectives**

- Define psychological flexibility within the context of therapy and its significance in mental health treatment.
- Identify ways to cultivate a therapeutic environment that promotes psychological flexibility, focusing on fostering client autonomy, self-compassion, and adaptability.
- Describe how psychological flexibility skills can support the therapeutic alliance.

Why are we here?



It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change.

Charles Darwin

Function as the Relationship Between **Context and Behavior**















Functions of Behavior



Appetitive / "Toward"



Aversive / "Away"

Often Threat Lives Inside Our Heads!



AWAY from unwanted internal experiences

TOWARD values



What Happens to Our Behavior



When are we running away?

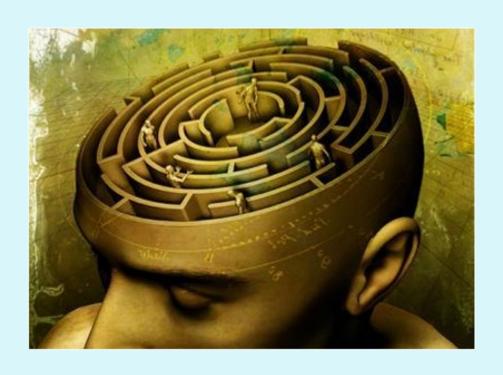


When are we running toward?

Psychological Rigidity



The Costs of Psychological Rigidity





The Alternative: Psychological Flexibility



Psychological Flexibility

The ability to respond to the ever-changing contexts of our lives and in ways that move us in the direction of what works and what matters.

Psychological Flexibility Tool Kit

Learn to select the tools that will work best in a specific context to support your clients in developing greater psychological flexibility.



Therapy Can Build Psychologic Flexibility



How is this possible?





Therapy Can Build Psychologic Flexibility

Client and therapist together:

Build and practice mindfulness ("noticing") skills

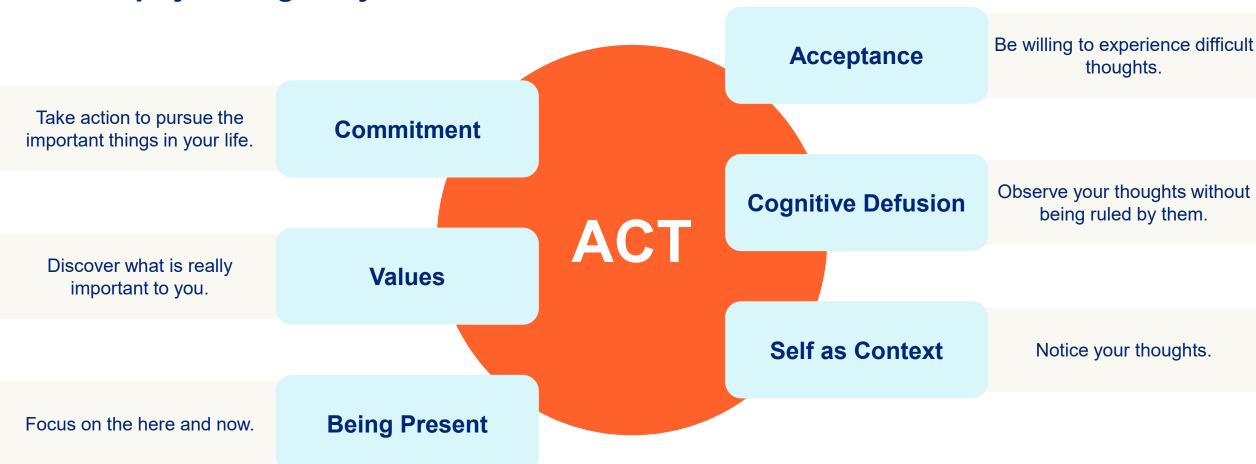
Look together at how the client **relates** to their thoughts and feelings

Identify, experiment with, and practice more flexible ways of responding to unwanted internal experiences

In service of the client being able to freely choose to do what matters to **them** in the context of their life, even in the presence of life's unavoidable pain

Acceptance and Commitment Therapy

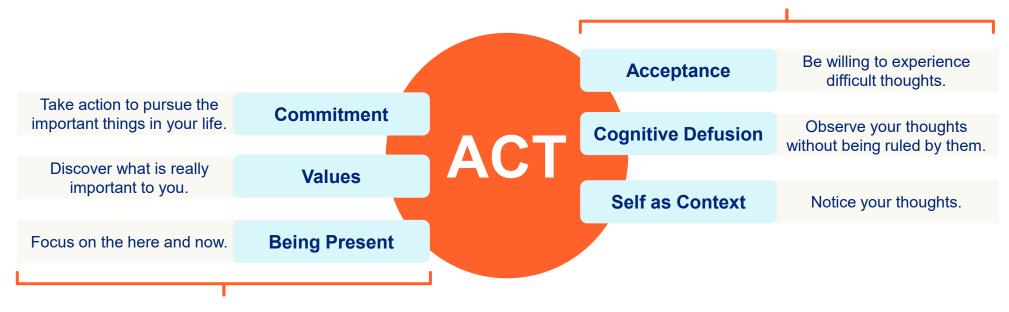
A functional-contextual approach to becoming more psychologically flexible



Acceptance and Commitment Therapy

A functional-contextual approach to becoming more psychologically flexible

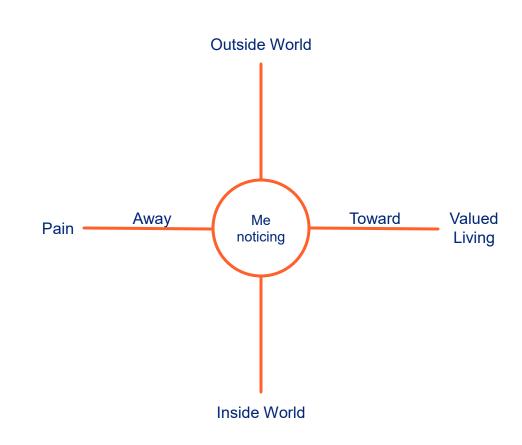
Mindfulness and Acceptance Processes



Commitment and Behavior Change Processes

The ACT Matrix

A simple tool for bringing ACT to your practice



Clinical Example **Information**



- 35 year-old
- Asian-American
- Cisgender
- Bisexual
- Single
- Female



- Referred by PCP
- Referral indicates patient has reported she is struggling with "anxiety"
- Patient has asked for "more lorazepam to help her get through"



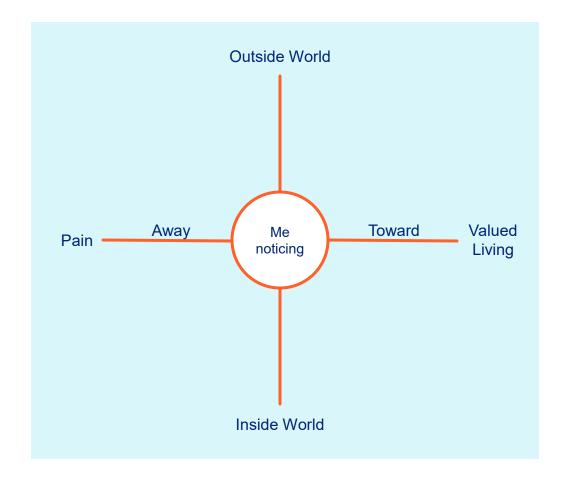
During intake patient shares that her most deeply held values are around connection in the context of friends and family relationships, and hopefully one day with a partner, and through her work as a teacher.

Clinical Example How to Start

Orient the patient to the activity.

"We are going to do an activity together that will allow us to look at how you relate to your thoughts and feelings and see if we can find more flexible ways of responding so you can more freely choose to do what matters to you in your life."

Choose with which quadrant you want to begin or allow the patient to do so.



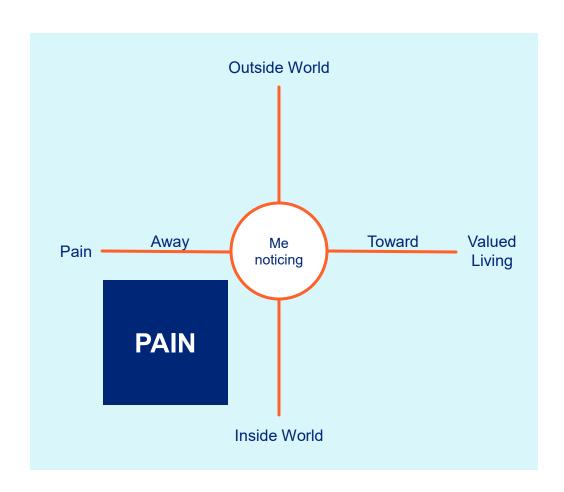
Questions That Target the "Pain" Quadrant

1 What shows up in your mind that gets in the way of your life?

How does it show up in your body? In your thoughts? In your emotions? In your urges? In your memories?

What kinds of thoughts tend to hook you? Push you around?

When and where did these painful internal experiences last show up?



Clinical Example

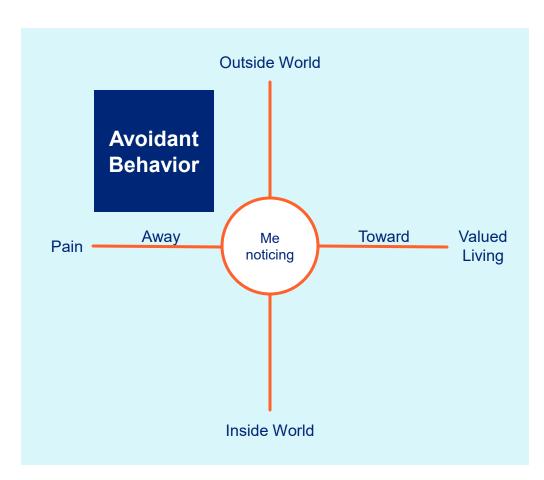
Let's discuss the "pain" quadrant





Questions That Target the "Experiential Avoidance" Quadrant

- What kinds of things do you do when these painful (thoughts, feelings, memories, emotions) show up for you?
- What do you do to get away/relief from these painful internal experiences?
- If I was there with you in the moment, what would I see you doing?
- What would your mind be doing (that I couldn't see) in response to this pain?
- 5 Connect the "DOTS"



DOTS

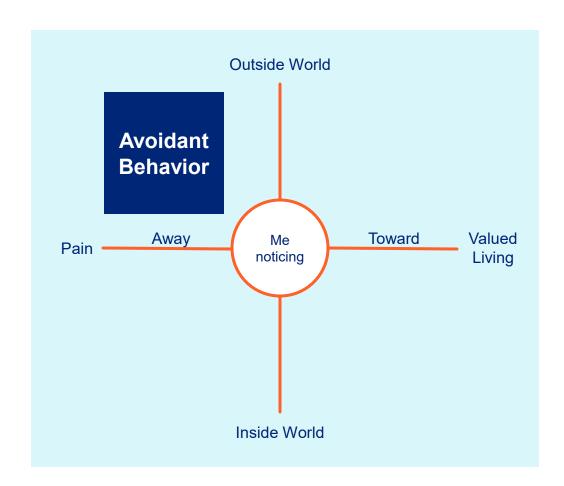
Distract

Opt Out/Avoid

Think/Problem solve

Substances/Numbing

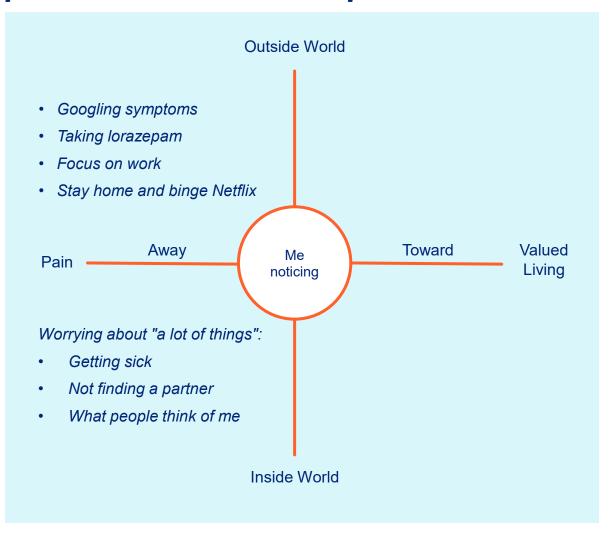
These things "work" in the short term – and provide powerful relief – or people wouldn't do them!



Clinical Example

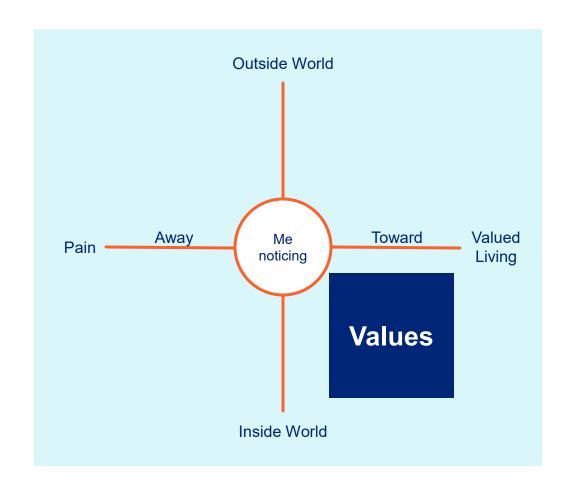
Let's discuss the "experiential avoidance" quadrant





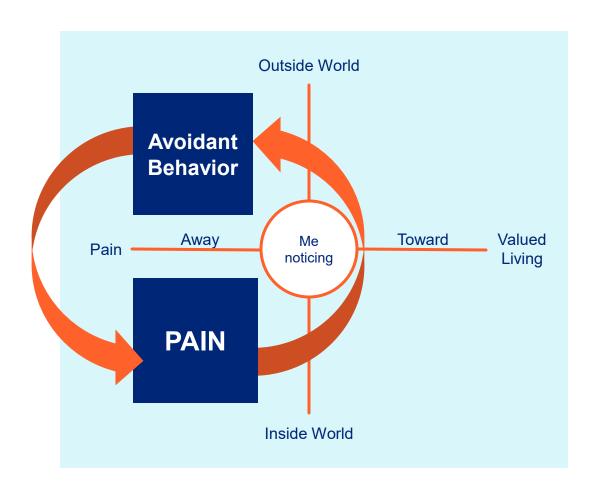
Questions That Target the "Values" Quadrant

- Who or what is most important in your life?
- What do you find most meaningful in life?
- What would you want to be doing if your pain disappeared?
- What are your deepest desires?
- What qualities do you want to embody in your life?
- At the end of your life, what do you want to look back on?
- When was the last time you felt deeply connected to what is most important to you?
- How do you want to treat yourself and others?
- Pain as a "back door" into values



Undermining the Control Agenda / "Stuck Loops"

- What effects have you noticed when you do this?
- How much of your energy does it take to do this?
- Does it make the pain go away in the short term? •
- Does it make the pain go away in the long run?
- What has it cost you, especially in terms of your values?
- Does doing this ever make things worse?
- Does doing these things ever create new problems for you?
- When you are busy doing these things, how much attention can you give to what you care about?



Clinical Example

Let's discuss the "values" quadrant

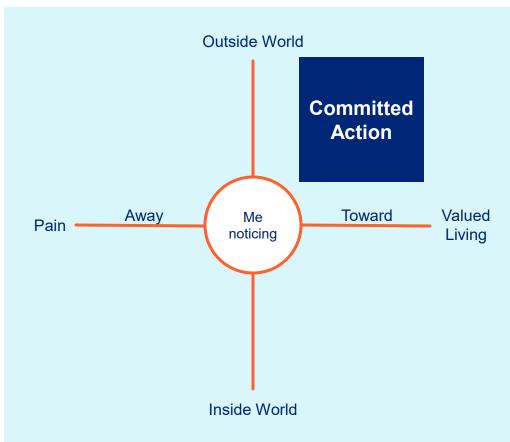




Questions That Target the "Committed Action" Quadrant

If what you are doing is keeping you "stuck" and limiting your ability to move towards your values...

- Does it make sense for us to create space for something new?
- Would you be open to something different?
- Is there something that might work better in terms of you being able to choose to take your life in the directions that are most important to you?
- If this pain were to go away, what would I see you doing more of?



Clinical Example

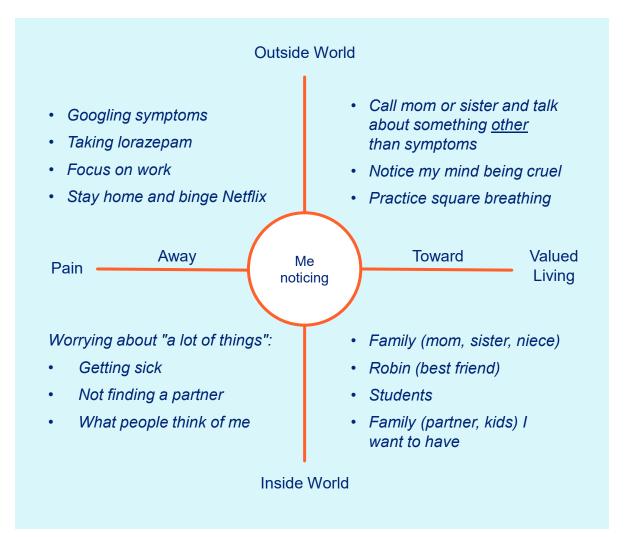
Let's discuss the "committed action" quadrant





The Basis for a Case Conceptualization

- 1. What parts of the pain of being a human is this person struggling with?
- 2. What does struggling "look" like for this person?
- 3. How much of their behavior is being dictated by this struggle with their mind?
- 4. How capable are they of noticing the here and now?
- 5. What does a meaningful life "look like" for this individual?
- 6. How can we help them become more flexible and choose to respond to their pain in ways that allows them to move toward values?



Guides Intervention Selection Independent of theoretical orientation

Outer/Five Senses Experiencing Behavior (committed Affect (acceptance) **Attention** (present action) Choosing not to engage in "run, moment awareness) fight, hide" behaviors in the Developing and practicing Building fluid, flexible, patterns of behavior that presence of life's pain, when voluntary awareness doing so is not workable in the serve values context of values Me Away from pain **Toward values** noticing Motivation (values) Cognition (defusion) **Self** (*self-as-context*) Being aware of what matters Minimizing language-based Building sense of and the cost of short-term observing self rather struggle in the presence of relief in the context of what life's pain than conceptualized self matters **Inner/Mental Experiencing**

Matrix Summary

Using the matrix we can fundamentally change the relationship that the patient has with his or her internal experiences (including awareness of both painful private events and values) so that:



...these internal experiences are noticed and recognized as transient psychological events



...they learn (experientially) that they do not have to "wait for the painful stuff to go away" before moving in the direction of their values



...and they can use their response to this pain as an opportunity to "pivot" towards values

