Understanding and Treating PTSD:

New Research on Brain Changes and Effective Interventions

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Scope of Practice

Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your profession's standards.

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Conflict of Interest Disclosure

Richard Sears holds several faculty appointments at the University of Cincinnati. He has written a number of books on mindfulness and psychotherapy, and offers mindfulness courses on his personal website.

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Introductions

- Name
- Background in treating PTSD
- Why you came to this workshop

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Diagnostic Criteria for PTSD

(DSM-5-TR)

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Posttraumatic Stress Disorder

(Adults, Adol, Children >6 yrs old)

A. Exposure to actual or threatened death, serious injury, or sexual violence in 1 (or more) of the following ways:

1. **Directly experiencing the traumatic event(s).**
2. **Witnessing, in person, the event(s) occur to others.**
3. **Learning that violent or accidental event(s) occurred to a close family member or close friend**
4. **Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). (Does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related)**

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PTSD (>6 yrs old)

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). Note: In children >6 yrs, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.

2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s). Note: In children, there may be frightening dreams without recognizable content.

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PTSD (>6 yrs old)

3. Dissociative reactions (e.g., flashbacks) in which feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) Note: In children, trauma-specific reenactment may occur in play.

4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

5. Marked physiological rxs to internal or external cues that symbolize or resemble an aspect of traumatic evt(s)

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PTSD (>6 yrs old)

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated w traumatic event(s).

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PTSD (>6 yrs old)

D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by 2 (or more) of the following:

1. **Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia & not other factors such as head injury, alcohol, or drugs).**
2. **Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").**

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PTSD (>6 yrs old)

3. **Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.**
4. **Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).**
5. **Markedly diminished interest or participation in significant activities.**
6. **Feelings of detachment or estrangement from others.**
7. **Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).**

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PTSD (>6 yrs old)

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by 2 (or more) of the following:

1. **Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.**
2. **Reckless or self-destructive behavior.**
3. **Hypervigilance.**
4. **Exaggerated startle response.**
5. **Problems with concentration.**
6. **Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).**

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PTSD (>6 yrs old)

F. Duration is more than 1 month.
G. Causes clinically significant distress or impairment in social, occupational, or other important areas of funxing.
H. Not attributable to the physiological effects of a subs (e.g., medication, alcohol) or another medical condition.

Specify whether: With dissociative sxs: (not due to subs or med condition)

1. Depersonalization
2. Derealization

Specify if: With delayed expression: If the full diagnostic criteria not met until at least 6 mos after event (although onset & expression of some sxs may be immediate).

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Stress vs. Trauma

"Stress is the pattern of specific and nonspecific responses an organism makes to stimulus events that disturb its equilibrium and tax or exceed its ability to cope." –American Psychological Association

"Trauma is an experience of extreme stress or shock that is/was, at some point, part of life. Traumatic events are often life-threatening and include events such as natural disasters, motor vehicle accidents, the illness of a close friend or family member, sexual assault or difficult childbirth experiences." –Gomes (2014)

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Stress vs. Trauma

Stress is a reaction to less dramatic and actual life events such as a job loss, exams, deadlines, finances, or divorcing a spouse.

While stress is not always harmful, trauma nearly always is.

Individuals with a history of trauma can become more sensitized to even daily life stressors

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Trauma Reactions vs. PTSD

Normative Stress Reaction:

During the acute aftermath of a traumatic event, almost everyone is upset, and sxs typically resolve within 2–3 days.

A. *Emotional reactions*, such as shock, fear, grief, anger, resentment, guilt, shame, helplessness, hopelessness, & numbing
B. *Cognitive reactions*, such as confusion, disorientation, dissociation, indecisiveness, difficulty concentrating, memory loss, self-blame, & unwanted memories

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Trauma Reactions vs. PTSD

Normative Stress Reaction:

C. *Physical reactions*, such as tension, fatigue, insomnia, startle reactions, racing pulse, nausea, & loss of appetite

D. *Interpersonal reactions*, such as distrust, irritability, withdrawal/isolation, feeling rejected/abandoned, & being distant

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Trauma Reactions vs. PTSD

Acute Stress Disorder (ASD):

A significant minority of individuals develop ASD, w more intense sxs, during the month after the traumatic event. 9 of 14 possible sxs, spread across 5 categories:

A. Intrusion sxs, such as intrusive distressing memories, recurrent traumatic dreams, dissociative reliving (e.g., flashbacks) of the traumatic event, & intense psychological distress or physiological reactivity to traumatic reminders

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Trauma Reactions vs. PTSD

Acute Stress Disorder (ASD)

B. Negative mood, such as inability to experience positive emotions

C. Dissociative sxs (amnesia, & derealization or depersonalization)

D. Avoidance sxs, such as avoidance of internal reminders such as trauma-related thots or feelings and avoidance of external reminders such as people, places, or situations

E. Arousal sxs, such as insomnia, irritability, hypervigilance, problems of concentration, or exaggerated startle reactions

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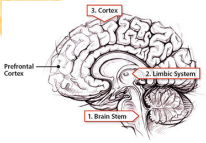
Biological & Neurological Aspects



- Conscious mind/cortex does not want to recall trauma
- Emotions/limbic system does not want to forget
- Battle to control/avoid thoughts, feelings, & triggers

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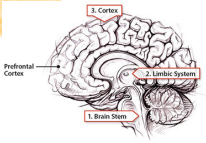
Biological & Neurological Aspects



- Amygdala fires to signal danger
- Prefrontal cortex regulates actions/modulates fear response/calms amygdala back down
- Hippocampus stores memories

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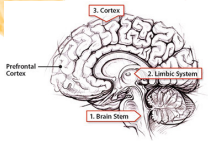
Biological & Neurological Aspects



- In chronic PTSD, amygdala is more sensitive and fires more easily
- Prefrontal cortex becomes less able to calm amygdala
- Hippocampi are smaller in those with chronic PTSD

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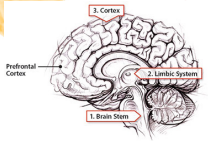
Biological & Neurological Aspects



- Memories are stored throughout brain
- Hippocampi are key to memory consolidation
- Memories are disrupted in PTSD

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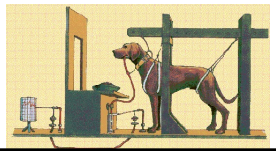
Biological & Neurological Aspects

Classical Conditioning (Pavlov)

- Unconditioned stimulus (UCS) produces unconditioned response (UCR)
- Conditioned stimulus (CS) paired w UCS produces conditioned response



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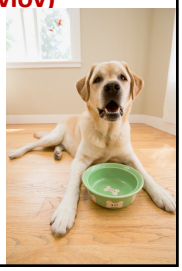
Biological & Neurological Aspects

Classical Conditioning (Pavlov)

- Extinction
- Spontaneous Recovery
- Old conditioning comes back faster



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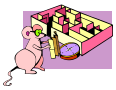
Biological & Neurological Aspects

Operant Conditioning (Skinner)



- Requires action from the organism
- Reinforcement (increased likelihood behavior will be repeated)
- Punishment (increased likelihood behavior will not be repeated)

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Biological & Neurological Aspects

Operant Conditioning (Skinner)

- Positive Reinforcement
- Negative Reinforcement
- Punishment
- Response Cost

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Biological & Neurological Aspects

Operant Conditioning (Skinner)

- Shaping
- Schedules of reinforcement (continuous vs. intermittent)
- Extinction burst

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General Treatment Considerations

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General Treatment Considerations

The Avoidance Cycle

- Avoidance temporarily lowers anxious feelings
- Negatively reinforces behaviors

- External avoidance
  - Avoiding any external person or situation that might trigger trauma reactions

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General Treatment Considerations

The Avoidance Cycle

- Internal avoidance
  - Desire to avoid unpleasant thots, feelings, sensations
- Thoughts can be negatively reinforced

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General Treatment Considerations

Principles of Exposure
- Swimming pool analogy

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General Treatment Considerations

Principles of Exposure

- Flooding
- Systematic desensitization
- Exposure hierarchy

- Expanding psychological flexibility
  - In contrast to sx reduction

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General Treatment Considerations

Principles of Exposure

- Never force client to do exposure
  Foster willingness
- Too much vs too little
  (psychodrama vs never talk about it)

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General Treatment Considerations

Details Are Not Necessary

- Early treatments suggested it was necessary to talk or write about the detail of the trauma until exposure effect
- Research now shows that talking about details either doesn't affect outcome or makes trauma worse

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General Treatment Considerations

Uncoupling affect

The brain can place emotional reactions onto thoughts, memories, and external sensory inputs

Mindfulness and exposure therapies break apart this conditioning

Though trauma may never be forgotten, previous conditioning produces little to no affect after tx

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General Treatment Considerations
Memory Reconsolidation

- A traumatic memory may be stored in the brain with strong affective tags
- When a memory is brought into conscious awareness, it becomes malleable
- If a new emotional experience gets associated with the memory, can change the emotional charge of the memory when it is reconsolidated

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General Treatment Considerations
Present Centered Therapy

- Began as an active control condition in research
- Includes common therapy elements like genuineness, compassion, congruence, & respect
- Focus on problem-solving for current life challenges instead of focusing on trauma
- As effective as other trauma tx and has lower dropout rate

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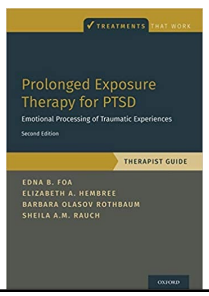
Prolonged Exposure



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Prolonged Exposure

- Based on basic behavioral principles
- Effective for survivors of varied traumas, including rape, assault, child abuse, combat, motor vehicle accidents, and disasters.
- Goals are to instill confidence and a sense of mastery when addressing the traumatic memory, and to increase client's ability to cope when facing stress and future stressful situations.

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Prolonged Exposure

- Client and the therapist work together to create a plan for approaching trauma-related situations and memories at a comfortable and safe pace.
- Typically requires 8-15 sessions, and is conducted in weekly individual sessions lasting 90 minutes.

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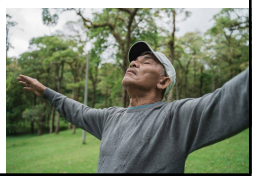
Prolonged Exposure

Trauma Psychoeducation

- Protocol begins with education about common traumatic rxs and an overview of tx
- Clients taught breathing retraining to relax during stressful situations
- Quick breathing can send cues to the brain that danger is imminent, even when they are safe



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Prolonged Exposure

Creating an exposure hierarchy

- Client creates a hierarchy of things they are avoiding due to the trauma
- Fear associated with each thing is rated on a scale of 0-100.
- This list will be used to guide later homework assignments.

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Prolonged Exposure

Imaginal Exposure

- Cl repeatedly retells most traumatic event aloud in session to gain more control of their thoughts and feelings about the trauma.
- Reduces fear of memories or reactions to memories.
- Helps make sense of what happened.
- Reduces negative thoughts about the trauma, including self-blaming statements

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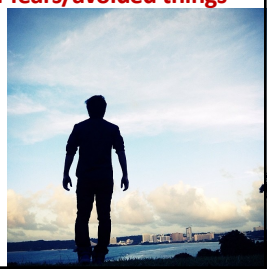
Prolonged Exposure

In Vivo Exposure

- Assignments using list of fears/avoided things
- Helps client confront situations/objects that cause distress but are not inherently dangerous.



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Prolonged Exposure

In Vivo Exposure

- Start with things that are less distressing and move towards things that are more distressing by confronting the feared place or object for at least thirty minutes several times a week.
- As distress goes down, trauma survivors begin to feel more in control over their lives again.

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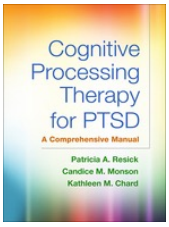
Cognitive Processing Therapy (CPT)

https://cptforptsd.com/



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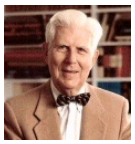
Cognitive Processing Therapy



- Applies principles of Beckian Cognitive-Behavioral Therapy (CBT) to PTSD
- 12 therapy sessions (50 minutes each)
- Gives info on common rxs to trauma
- Important sections provide therapist scripts
- Identifies & challenges unhelpful thoughts
- Out-of-session practice assignments

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Cognitive Processing Therapy

- Clients are given regular assessment measures to track progress and help identify what is hindering recovery
- Tracked on a graph session by session
- PTSD Checklist (PCL)
- Patient Health Questionnaire-9 (PHQ-9) for depression symptoms

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Cognitive Processing Therapy

Stuck Points

- Emotional fire and thought log metaphor
- Stuck points are the thoughts and beliefs that prevent clients from recovering from PTSD
- Assimilated beliefs: Beliefs about the trauma. Tx starts with these.
- Over-accommodated beliefs: Beliefs about trust, safety, power & control, esteem, & intimacy (for both self & others)

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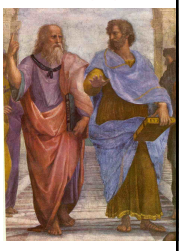
Cognitive Processing Therapy

Socratic Dialogue



- When discussing stuck points, avoid challenging the client's thoughts directly
- Ask questions about the beliefs to help the client see a more realistic way of viewing things

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Cognitive Processing Therapy

Moving through Stuck Points

- Bulk of treatment is to identify and challenge stuck points
- Begins with basic ABC model
- Gradually adds more elements of CBT like patterns of problematic thinking

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CPT Session 1: Overview of PTSD and CPT

Client is given psychoeducation of trauma, CBT, and the CPT program

Introduces idea of stuck points:

- Black & white
- thoughts, not feelings
- all-or-nothing
- thoughts behind moral stmts or the Golden Rule
- "if-then" stmts
- not always "I" stmts
- Concise

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CPT Session 1: Overview of PTSD and CPT

Identify index event – first or worst trauma

Homework Assignment: Impact Stmt

- Clients write 1 page about why they think event happened (causes, not details of trauma)
- Also asked to write about how trauma has impacted beliefs about trust, safety, power & control, esteem, & intimacy (for self, others, & the world)

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CPT Session 2: Examining the Impact of Trauma

- Client is asked to read impact stmt out loud
- Explore connections btw events, thots, feelings
- Stuck points discussed in more detail
- Therapist helps identify stuck points
- ABC worksheet introduced

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CPT Session 2: Examining the Impact of Trauma

ABC Worksheet:

Activating Event "Something happens"
Beliefs/Stuck Point "I tell myself something"
Consequence "I feel something"

Are my thots realistic or helpful?

What can I tell myself on such occasions in the future?

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CPT Session 2: Examining the Impact of Trauma

Practice Assignment:

- Fill out ABC worksheet each day
- Fill out at least one ABC worksheet on index event

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CPT Session 3: Working with Events, Thoughts, and Feelings

- Use ABC worksheets to examine events, thoughts, and emotions
- Use trauma-related ABC worksheet to being challenging assimilated cognitions

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CPT Session 3: Working with Events, Thoughts, and Feelings

Practice Assignment:

- Fill out ABC worksheet each day on index event
- Note new stuck points on Stuck Point Log
- Fill out ABC worksheets on day-to-day events as needed

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CPT Session 4: Examining the Index Event

- Address assimilated stuck points w Socratic dialogue
- Differentiate:

Blame/fault – intended harm & outcome – guilt
Responsibility – played a role but didn't intend outcome – regret
Unforeseeable – no way to predict – grief/sadness

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CPT Session 4: Examining the Index Event

- Introduce Challenging Questions Worksheet
- Assigned to do each day with a stuck point

Example questions:

- Evidence for and against (court of law)
- Based on habit or facts?
- Including all the information?
- All-or-none terms?
- Focused on only one piece of the story?
- Confusing possible with likely?

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CPT Session 5: Using the Challenging Questions Worksheet

- Review cl's Challenging Questions Worksheets
- Introduce Patterns of Problematic Thinking Worksheet
- Assignment: Fill out a Patterns worksheet each day for a stuck point or everyday thinking example

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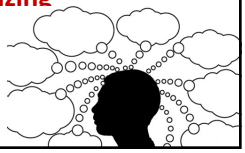
CPT Session 5: Using the Challenging Questions Worksheet

Patterns of Problematic Thinking Examples:

- Jumping to Conclusions/Predicting
- Exaggerating or Minimizing
- Overgeneralizing
- Mind Reading
- Emotional Reasoning



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CPT Session 6:
Patterns of Problematic Thinking Worksheet & Intro to Challenging Beliefs Worksheet

- Review Patterns worksheets w client
- Introduce Challenging Beliefs Worksheet
- Assignment: A Challenging Beliefs Worksheet each day for a stuck point

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CPT Session 6:
Patterns of Problematic Thinking Worksheet & Intro to Challenging Beliefs Worksheet

A. Situation
B. Thots/Stuck Point (believe 0-100)
C. Emotion (feel 0-100)
D. Challenging Questions
E. Problematic Patterns
F. Alternative Thots (believe 0-100)
G. Re-Rate Old Thot (0-100)
H. Emotion Now (0-100)

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CPT Session 7:
Challenging Beliefs Worksheets & Intro to Modules

- Review Challenging Beliefs Homework
- Introduce 5 themes/modules:
  - Safety, Trust, Power/Control, Esteem, Intimacy
- Introduce Safety Theme
- Assignment: Challenging Beliefs Worksheet for stuck points (and daily challenges), at least one Safety related stuck point (if applicable)

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CPT Session 8: Processing Safety & Introducing Trust

- Review Challenging Beliefs Homework related to safety and other stuck points
- Introduce Trust Theme
- Assignment: Challenging Beliefs Worksheet for stuck points (and daily challenges), at least one Trust related stuck point (if applicable)

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CPT Session 9: Processing Trust & Introducing Power/Control

- Review Challenging Beliefs Homework related to trust and other stuck points
- Introduce Power/Control Theme
- Assignment: Challenging Beliefs Worksheet for stuck points (and daily challenges), at least one Power/Control related stuck point (if applicable)

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CPT Session 10: Processing Power/Control & Introducing Esteem

- Review Challenging Beliefs Homework related to Power/Control and other stuck points
- Introduce Esteem Theme
- Assignment: Challenging Beliefs Worksheet for stuck points (and daily challenges), at least one Esteem related stuck point (if applicable).
- Also, do one nice thing for yourself, & practice giving & receiving compliments each day

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CPT Session 11: Review of Esteem & Introducing Intimacy

- Review Challenging Beliefs Homework related to Esteem and other stuck points
- Introduce Intimacy Theme
- Assignment: Challenging Beliefs Worksheet for stuck points (and daily challenges), at least one Intimacy related stuck point (if applicable)
- Continue nice things & compliments
- Write 1 page what you think *now* about why trauma happened, & 5 areas self/others/world

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CPT Session 12: Processing Intimacy & The Final Impact Statement

- Review Challenging Beliefs Homework related to Intimacy and other stuck points
- Review client's original and new Impact Stmts
- Review course of tx and progress
- Identify client's goals for the future

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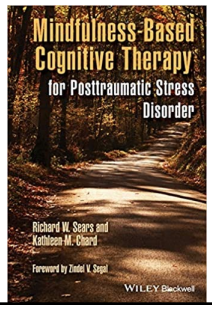
Mindfulness-Based Cognitive Therapy (MBCT) for PTSD



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MBCT for PTSD

- MBCT is ideally done after or in conjunction w other trauma tx, tho can be done as initial tx
- May need modifications, eg walking instead of body scan in initial sessions
- Mindfulness can be used as a type of exposure
- Impaired prefrontal cortex, hippocampus, amygdala – which grow with mindfulness
- Do not use mindfulness to reinforce avoidance

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Mindfulness

"the awareness that emerges
through paying attention,
in a particular way,
on purpose,
in the present moment,
and nonjudgmentally,
to the unfolding of experience
moment to moment"

(Kabat-Zinn, 2003, p. 145)

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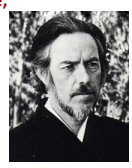
Mindfulness

Nonjudgmental = Acceptance

Temporarily suspending, or setting aside, the compulsive tendency to make continuous judgments and comparisons



Start Where You Are

Not Resignation

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Mindfulness

Cognitive and Behavioral Mechanisms

Worry/rumination is negatively reinforced
Exposure therapy – Swimming pool analogy

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CBT and Mindfulness

"Third Wave"- Mindfulness

Cognitive and Behavioral Mechanisms

Decentering/Defusion – "I *have* thoughts"

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Mindfulness

Cognitive and Behavioral Mechanisms

Filling attentional channels vs. avoidance

Self-compassion – attitude of kindness toward
one's own thoughts, emotions, & body sensations

Need for Systematic Training

"Exercising the Brain" - Homework Practice

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Neurological Findings

Brain Changes After 8 Weeks
(Sara Lazar, PhD)

"Participating in an 8-week mindfulness meditation program appears to make measurable changes in brain regions associated with memory, sense of self, empathy and stress"

www.sciencedaily.com

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Neurological Findings

The Nine Middle Prefrontal Functions
(The Mindful Brain, Dan Siegel MD)

- Body Regulation
- Attuned Communication
- Emotional Balance
- Response Flexibility
- Empathy
- Insight, or self-knowing awareness
- Fear modulation
- Intuition
- Morality

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Neurological Findings

Children - MBCT-C (12 wks)

Increased activation of structures that subserve interoception and processing of internal stimuli

Increased mindfulness predicts decreased amygdala activity during fear processing

- Increases in bilateral insula, lentiform nucleus, thalamus, & left anterior cingulate while viewing emotional stimuli.
- Increased mindfulness associated with increased activation in bilateral anterior cingulate & insula during emotional stimuli.
- Post-tx decreases in right amygdala activation

(Strawn, Cotton, Luberto, Patino, Stahl, Weber, Eliassen, Sears, & DelBello, 2014)

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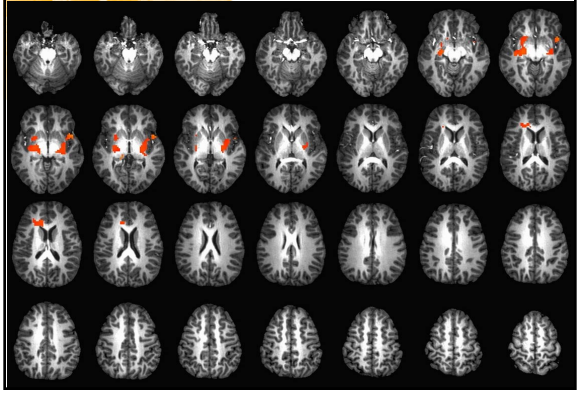
Children - MBCT-C (Strawn et al, 2014)



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MBCT Protocol

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Session 1: Awareness and Automatic Pilot

- Orientation of class
- Confidentiality rules
- Introductions
- Definition of mindfulness

84

Session 1: Awareness and Automatic Pilot

- Raisin exercise

85

Session 1: Awareness and Automatic Pilot

- Feedback and discussion of raisin exercise
- Three Questions:
  1. What did you notice?
  2. How is this different from how you usually eat?
  3. What does this have to do with PTSD or preventing stress/depression?

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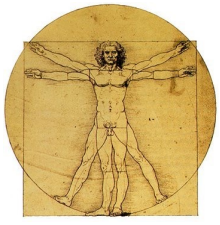
Session 1: Awareness and Automatic Pilot

- Body Scan



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Session 1: Awareness and Automatic Pilot

- Feedback and discussion of body scan
- Three Questions:
  1. What did you notice?
  2. How is this different from how you usually relate to your body?
  3. What does this have to do with PTSD or preventing stress/depression?

88

Session 1: Awareness and Automatic Pilot

- Discuss obstacles to practice
  - Importance of practice, like physical exercise
  - Break up into small groups
  - Identify potential obstacles
  - Make a proactive plan for them

89

Session 1: Awareness and Automatic Pilot

- Home practice:
  - Body scan daily
  - Routine activity
  - Notice more when you eat
  - Eat at least one meal “mindfully”

90

Session 2: Living in Our Heads

- Body scan and review
- Home practice review
  - Falling asleep
  - Finding time, conditions
  - Doing it "right"
  - Mind wandering
  - Strong emotions coming up

91

Session 2: Living in Our Heads

- Thoughts and Feelings Exercise (Walking down the street)

- A B C model
  - Activating Event
  - Beliefs
  - Consequence (emotion)

92

Session 2: Living in Our Heads

- Pleasant Events Calendar

-What happened?

-Thoughts?

-Emotions?

-Body sensations?

-What are you thinking now?

93

Session 2: Living in Our Heads

- Mindfulness of the Breath
  - -Practice focus/attention
  - -Observing thoughts & redirecting
  - -Both conscious and unconscious
  - -Affects autonomic nervous system

94

Session 2: Living in Our Heads

- Home practice:
  - Body scan daily
  - Mindfulness of breathing
  - Pleasant events calendar
  - New routine activity

95

Session 3: Gathering the Scattered Mind

- Sitting Meditation
  - Breath
  - Entire body
  - Hearing or seeing
  - Being with intense sensations

96

Session 3: Gathering the Scattered Mind

- Practice review
- Home practice review
  - Body scan
  - Mindfulness of breath
  - Routine activity
  - Pleasant events calendar

97

Session 3: Gathering the Scattered Mind

- 3-min breathing space
- Essence of MBCT program:
  - Body scan
  - Mindfulness of breath
  - Mindfulness of body as a whole
  - Mindfulness of thoughts

98

Session 3: Gathering the Scattered Mind

- 3-min breathing space
- Minute 1- Notice what is here:
  - Body sensations
  - Feelings/emotions
  - Thoughts

Letting go of judgments – "it's already here, just let me feel it"

99

Session 3: Gathering the Scattered Mind

- 3-min breathing space
- Minute 2 – Focusing on the breath
  - Pay attention to one spot – rising and falling of abdomen, nostrils, etc
  - Mind wanders, just gently bring it back, again and again

100

Session 3: Gathering the Scattered Mind

- 3-min breathing space
- Minute 3 – Expand awareness

Expand from breath to body-as-a-whole

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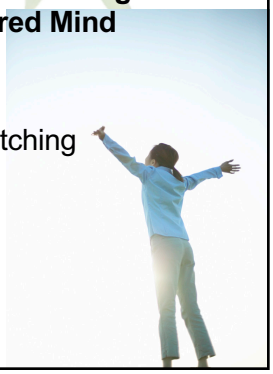
Session 3: Gathering the Scattered Mind

- Mindful stretching



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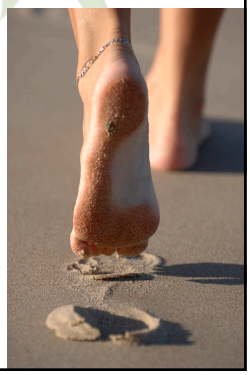
Session 3: Gathering the Scattered Mind

- Mindful walking



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Session 3: Gathering the Scattered Mind

- Unpleasant events calendar
  -What happened?
  -Thoughts?
  -Emotions?
  -Body sensations?
  -What are you thinking now?

104

Session 3: Gathering the Scattered Mind

- Home practice:
  - Sitting every other day
  - Physical activity alternate days
  - 3-min breathing space – 3x/day
  - Unpleasant events calendar

105

Session 4: Recognizing the Territory of Aversion

- Sitting Meditation
  - Breath
  - Entire body
  - Hearing or seeing
  - Thoughts

106

Session 4: Recognizing the Territory of Aversion

- Home practice review
  - Sitting meditation
  - Yoga/walking
  - Unpleasant events calendar

107

Session 4: Recognizing the Territory of Aversion

- Theme: One of the goals is to be more aware, respond vs. react
- Typical reactions:
  - Attachment
  - Aversion
  - Ignorance/zoning out

108

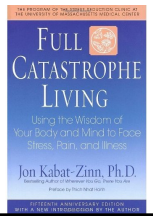
Session 4: Recognizing the Territory of Aversion

- Territory of depression/stress/anxiety
  - Automatic thoughts questionnaire
  - Dx criteria for depression

109

Session 4: Recognizing the Territory of Aversion

- Watch 1st half of *Healing from Within*
- 3-minute breathing space
- Loan out *Full Catastrophe Living*



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Session 4: Recognizing the Territory of Aversion

- Home practice:
  - Sitting meditation daily
  - 3-min breathing space – 3x/day
  - 3mbs – responsive – as needed

111

Session 5: Allowing/Letting Be

- Sitting Meditation
  - Breath
  - Entire body
  - Hearing
  - Thoughts
  - Holding a difficulty

112

Session 5: Allowing/Letting Be

- Sitting with a difficulty
  - Major difference with MBSR
  - Best to choose something minor
  - Discomfort here in the moment, or "freeze-frame" a minor recent issue
  - Stay with one thing to allow exposure effect
  - Hold the difficulty lightly, just like the breath, body, etc., and keep attention coming back
  - Suspend tendency to fix or analyze
  - Even without change, teaches don't have to struggle to avoid
  - Could finish with 3-minute breathing space

113

Session 5: Allowing/Letting Be

- Home practice review
- Read "The Guest House" by Rumi
- 2nd half of *Healing from Within*
- 3-minute breathing space

114

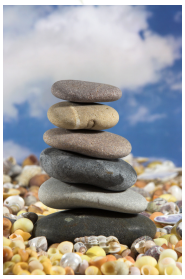
Session 5: Allowing/Letting Be

- Home practice:
  - Sitting meditation daily
  - Try also sitting without the CD
  - 3 min breathing space – 3x/day
  - 3mbs – responsive – as needed

115

Session 6: Thoughts Are Not Facts

- Sitting Meditation
  - Breath
  - Entire body
  - Hearing
  - Thoughts
  - Holding a difficulty



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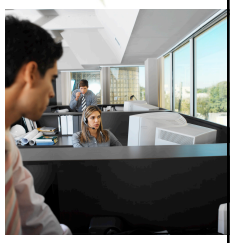
Session 6: Thoughts Are Not Facts

- Home practice review
- Moods, thoughts, and alternative viewpoints



-Mood-state dependent learning & memory

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Session 6: Thoughts Are Not Facts

- Breathing space as first step to relate differently to thoughts
  - If necessary/possible, take some considered action

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Session 6: Thoughts Are Not Facts

- Ways to see thoughts differently:
  - Just watch them come and go
  - Underlying emotions
  - View as mental event vs fact
  - Write down on paper
  - Sit with them using wise mind

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Session 6: Thoughts Are Not Facts

- Identify signs that stress/ anxiety/depression/etc is getting worse

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Session 6: Thoughts Are Not Facts

- Home practice:
  - Sitting meditation daily
  - Consider customized practice
  - 3 min breathing space – 3x/day
  - 3mbs – responsive – as needed
  - Early warning system

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Session 7: How Can I Best Take Care of Myself?

- Sitting Meditation
  - Breath
  - Entire body
  - Hearing
  - Thoughts
  - Holding a difficulty

122

Session 7: How Can I Best Take Care of Myself?

- Home practice review
- Links between activity and mood
  - Write down a list of daily activities

123

Session 7: How Can I Best Take Care of Myself?

- N = Nourishing
- D = Draining

124

Session 7: How Can I Best Take Care of Myself?

- Pleasure vs. mastery
- Generate a list for you

- Plan how to schedule

125

Session 7: How Can I Best Take Care of Myself?

- 3-mbs action step
  - Do something pleasurable.
  - Do something that will give a sense of satisfaction or mastery.
  - Act mindfully.

126

Session 7: How Can I Best Take Care of Myself?

- Action plan to proactively address problems

127

Session 7: How Can I Best Take Care of Myself?

- Home practice:
  - Create customized practice
  - 3 min breathing space – 3x/day
  - 3mbs – responsive – as needed
  - Action plan

128

Session 8: Maintaining and Extending New Learning

- Body scan
- Home practice review

129

Session 8: Maintaining and Extending New Learning

- Review entire course
  - Pairs
  - Whole group
  - Questionnaire

130

Session 8: Maintaining and Extending New Learning

- Discussion:
  - Keeping up practice momentum
  - Link to positive reasons

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Session 8: Maintaining and Extending New Learning

- Final meditation exercise: Stone

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Session 8: Maintaining and Extending New Learning

- Graduation Certificate

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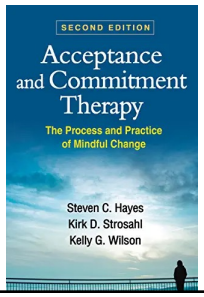
Acceptance and Commitment Therapy



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Acceptance & Commitment Therapy

- Clients w trauma tend to avoid unpleasant situations, thoughts and feelings
- They therefore become less flexible, and their lives become smaller and less fulfilling
- Exposure expands their flexibility to take action to pursue a life worth living

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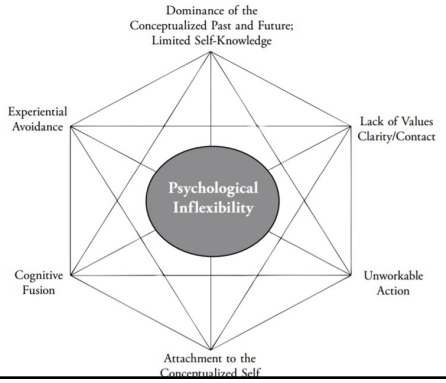
ACT Model of Psychopathology



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Creative Hopelessness/ Workability

Systematically reviewing everything the client has already tried, letting their own experience determine what has not been working

Helps clients let go of unhelpful thinking/ verbal problem-solving/control/avoidance

Problem of words – open your hand

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Creative Hopelessness/ Workability

"If you do what you've always done, you'll get what you've always got."

Fosters willingness to let go of control

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Creative Hopelessness/ Workability

- What have you already tried to deal with this problem?
- How effective has this been?
- What has it cost you?
- Clients realize attempts to control/avoid unpleasant internal experiences often make them worse

139

Willingness

Willingness to do something different = psychological flexibility

"Since what you've been doing hasn't been working for you, are you willing to do something different?"

Link to their values

And vs. but – "I want to go to the party, *and* I feel anxious"

140

A Long Definition of ACT

ACT is a functional contextual therapy approach based on Relational Frame Theory which views human psychological problems dominantly as problems of psychological inflexibility fostered by cognitive fusion and experiential avoidance. In the context of a therapeutic relationship, ACT brings direct contingencies and indirect verbal processes to bear on the experiential establishment of greater psychological flexibility primarily through acceptance, defusion, establishment of a transcendent sense of self, contact w the present moment, values, & building larger & larger patterns of committed action linked to those values.

Steven C. Hayes -- contextualscience.org

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A Short Definition of ACT

ACT uses acceptance and mindfulness processes, and commitment and behavior change processes, to produce greater psychological flexibility.

Steven C. Hayes -- contextualscience.org

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Acceptance and Commitment Therapy (ACT)

Psychological Flexibility:
"contacting the present moment fully as a conscious, historical human being, and based on what the situation affords, changing or persisting in behavior in the service of chosen values"

Steven C. Hayes -- contextualscience.org

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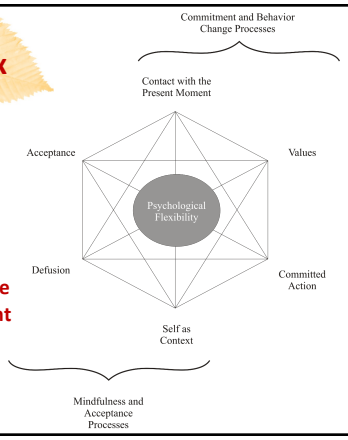
Hexaflex

The Six Core Processes of ACT:

- Self as Context
- Defusion
- Acceptance
- Contact with the Present Moment
- Values
- Committed Action



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Functional Contextualism

Context and function of behaviors are important

-Bucket with holes

-Clients may think they are broken, but they learned habits to survive trauma

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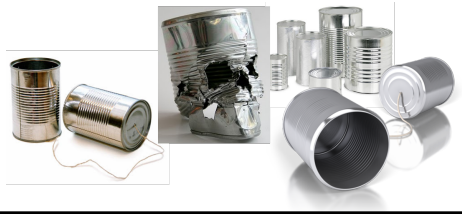
Tin Can Monster Exercise

- Breaking down big monster into pieces one at a time

(Hayes, Strosahl, & Wilson, 2012)



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File Cabinet Exercise

- Memory reconsolidation
- Client gets in touch with a feeling
- Recalls same feeling when young
- Gives younger self what was needed
- Younger self sees current self

147

Clinician Self Care

- Reflect on your own values
- Take committed steps each day
- Remember you are more than a clinician
- Notice your thoughts without getting lost
- Give yourself permission to have feelings
- Make contact with the present moment

148

Discussion & Questions

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Contact

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** Currently on Break **
We'll be taking a 15-minute break in the morning and the afternoon, and a 1-hour break for lunch

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