

>> Roara: Good afternoon everyone, welcome to the SAMHSA-HRSA Center for Integrated Health Solutions webcast titled "Improving Workplace Experience and Reducing Burnout in Integrated Care Environments: Mindfulness and Psychological Flexibility" with Dr. Steven Hayes. My name is Roara Michael, CIHS Senior Associate, and your moderator for today's webinar. I'm also joined today by Dr. Andrew Philip who is a clinical psychologist and Deputy Director at the SAMHSA-HRSA Center for Integrated Health Solutions. He will be today's moderator and facilitator. As you may know, the SAMHSA-HRSA CIHS promotes the development of integrated and primary health including mental health and substance abuse services to better address the needs of individuals with mental health and substance abuse conditions, whether seen in specialty mental health or primary care safety-net provider settings. In addition to national webinars helped designed to providers integrate care, the Center is continually posting practical tools and resources to the CIHS website providing direct phone consultation to providers, and stakeholders through directly working with SAMHSA healthcare integration grantees and HRSA funded safety net providers for training education programs. Before we get started, a couple of household items. To download the presentation slides, click the dropdown menu labeled "Event Resources" on the bottom left of your screen. The slides are also available on the CIHS website located under the tab "About Us", backslash webinars. During today's presentation, your slides will be automatically synchronized with the audio. You will not need to flip through any slides to follow along. You'll listen to the audio through your computer speakers so please ensure that they are on and the volume is up. You may submit questions to the speakers at any time during the presentation by typing a question into the "Ask a Question" box in the lower left portion of your player. Finally, if you need technical assistance, please click on the question mark button in the upper right corner of your player to see a list of frequently asked questions and contact info for tech support if needed. Just a quick disclaimer, the views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS). Now I would like to kick it off to Dr. Andrew Philips to discuss today's objective and introduce the speaker. Dr. Philips.

>> Andrew: Thanks Roara, and thanks everyone for joining us today. If this is your first time joining one of our webinars, welcome and thank you for coming back and we're glad to have you. Again, as Roara mentioned, today's topic is on improving psychological flexibility and reducing burnout. Specifically aimed at folks who are functioning in some capacity or impacting integrated primary and behavioral healthcare environments. We know, those of us who have been in the field and those of us who are keeping tabs on this issue know that one of the biggest stressors that are facing people who are providing care in these areas are really staffing and not only hiring the right people for these positions but people who are uniquely trained to understand the intersecting between primary and behavioral healthcare needs, but also keeping people in these positions. There's unique qualities when we talk about some of these things that are at play when we're functioning in integrated environments or a wider range of diagnoses is that folks are treating Interacting with a larger number and different types of providers. Scheduling things are different. So we know that there is a certain stressors that can sometimes contribute to people feeling fatigued at certain points exhausted by the work that they do despite really caring about the patient's and the ultimate goals of the setting for this is critical and we are glad to have you today. Just a word about Doctor Hayes, he is foundation Professor at the University of Nevada, the behavioral analysis program and the department of psychology. He is the author of 44 books and nearly 600 scientific articles. His career has been focused on the analysis of the nature of human language and cognition, the application of this to the understanding and alleviation of human suffering. He's also, and you may know him as the developer of the Relational Frame Theory which is an account of human cognition. This is really, he has the extension of this into what has been now widely accepted with therapy. Doctor Hayes is known as the past president of division 25 of the American psychological Association, the American Association of preventative psychology and the Association of behavioral and cognitive therapy. In 1992, he was listed by the Institute for Scientific Information as the 30th highest impact psychologist in the world. Goldstar ranks him as the top 1500 most cited scholars in all areas of study, living and dead. His work has been recognized in numerous works and we are honored to have him here. A brief note on our objectives for today. He will be covering really helping understand the different sources of stress and activity that come into play in the work environments. He will go over six psychological electability processes and how these really connect with mindfulness, psychological distress and really more important human prosperity. We will also learn the key

strategies for building acceptance and incorporating values into the workplace and the benefit that it can also have that you work with. With that, I'll turn it over to Doctor Steven Hayes.

>> Steven: Thanks for the introduction and thanks for the opportunity to share this work with you. SAMHSA has been important to me and you'll see today some things that have come from the involvement with SAMHSA. I am pleased in that way but the other part is that integrating care is a thing that is so important to overall health and well-being of our citizens and SAMHSA had a role in their in trying to bridge that gap between psychosocial interventions that are down the road building glass doors and moving it to where the problems actually are first confronted which is in integrated care environments. I probably don't have to in this audience talk about the importance of stress in terms of mental health, physical health and productivity, stress in the workplace. You see that directly and you know the data on a wide range of mental health substance abuse and physical health problems, cardiac problems. Overuse of substances of all kinds, anxiety, depression, so forth. It can be related to the measures of stress. If you ask people where the stress comes from, right up near the top is the workplace. Healthcare generally and integrated care particularly that's no exception. In fact, it's higher than normal. There are reasons for that and we will talk about that a little bit. But the things we can do about it in this situation itself, but also how we approach it and how our supervisors and coworkers approach it. As I mentioned there is an anonymous link to success and one of those problems that as a society develops, gets worse. If you just look at the levels of stress related problems in the developing world compared to the developed world it is very clear. You don't get a pass on this, by being highly educated, being very successful. Being a professional in fact all of those things might predict that it's more of an issue. Not less. What are you going to do about it? This slide just has some interesting points to it that we face everyday, these multitasking environments which we are keeping track and simultaneously handling multiple problems constant push for accountability. Always give yourself time, it's too short. Then in integrated teams, that little thing of different boxes people can speak in ways that sometimes really take some effort to understand what is being said so the challenge of integration is a flipside of possibility and importance of integration. Then there is just how to maintain your own sanity, your own awareness of sense of self. Your own openness and caring in the capacity of integrated care environment. All the things we have to deal with. You probably know full well what happens in terms of basic physiological response to stress and this is part of it. This is the functional

pathway for the development of the physical aspects of stress related illnesses. But usually the way we talk about it is if we just think it is too much and we think about it more an image I have here is like there is just too much coming in for me to hold like water running out of the sink. I think we can all relate to that sense. But that actually gives us a pretty good metaphor for a way in that there is a two-part way into this problem. On the one hand, yes we want to control and keep reasonable the amount of demands etc. That is coming in. To the system. There are limits. My wife and I looked at each other last night and scheduled what we have to do over the next month and we said that the heck with mindfulness is just too much. We get that. You can over schedule, you can overwork and you can exceed your capacity. But within this metaphor, it's also important to know that the overflow problem can also be handled by how we deal with stress, stress reactivity. In fact, if you look at the data. On the health impact of stress and stress reactivity, this process is by far the more impactful. Mindfulness is spreading throughout the Western world and in part because we need modern mind for this world to be creative, this very busy technology with a multitasking world. Mindfulness is one of those processes that helps open the dream. It helps you deal with what's coming in, after all, there is some very fine lines between an opportunity and a challenge. Something that is perceived as too much and stressful. That flip right there is sitting on top of stress reactivity. The theory I want to present involves specially in the data stress reactivity, but I want to be able to link it back up to the implications for how we work together to take charge of the work environment. In the personal environment and so forth to reduce the input when it's too excessive as well. What we need is a model to address this that looks at both of these features and gives us things that we can target. That are relatively small numbers, you can do something about it. The trainable, modifiable, trustworthy as the causal entities and we know they are important. They have to be very broad, the last thing we need is another 40 different models or 20 different models all with different terminology telling us what we need to do. We need to simplify these things, I am going to present them all with special terms but this model is inside, not just the work that I have done. But on a wide variety of the psychological intervention. So you can make slight changes, fitted to almost any of the evidence-based methods that are there. That model has to empower us across a wide range of problem berries and positive goals, let's not forget that we came here to live a life not just to solve problems and to make a difference in the world. It's a positive part that we want to support in ourselves and in our clients and coworkers. If you're going to do that, it also has to be

scalable, you can't just stay at the level individually, you have to take up to the level of small groups and organizations. It has to, it would be cool if there was a process of doing this one we talk about stress. If we ended up with a small set of processes that are very powerful on mental and behavioral health areas as well. What I want to present to you today does all of those things. The model that is underneath the act is called psychological flexibility. I believe takes off all of those little checkboxes. It begins the story, the story begins with evolutionary mismatch between the situations we are facing and what language in cognition has done to us. What we're doing right now is different what we are doing outside of the window. The bird knows about classical conditioning, those are half a billion-year-old processes. But symbolic language is what we are doing right now. Somewhere between 300,000 and 2.8 million years may be a few more depending on what your guesses. But even the language chimps don't do well at it a month old baby will do and all point to what that difference is because as it was mentioned in the other section, we have taken decades to develop a basic theory that now has hundreds of studies and used with cents itself and a broad spectrum disorder in children and so forth that we know works. But using that to help understand also the challenge that we face. The bottom line is our biggest strength, oh my goodness that slide off my brain. The slide shows a little dog and modified it was a brain there. The biggest strength is our ability to do what we are doing right now to think and reason and smaller terms. But also the biggest reason. It is our biggest source of stress and the biggest source of stress reactivity and if you don't learn how to read into mind, you will face difficulty in walking through your normal workday. What you're raising Stefan, very primitive. This is the next two minutes or just for fun. I'm sorry you are talking to a geek. But we have discovered and I think you use the word discover that this course skill I'm about to tell you about is if you don't do it, you don't do language and cognition the way normal developing units do. It starts with the ability that many animals have two admit characteristic signs of sound, gestures and the presence of an object. But then without training, to know that when you hear that sound you should go towards the object. That is something that apparently only humans to that very young, 12 months old. I think it's an extension to human cooperation, we are by far the most cooperative primate. Jane Goodall never saw chimpanzees do what toddlers do in helping to move objects, pick up things of that kind. Even babies recognize that when you're corroborating that should be supported, this is a picture of a study of a little baby giving away her honey nut Cheerios to a puppet. One of the puppets is a nice puppet and cooperative and the other is a

mean puppet was not cooperative. The baby will not give those Cheerios to the mean puppet. This is even before language that we recognize in the cooperation of others. Even before language we understand something about what other people want. This is a picture from a study where infants when you're playing cleanup time know that if an adult points at a toy you should try to put in a box. But if another adult comes in and points at the toy, the baby tries to give it to the adult. It shows even before language happens we understand intentionality of others and why does that matter? That was the two minutes of geek. It matters only because this course skill without which language doesn't develop is the reversibility of symbolic terms for the events that they were referred to. If you know the name of an object then when you hear the name, if you think about this in terms of cooperation. If you name something and then you reached out for that object, normally the baby would get it and say the name, the baby will reach for the object and try to get it to you. The back-and-forth of symbolic learning is wonderful and it gets elaborated over time, not just names because it's bigger than that. But other than that it comes after that. All of these different relations that we are collaborating to go cognitive. But let me just put down no more geek down to the bottom line. But for one thing you can carry pain into everywhere you go. If you have had some sort of traumatic experience, almost anything can kickoff a thought of that experience. What it does, you may respond physiologically as much as you might have if you had been directly conditioned into the actual situation you're in. All you heard is the word for it. Because that back-and-forth relationship of a word refers to the object that is named the word. This is bigger or smaller than that, it's closed and very primitive processes. As far as the brain is organized, not just as human beings but horses, not just that but also alligators. Altogether, what we are doing right now harnesses these primitive processes. You could be terrified for example of an upcoming meeting just at the thought of it. Even though you have never been in a meeting quite like that or have no actual direct experience of something difficult happening when you get there. I am glad we have this symbolic mind, it's great for problem-solving. But you know, it turns in life into a problem to be solved and we need to sort of think about it. Are we looking at our experiences more with a sense of compassion or looking at it is a big problem solving, as a math problem. You look at your clients and your coworkers as fellow travelers, conscious human beings or do you look at yourself and others as problems to be solved and once you start moving over to the problem-solving side of things, the voices that we have within, that history of thinking and reasoning and

all of the things your mom and dad and the culture says to you gets turned into an agenda. Verbal problem-solving doesn't know when to stop. Of course, I would say to you right now you can only say if I ask you a question you could always say good or bad. Here's a word, say good or bad. Happy, sad, choice you say that anxious you say bad. Well, wait a minute. Because you click through those things and I tell the story of rushing down to Phoenix and watching my 93-year-old mother die just a couple of years ago because I wanted to be there. It was horrifying and sad. I would have paid \$100,000 to be there. You have to watch out because the mind doesn't know how to feel really, it doesn't know how to be whole or how to have peace of mind but it knows how to solve problems. It will solve the problem with pain at the cost of your own mental health and the ability to function without a sense of burnout. So forth in the environment. This is a picture, an old one but it's an example of somebody if you work with anxiety disorder, a person asked them to sit and be relaxed. Then give them a challenge. The challenges I'm going to watch you here with a polygraph and if you get nervous, I'm sorry but I'm going to have to shoot you. Not many of us would pass that test because we would be watching our own physiology with the slightest little increase and say no, no which would create more arousal, more anxiety. We notice that. Then you would be in a cycle. This is the type of thing that is involved in panic disorder which I know from the inside out about panic disorder. That's where that came from. These kind of mismatch of this recent edition of problem-solving is great in terms of world we are living in and you need to be able to talk to a couple thousand people are just talking to an iPhone on my desk. It also creates an overextension and if you want to pick where the mind goes, it very often goes to don't feel bad, you need to feel good. The problem is, some really important feelings don't necessarily feel good in the sense of boy I like that. I didn't feel good watching my mother die, but was it worthy? Was it important? Was it sacred? You think, you bet it was. What happens, this is an empirical finding. When people go into this place of feel good, don't feel bad over time they start focusing more on just don't feel bad and over time, even later just don't feel at all. We had some really good data for example with people with anxiety disorders who when they are complemented or invited to do things or things like that happen, they feel good but just for a very small period of time it plummets down and it's kind of a sense of a bigger harder you fall, we have all been through this if you've been rejected in love. If you're dating in the market for a while and you come back in, somebody gets on your skin and you get interested in them. You find yourself doing things like not answering the phone or

creating an argument for no reason because it is scary. You're going to be hurt again or you could be hurt again. When you put these things together, what happens is the mind will tell you, don't care because pain resides there. It will tell you to run away from your own problems. The focus of what we are going to look at here is the emotional avoidance that comes from the overextension of problem-solving. It can't be solved just by cleaning up what you think because the mind is too hard to control that way. Random thoughts enter and the mind can flip something from small to big and big to small. It's very arbitrary. I was driving my son to school today and he was saying, you know I was just thinking, he's only 13 going on to 32. Go figure. But he says you know, every moment this could be the last time I ever do this. You don't know when death is going to come. This is a seventh grader, and he is right. We get into a conversation about that. But if you had to eliminate all thoughts like that you would be this is on the slide of a small crowd big crowd but I know the inside out because of my panic struggles years ago now. Three decades ago. I could face talking to a big crowd because I get terrified but that would make sense but I was talking to three or four people and I felt like that. I was nuts. Small is bigger than large. But it's like that. The mind can do that. The solution to this is to seek greater emotional cognitive and behavioral agility, flexibility. Let me walk through first the flipside of the inflexibility processes that we know. In this area where there is about a thousand studies on this. Almost anything I say here is backed up by five, 10, 20 studies and sometimes hundreds. Then the body of work. It's really quite a data set now. The two flexibility processes that come up just from entanglement with the voice within is just kind of a part to run over other sources like the experiences you've had, tuition, biological history, support, getting to the critical judgmental predicament of how your problem-solving a mode of mind. That we call cognitive fusion. You kind of disappear into that problem-solving network. The emotional avoidance or experiential avoidance you pick on things inside of your own skin to get rid of. I will be able to function when, then there is a list of reactions that you have that have to be eliminated. Of course as you try to eliminate, often when you struggle with that you actually build it. For example I was using the polygraph being kind of a concrete example. That is when it shows up in people's lives in many many ways, not polygraphs arrangements but they spend a lot of their time trying not to think and feel about things that are likely to happen because they are having a difficult history. These are geek words, I am sorry for that but I will try to get past it. You get this center part of the dominance of the past and the future as conceptualize and you start

thinking how did I get here, you worry about what's going to happen in the future. You start climbing into the clown suit and building a story about how you're supposed to be. Missing that there is a part of you that goes beyond all of those stories. It goes beyond those evaluations if you will, a more pure consciousness. But in the normal mode of mind, you start trying to protect yourself and your image. Then all of that comes of cost, a connection with your own values. And not being able to mobilize your behavior around that. We hurt where we care and we care where we hurt. If you show up to your values and you show it to an area where you can be hurt, that's why in early stages you find yourself doing odd things to protect yourself because that sense of vulnerability or wounded ability comes right inside the yearning for connection, love, loyalty and it's a natural kind of flipside process. These are all the kind of elements of the barriers that we all face and our clients are facing, we are facing. Your supervisees are facing it. What we are going to try to do is flip that. Into a positive version of those six things if you recall psychological flexibility just kind of the working definition of contacting and present moment. Fully as a conscious human being as it is, not what is it says it is and based on what is afforded there resisting the changes in behavior and the service of the chosen values. To shorten that, it means showing up and what is here, moving towards what you care about. It's the simple formula but it's not necessarily simple to do because your mind fights you in the value of problem-solving fights you. Until you learn how to bring it in. That is what the treatment model points two. I will walk through these in slow motion but this is psychological flexibility model and how it might be targeted. We are going to take the fusion part and we are going to teach these kind of sense of this passionate curiosity of watching your mind work, taking just a step back, not the associative and defensive step back but a step back from painting in order to see what it looks like rather than moving up into the painting and put your nose on it. Or close to it, if you see something what you can't see the painting anymore and that's kind of how we live inside of our own mind, we disappear into it and the nose is on the painting. But what the psychological flexibility or characteristics of ACT do, they teach people skills that help you step back a little bit. Like a tiny example you take some worry that you have about an upcoming meeting let's say. Distill that thing down to a sentence and say it in the voice of your least favorite politician. Or say it in the voice of Donald Duck. Or sing it to the tune of happy birthday. Be careful, I am not trivializing these things or making it a joke. Nothing to be ready field about it. But I'm just saying appreciate the mind, also is just an engine that is generating

connections that is helpful to us when we are trying to do science and so forth. Trying to do our taxes or fix a car. But it's not helpful to us when we are carrying difficult history into work environments or meeting people who often will tell us things that are painful to hear. We are going to teach diffusion skills and roll that up into acceptance skills. By acceptance I don't mean tolerance or resignation. I mean with the original word meant in the lab which is to receive, this is to receive a gift which is to allow yourself to feel, to sense, to remember and take what is diffused there. Don't get tangled with it or lost in it, I just mean being open to your own experience and taking what is useful, leaving the rest. Openness is one key part, you can chunk these two of a made up word with diffusion. It's just made up. I couldn't be quite good at saying.[INAUDIBLE] Which is the first awful word for it. Except in schools, these are opening skills. Essentially if you want another way to say it it is treating yourself with self kindness and compassion. The way you might treat a child if they were afraid or sad. You're not going to say snap out of it, grow up, what is the matter with you or put duct tape over the child's mouth you probably pick them up and hold them, listen. Do that with yourself and you are opening up a character array sometimes of doing hard things that may be difficult occasional feelings. When you see it you have a wider range of motions and nervous sensations some of which contain useful information. I had a talk where he told the story of my journey into ACT and being able to open up to find things like memory and domestic violence in my home that I had forgotten about. That they were really important as to why I a psychologist. As you open up, you find yourself with greater wisdom about your own journey and also the struggles of others. In the center part, we are going to come into contact with the present moment, flexibly, fluidly and voluntarily. I don't mean contact like your teenagers do in front of a videogame I mean the kind that allows you to shift your focus where it's needed or retain your focus. To narrow or broaden your focus. These things are critical in the work environment. A lot of intentional flexibility is key to being able to be effective and do it in a way that is kind to yourself. Then this word itself is context. When talking about is a observer of self, the spiritual side of you you can say it that way. The part of you that maintains some constancy from the time you showed up as a conscious human being around age 2 or three. From then on, all of your experiences are put into context of awareness. Pure awareness. That combination of awareness allows you to have greater contact with your environment, but it also allows you to have the perspective thinking skills because that sense of witnessing and observing came from learning the original labs have

shown this from being able to take the perspective of others at other times and places and again that is key to your effectiveness in a work environment. But it's also key to your wholeness as a human being. It allows us to fit what we are doing inside the moment what is inside and out. To do it in a way that allows us to see and allows others to see connecting each other as human beings and consciousness. Then from those four skills, we move over to actively engagement of really looking at what are your values, ways of getting into that I will mention. They essentially become a selection criteria for what you do. Am I moving towards my values or not? Allowing us to connect with why we care and ironically pain itself against to flip because if you hurt where you care and care where you hurt, you look at your hurt you'll see there's something in there that you want and some if that is a values thing. Not just an emotional reaction thing. It is worthy. For example, if you have a very critical work environment and you really urine for social support and caring, that is something that you could put into the work environment, working together we can create softer more humane work environments and that's a value. That is not just protecting your feelings. It is expressing what you really came here to do. Pain can be used as a beacon, not a barrier. You could begin to build what you need to be a whole human being and in challenging environments such as the social support of others, cooperation of others and as you learn how to do that then you groove it. Everything we know in psychology says if you don't use it, you lose it. Being able to practice and build those habits and integrate them on a larger pattern, this piece of committed action focuses on how to put values faction constantly back into your life at home, work and self-care and so forth. Those four on the left acceptance, diffusion, contact with the present moment from this were a sense of self. A pretty good definition of mindfulness. If you know the definition that John is famous for, is very close. Other than the observer perspective. But then that also links over just like a hinge as that opens up you can flip over to and take the risk of carrying and building behavior around your values and shared values with others. It's a piece of the commitment of the change processes and that's why the treatment is called acceptance and commitment therapy. Or when it's used for work environment or a psychotherapy environment accepting commitment and training. It works equally well in both of those settings. Here's the psychological flexibility model. I'm going to walk through some data here about how useful it may be. Then maybe some ways of bringing it into your work environments. The restructures have gotten pretty interesting and flexible capability and the randomized trials on act. They're coming out now over the last five years about one to 10 days at

an incredible range of problem areas that we will exceed 250 random trials here in the next couple of months. In fact, probably less than that. Psychological flexibility has been shown in longitudinal status, high-quality studies, as well as cross-sectional studies to be able to course so many problems, mental health problems we face but not just that, psychological flexibility predicts whether or not we are going to develop physical health problems. Substance abuse, chronic pain, it predicts whether or not you're going to want to leave your work environment or how well you perform. It predicts things like prejudice towards others, the way the stigma can dig in, people it's hard for populations they can find themselves stigmatizing thoughts towards those populations. Then not knowing what to do. Healthcare utilization, diet, exercise, etc. It's an exciting area to go into if you are just interested in your area, just go to Google or put in whatever you care about and put in psychological flexibility or experiential avoidance or both and you'll get hundreds of studies that connect I bet you at least scores that connect to the issue you're in. This is not just ACT, it's important that this open, aware and actively engaged processes is all of the more recent forms of ACT and beyond that. Other forms of therapy that are drawn from humanistic and analytical traditions. I have listed a few here and we know that because they are mediated by these processes and these processes function to the moderators. That is the model, you can simplify it in terms from the six points into the pillars of openness, awareness and active engagement of living a valued life. If there are questions about the model itself, I know I am going fast and I'm about to launch into some data. This is a good time to ask them. I will just see if I get any here presented to me and if not I will move on to the data then to some practical things you might do in a work environment. Do we have any questions? Andrew are you still there?

>> Andrew: We are here, questions are coming in. We have a few but the more general questions. If you would like we can lump them together and look for things as we work through here. So we both can keep sharing the question.

>> Steven: Good deal. Somebody did say, what is EA? Experiential avoidance. That's going to some data and it's mostly from analyst, these are pieces of the 250 trials that I won't get out into the other ones. Cognitive therapy, and all of the others. But this is the first-round of the act we developed in the early 80s and spent almost 20 years working on the measures, the model, the components, most of the times even philosophy science work where this is tricky, where to go into this direction. Dealing with acceptance and mindfulness from the Western science point of

view. This one, 1982 as the first workshop, in 2000 this is the first randomized moderator 18 years later. Done by Frank Bond who is the director of management studies at the University of London. Who has several books in this area by the way, mindful and effective employees is one. Providing acceptance for stress reduction, I will put some of these books, I don't get most but I'm going to put some of those in a resource document that was sent to the organizers and they can send out to you so you can follow up on things here. But what Frank and his colleague did was they went in to a bank of call-center workers and they gave them a previously way of changing the work environment to reduce stressors or they put them on a waitlist or they put them through acceptance and commitment training with no specific instructions to do anything in the environment. We are only working on stress productivity how to sit with yourself, notice the thoughts and emotions come up, reorienting our attention consciously towards what you care about. It was done in two workshops that were ½ day and two months later, the follow-up series of shorter workshops called two-plus-one model. It easily was implementable and the protocol is in the mindful and effective employee. But what happened with stress, post follow-up is the act reduce the worker stress significantly and stay down through follow-up. But what was interesting is peer innovation, did you do anything in the work environment to also turn off the spigot? Not just to open up the drainpipe turn off the spigot when it's unnecessary. Behavioral innovation did that by follow-up but it turned out that the acceptance training did that even though it wasn't targeted. Here's what that says, the reason why we don't step forward and create more humane supportive work environment is often because we are afraid. It's often because we are not sure, it's often because we are angry and people don't get to see that because we are depressed and we don't know how to step forward with it. Our emotions and thoughts get in our own way of working to create a more humane work environment and this is something we found out the very first study of the modern era. It's been replicated multiple times to clinically improve that we see is substantial. In this study more than two thirds of folks were clinically significantly improved in stress, not just stress by the way but anxiety, depression, other issues. It tends to work best for people who are stressed. Of course, if you're not really feeling much stress then reduction of stress activities not that important to you. This is a funded study back for a while when SAMHSA was funding research. That was my favorite in the whole world and I wish NIH hadn't scolded SAMHSA for doing that because the sense of flexible way they did it with allowing researchers to do very small studies but to do some of them, we did have one of

them this improvement collaborative grant. This is a study where we look to see what about stigma turning to recipients of care looking at people who are substance abuse counselors and with stigma we could take multicultural training and rolled out over into also, kind of doing something when you're having thoughts about why doesn't this person just stop using, what's the matter with them, etc. even though people recover themselves and stuff like that, they have thoughts like that often. There was a class on biological models and substance abuse and impact training at a workshop. A daylong workshop, what happened was that our what I see on my screen doesn't show the data. I hope you can see it. It just gives me the labels. But what happened was, stigma went down and stayed down with ACT and unfortunately it went back up with multicultural. If you look at the changes of the actual, there it is. There is the data. ACT went down continuously and multi-control helped but began to wear off. If you look at burnout, let's see if I can get these slides. If you look at burnout, these are changed scores that are posted to pre-follow-up. The two bars in each page you see that ACT, the burnout went down but stay down. Multicultural went down but relapse. Then the educational part actually made it worse. There it is. This is a fusion one with the process measures, when you have stigmatizing thoughts in care to get entangled with it or can you move on. If you can move on, it is much much better, we have these thoughts and that's not the issue. We all have prejudice and stigmatizing thoughts, we do. If you start pushing them away to focus on what you're putting your hands on it and increasing the frequency and involvement. But if you can witness them, see the responsibility for them and roll your attention towards your values, we want to do about it that is a much healthier way to move forward. As this data shows, it's been replicated again in multiple studies. This was a small study done with a ACT app. I just want to mention because with apps you can do online training books, workshops and yes of course therapy kind of settings and they all work. You lose some impact when you go to apps and books but only about $\frac{1}{3}$ and sometimes we do randomized trials of ACT books. You'll see how I wrote it, get it out of your mind into your life. Producing a fact is around two thirds of what you would expect for this was done with an app with no level managers to it. Was six weeks of acceptance commitment training using a smartphone. The likelihood of the mental health problems were stress, plummeted with the ACT condition but not under a controlled condition. If you just work with mid-level managers or team leaders, you see things this is a study that Frank bond has done as a software development company. Working only with the team leaders using the focus on transformation of leadership.

If you're in a leadership role, you probably heard about transformational leadership and it's a good model. It basically consists of four key things. You have to be a good role model for the people you work with. You have to inspire and motivate. But you also have to take individualized consideration of the people that you work with showing genuine concern for their needs and feelings. And you have to provide a kind of vision and an actual stimulation of the people you're working with, to be challenged to innovate and create. That combination is what seems to make a difference and we have shown over and over again in studies just looking at correlational findings. That psychologically flexible workers or people who can train to become psychological sieges don't do it as a worker selection thing are more likely to be productive and to have low stress and so forth for that matter. But only if you have environments that allow them to use it. You need that kind of openness that allows people to be innovative or creative otherwise there's no place to put the flexibility. It isn't just in your head, your environment as well. As both the spigot coming in and the drain going out. Both need to be attended to. This study worked just with the leaders of this team. It exposed them to a group session model very much like the stress reduction models. Then what happened as compared to simply transformational leadership is the actual significant reduction in stress, more sales and we know that the mediation came from changes in psychological flexibility. In other words, when we work with our own psychological flexibility and bring it into a work environment, it encourages and supports the style of leadership and powers people to make immediate changes and to make a difference in the lives of the people that they serve just in terms of the bottom line. We have done, this is another study that came out of that same SAMHSA pick study where we looked at drug and alcohol counselors to see, could you use psychological flexibility to increase adoption of evidence-based treatment methods? The method we picked was evidence-based use of formal logical interventions where people are suffering addiction. Why, because people in recovery very often have gone through a 12 step program or other programs that basically say things like you don't use drugs, you treat drugs and that kind of thing. It is hard for people to do what the evidence suggests for example, if you have a heroin addict and you really want to be thinking about methadone, it's so clear, the data. Using this was in a workshop with all evidence-based, but before they went into that today workshop they did a one-day workshop and either work on their own psychological flexibility or in a controlled study with employment employee system programs. Here's a fascinating pre-post. If you went to work before you got the training about

science and the therapy of substance abuse, if you had that the perceived barriers to actually using evidence-based therapy in your environment went up. But the believability in those areas went down. This is kind of crazy but it's been shown study after study here's what it says. If you take a more accepting kind mindful open stance with yourself, yes you notice the things that you normally suppress and put in the base. You do notice, Sally might not like it if I encourage my clients to use methadone. She is always against stuff and you notice that. But you notice it from a distance instead of beyond your face those thoughts are out there far enough away that you can look at them with passionate curiosity and that's what allows the behavioral flexibility, one of the measures if that is do you actually believe in those thoughts when they show up or did you notice them as thoughts and he would have that combination of noticing thoughts more and believing them less. Then there's the bottom line. I actually refer people to using evidence-based from a therapy and the substance abuse environment more, a 50 percent increase if they have the ACT pretraining before we gave them evidence-based training with use of medications that was mediated by psychological flexibility and the believability of these barriers. We have shown this and other studies, this one into a primary care setting with chronic pain. You probably know but it's on the list of the American psychological Association of methods that have high levels of support for chronic pain. This really, you'd have a hard time working with chronic pain providers who have never heard of ACT because of some of the measures are so powerful. Some of the methods intervening are becoming more mainstream. But this is one just on in a primary care environment. To try to fit it, a small kind of little mini workshop. What ACT did in terms of this actual level of disability, it reduced it and kept it down through follow-up in a way that treatment is usually usual care and has been shown in several studies. You can do this without a whole lot of face to face therapy, this was done in a study of colorectal cancer survivors who received phone calls to help them work through what they are feeling. Cancer survivors are about 60 percent of them have anxiety disorders and very few get treatment because they think I'm just worried about my cancer but that is true, it's still, your anxiety is worth attention. It turns out, ACT coaching done by phone calls with a psychologist health promotion and nurse workers, nurses a wide variety of different professions had the significant impact. 11 calls over six months and a year-long follow-up. I'm showing you just a couple of things. But this is what happened with exercise, the colorectal cancer changed and it was critical or stayed up through follow-up. If you just said follow-up phone calls, posttraumatic growth is

fascinating. I don't have anxiety and stress here that I showed but it went down. Posttraumatic growth is actually taking challenges and flipping stress to just challenge. You know, it is stressful with a cancer diagnosis and I will walk you through that or if you have a family member, you know that. But on the other side of it if you handle it will, people find themselves more caring about our relationships. More concerned about self-care. More interested in their spiritual growth, more curious about the lives of others you see changes in how people live sometimes when they have been through challenges. Sure enough, here it is. Posttraumatic growth measure and we saw that in many different areas. I'm going to skip through, this is a study on diabetes management that we replicated a couple of times. That is nice, it's a high minority population a healthcare Center and with just a one-day workshop, big increase in openness to the emotions and thoughts that come with diabetes, type II diabetes and big increases in self-management. Then the percentage of patients who are in diabetic control. This one study that helped with this recently I heard that is coming, you have to kind of work with how to dial it in but there's enough studies there and the measure itself tells you it's important. It's a signal worth chasing. I think I'm going to skip this, this is a way to study. It's interesting but I will leave it for the slides. Flexible workers are not enough. You need flexible workplace. You can think about this and transformational leadership terms. Just a way of thinking about it in terms of organizational flexibility. If you created a work team environment in which people can't talk about what is difficult as opposed to a more accepting environment, people notice things that may be difficult. Where there's constantly a sense of judgment and rigid practices rather than a focus on workability. But diffusion does when you backup and watch your thoughts, some of them are useful. I thought, you need to do my taxes and it's time to do it. That is a useful thought. If I have a thought deep down I'm a horrible person, probably not that useful to me or maybe something I needed to clean up in my work environment. Noticing it but not spending a lot of time on it. Once he got down to here, same thing. If you have a rigid rule about how people even can talk about or what issues are allowed to be broadened that are important to the work environment. That kind of organizational fusion, organizational nonacceptance and avoidance predicts poor outcomes. You can hire a turnover rate, higher burnout rate, lower sense of personal accomplishments. We need to be able to attend flexibly voluntarily to what's important, that means being able to attend to the data that is important. All of these efforts to keep track and evaluate and give his accountability. Nothing wrong with that. The issue is, can

we own that in a way to be structured in a way, that does not overwhelm us with a form to fill out. But can we own that in ways that are really important to our work effectiveness, we get a good buy in by the entire group and they have a role in what they attend to. At the bottom part of the model is kind of a sense of self, no we are not doing spiritual sense of self or sense of self and the organization. But we know that sense psychologically comes part in partaking. Being able to move your sense of consciousness around time, place and person. Imagine what it will be like years from now or what is going on somewhere else and so forth. That kind of perspective taking can be built into an organization or not. Do we take the time to think about the challenges we are facing from the people who are receiving care, what about the other stakeholders that are outside of the environment, the immediate work environment might be really important in terms of the amount of support we get worth the interference we get. What we are doing. If we move to the right side, values are not just personal, the organization is. We all have those little things of our mission and this group is blah blah blah, that is fine and not really owned by the people. It is just kind everything that is on the wall. But if you go through a process to get clarity at a group level of what we really care about, allowing people to include what they care about as individuals and come together in a community and work environment, that predicts positive outcomes. Value space and organizations are far more effective on average than not. Of course you have to link it to behavior down on the right. You have to create organizational practices that actually support it. This is just like another way to think about this from an organizational flexibility model. I do want to mention, that is the wrong one. It's supposed to be world, not worse. We put these processes into a protocol that you can get on the web at prosocial.world. Which is an effort to link Ostrum's Nobel prize-winning core design principles. Lin Ostrum is dead now, but in 2009 he won the Nobel in economics for showing that groups can come together to protect our common core resources with government regulation. The only organized groups in particular ways. I don't have time to walk through it but I do wanted to give you the connection because the things you are seeing on the side, the small text are the Nobel prize design principles and it turns out in the studies if you take government organizations, healthcare organizations and assess, do they follow the design principles. I don't have time to fully walk through them but there's things like coming together for clarity and thought what is the purpose of the group, making sure that there is a conflict resolution strategy. Having a sense of fairness and that leadership of methods or things that the group itself supports and bought into. Being

able to monitor whether or not we are working together or working across, being able to nest well with other groups. That may be above us. Yet being given the authority to organize our groups in a way to make a difference. These are the design principles and we probably can already get a sense that in space, I've been talking about it and I have arranged these on the outside just to connect them up to organizational flexibility concepts. To scale and psychological flexibility groups with what Lin Ostrom found with how groups succeed as they managed there for us lakes, rivers and streams in a way that doesn't lead to the tragedy of the commons overuse and collapse of natural resources. It's giving me two slides. Let's go back down now to talk for a little bit about what this might mean in a concrete way in terms of putting it into a work environment. I'm going to link that to the transformational leadership point just in this way. The number one quality of transformational leadership is that leaders serve as good role models for their teams. You have to walk the walk. You can't just talk the talk. What that means in the area of acceptance mindfulness is that it starts with you. Whenever we are doing trainings and groups, we start with the individual, we ask them to go into this same process and you may not have much of a sense about how to do it but I mentioned my own self-help book. But there's others out there. The happiness trap, one of the more popular ones by a physician in Australia. Google it and you will see it. But also, they have apps and websites and so forth. It's worth working through and actually seeing how these processes apply to you so that your emotional openness, your openness to a variety of cognitions and being able to take the ones that work, not the ones you want to argue for and be right about. Your attentional flexibility and ability to take a perspective of others and connect to sort of your sense of self as pure awareness. Your ability to connect with and own your own values and put that into a real practice. Those will be seen by others and so you start there. But then, in the data it's showing you can put it into evidence-based, methods that have this common core psychological flexibility so if you learn how to do it with one population, it's not that hard to shifted to another. A small set of concepts and a wide range of applications so you can put it in your substance abuse clinic or your work with stress, whatever. You can bring these and for workshops and so forth on stress in the workplace. But then the other thing is just to put it into our interactions with each other. I will give you just a couple of examples. If you are meeting with somebody that you supervise, if you're getting to know them or may have some sort of problem you're in or a feedback thing, whatever. It be a really good place to start from. If that person really cares about, what other

values did they want to manifest in the work environment. There is three ways in, I usually say there's four ways into knowing what your values are. One is, what are the places where it is pain to you and things get violated. The flip one is, when are you feeling violent and not in joyful in your life. So in your work environment think of times when you really felt like this is cool. That contains values. Think of your heroes, think of the people you might take as a guide. If you think of the people you think of as heroes it's probably not because of how much their car cost or how big your mansion is or whatever. It's probably what they stand for and my guess is because it's useful. The fourth is, if you are going to write a story what is the next chapter of the story want to be writing of taking ownership for the story you are writing with your behavior into your work. So it starts in his conversations in the work environment or in teams and will give you a method and a second to do this, very simple method. Of just coworkers, ourselves, teams, which we care about. Starts with what do I care about and what do we care about. All of those four methods are ways to get in. A quick one would be to pick your hero. Almost everybody is willing to do that. The processes of openness another part of the transformational leadership part is about the genuine concern and needs and feelings of others. You don't get to do that unless you ask people what they feel. Sometimes we are afraid of doing that because you know sometimes people are upset or angry, etc. But getting a place for feelings to come out and being noticed and validated as legitimate not a sense of story we tell about how everything needs to change in that way, very often people are in problem-solving mode when they share feelings. But just being able to connect it and link what are we going to do with that. Given that we have this larger issue to accomplish in our work environment. It is kind of a notice and role, not a notice and get stuck. We don't turn the work environment to a big gigantic gripe session. But we also don't want to have a work environment in which people don't get to be fully whole human beings. They will leave, they will burn out. Or even worse they will stay and be burnt out and their effectiveness is going to go down. As well as the healthcare costs going up and so on. This is a tool that is just really really easy to use. I saved it, just a few minutes before we get to questions or a slide away from questions. It is called the matrix. If you Google it, you can find some books that are specifically on ACT of interest. It is upside down in the way that I used to present it but I did it for a reason. It's easier to present, I got permission from the developers to flip their little graphic upside down and it means the same thing. If we start with the upper right, the metaphor of your head and your heart, people can't see that. That's inside of you but

they can see your feet and they can see your hands. That is a metaphor for what is on the outside which you actually do. Let's start out with what is on the inside that people can't see. You start in the upper right. When we are putting this in prosocial but also in some of our ACT based stress-related or effectiveness workshops, we start out with what do you really care about in your life and sometimes this is not privately because people may not want to share that, we used software where people can put up and it scrambled so you can see what people are feeling and thinking but you don't know who they are. You do an individual spin around in the matrix. What do I really care about. One of the barriers inside to keep me from walking the walk towards that caring. Guess what? Difficult thoughts and feelings. Difficult memories and sensations. Those are the things that carry us away from what we carry about when we put them into action so that the third one is the bottom left, how would you see that if let's say one of your barriers is you feel unappreciated. What you do is withdraw and it shows up in the world of hands and feet if it's being late to meetings, having sick days when not. All of those things that we know about that we see in ourselves and coworkers. All of these away modes that take us away from where we want to be in our lives and work environment. Then the bottom right is what would it look like if I was following you 24/7 if you are able to connect with your deepest sense of caring and yearning, your deepest motivation. The kind that shows up in heroes and you pick the sweet moments you have, struggles that you have. The store you want to write about your life. That is the matrix when we reduce organizationally, we actually work do this individually and you can literally print this out, do yourself. It's not that hard to do. But then when we use reorganization we now do the next part publicly and do this in the prosocial process. Teaching, this is before we get to the Ostrom printable. Then in the public what do we say, what do we want to move towards, what is the whole group brought in the upper right and we write down the values and brainstorm them with an open discussion. It's potentially creating a mission statement. One that is now deeply connected to the yearning of the participants for creating a work environment that produces purpose in their lives. Then what do we do, what goes on inside of us and what goes on privately in our side meetings and so forth. Things like you know, feeling unappreciated etc., how does that show up. It might show up in failure to follow regulations or just gossip in the halls. It actually makes everybody feel worse. Finally, what does it look like. If we really did get connected to care as a whole group and pro-socially we walk through the design principles to create ways of doing that. But now as we spun around

for the upper right to the lower right, we now know as a group and we have pretty clear indications if you want to monitor it as to how we get in our own way or how did the readiness or purpose inside of the group, what does that look like. Publicly but also not privately. This orientation I realize doesn't give you very many tools and you're going to run out to be a ACT group leader tomorrow. But if you Google the various kinds of things I have just talked about, last time I did it and stripped out Google scholar, things that weren't involved I was over 2000 studies. If you look at just intervention studies, you are at several hundred. It's not like we don't have developed over the last 30 years a lot of knowledge that we can use, the advantage of this model is that it's personally relevant, organizationally relevant and you can use it with your clients but you can put it in your workplace and once you are exposed to this language in a way of doing things, you can hang almost anything you care about so nothing is evidence-based that I know of that you can't hang inside the psychological flexibility model. So whatever it may be, skills development or implementing a particular protocol, educational methods, etc. They can all fit their but this is the smallest set of processes I know of that does most things in the most areas that I know of starting with it sounds like self praise, it's an entire community that's done it, not just me. Perhaps this is a good time to stop and take questions about how this fits and fits to your environment and what I can do for you in the last 17 minutes.

>> Andrew: Folks have been asking questions here and we are assembling them. One of the questions is I think kind of a good basic clarification. There are some folks who are familiar with it, ACT and others are more generally familiar with cognitive behavioral therapy. As a couple of questions about what is the difference between the two things?

>> Steven: ACT emerge from the CDT tradition and I'm the president of the CDT society here and so forth. Many of these things published in the mainstream journals. There is a piece of classic CDT that detects challenge dispute and change piece that doesn't hold up very well and component analysis or mediational analysis. Yes we need to deal with cognition. The problem, yes cognitive flexibility is time. For example take somebody with a cognitive reappraisal, rational thoughts and changing them. If what you're doing is you're encouraging cognitive flexibility in addition to thinking like this that is kind of a diffusion method. We show that, we have actually measured diffusion and it's not specifically for example Beck's model really. But it's kind of been there with this concept of cognitive distancing and it turns out some of these things promote cognitive flexibility but here's the problem. If you take one step further and now

you're saying don't think that, think this, you are on the edge of a cliff because don't think that means using language to monitor the elimination of language based phenomenon and it means more focus, more noticing which means more routes to that thought and often can lead to self amplifying process of thought suppression. There is a vast literature on thought suppression and knowing that we should never do thought suppression by detect challenge dispute and change can often relate to that. Essentially what is happening is a so-called third way of CBT where the act is very prominent and the other ones that I mentioned have brought acceptance, values, perspective taking, awareness, training, intentional training into CBT. With my colleagues from Hoffman which are more traditional Becky and at least by history, he and I have been working together with a process-based CBT and they basically say look, we don't fight about that or we should look at. One of the processes that are needed to change in a particular individual, how do we change them. If we change them, do the outcomes happen? You will find when you do that, you do need something to do by cognition and emotion, attention. A sense of self, motivation and actual behavior change. Those six things I just listed, each of them linked to six of the flexibility processes. Acceptability over emotion, diffusion, cognition, attentional flexibility presents now and so on. So here's another way to say that, ACT is a model of modern process staged therapy. What is happening and you can see it in the funding, you can see what's happening with the ES5 is that people are becoming convinced that protocols for syndromes is not going to take us any further than we have gone. We now need to do something more like functional analysis, more like knowing what the processes that produce change. What you are saying here with ACT is a phase of a process based approach that allows these wars between the cognizance and the humanists and analysts, please make it stop. It allows us to come together and just look in a different way at what processes help transform human lives. ACT is friendly to mainstream CBT and changing CBT and as part of CBT. But it's not what you probably think of in terms of classic CBT, not in all of those areas.

>> Andrew: Great. You mentioned cognitive defusion a couple of times, for those who are using some of these techniques in different treatments or wanting to incorporate other principles. Is there a place you go for an updated list on some of the diffusion techniques that people can use?

>> Steven: Some of the different methods, once you get the principles as to how to do cognitive defusion you make up your own. The lists grow very fast and at one point years ago I tried to make a list of some, there were 200 things that people had done probably at least half of which

had data specifically for that method. But the principle is, to take the normal mode of the mind in which we disappear into our thoughts and to arrange a condition so that we can witness and notice our thoughts. I will mention a few more so you have a larger set but I also say there is a Ted-X talk which I walk through 12 of them and also try to give the right feel for them because especially in the ones that are humorous or dangerous because they sound like you might be able to ridicule yourself out of that mode of mind, but of course we ridicule and criticism is that mode of mind. It doesn't really help to do that. I suggest that you just Google me and Ted-X and you will see a couple of them and the one I think is called mental breaks like to prevent mental breaks like breaking something. Like things like word repetition which is still a thought down to a single word like I am stupid. Say stupid out loud for about once per second for 30 seconds and stupid is going to land differently. Just do it, try. It's been studied multiple times and has a lasting effect. He popped the illusion once, you can never go back to the full illusion. It's like saying a magic trick, once you know how the trick works you can't watch the trick with the same way. When you take that Wizard of Oz voice that produces this big scary head and closed the curtain, you see this little old wizard behind the metaphorically. Word repetition is example, I give you the example of putting thoughts in different voices. You might put your thoughts on imagining putting them on a leaf on a stream and allowing them to float by not to get rid of them, but just to do a contemplative practice version where you watch how thoughts come and go, clouds in the sky, you could do it with cars on the freeway. A train track, a train bumped off the tracks, anything repetitive you can link to it and just kind of watch it, watch your thoughts, watch her thoughts. It doesn't take long. Traditional practice followed the graph, notice your mind wander, come back, follow the graph, notice your mind wander. What is the purpose. The purpose is the intentional control but also the diffusion skills to notice you're having a thought. Any people listening to me that meditate know sometimes thoughts come up that are sticky like sometimes even positive like boy I am doing a good job meditating today. If that is just a thought that's allowed to pass by, your good job meditating continues but if you buy, you grab it, you say am doing great. I am practically the Dalai Lama. You're done. You might as well just get up off the cushion because that's not what contemplative practice is designed for. I will tell you, the last one I used in that Ted -X talk so it's a substitute that's not ridicule is I like taking thoughts, this is something to do with yourself more than a work environment with somebody else unless you doing therapy but taking thoughts that are old, penetrating, hard. Deep down

there is something wrong with me. Then asking I am an addict, I'm stupid, nobody likes me, I'm unlovable. Those kind of things. Once the first time you had a thought like that? How old were you when you first had a thought like that? People go back to really young ages, four, five, seven, eight. Certainly by the fact were by the time you're 20 you're having thoughts like that. What they do is I imagine asked the person to imagine themselves in front of them that old and then after that picture, what did your hair look like, what clothes are you wearing. Then I have the person in their imagination, have that child say the critical thought that they suffer with. Out loud in the child's voice. It makes you want to cry to hear a kid say something like nobody will ever love me. If you are in front of a mirror shaving or whatever getting ready for the day and getting your hair done or whatever it is and you have a thought like I'm just not good enough, they are going to fire me etc. Often it follows with a lot of criticism, what is the matter with you or buying into it. You're never going to be any good. You would never do that to a child, why are you doing it to yourself? What is up with that? When I first put up that slide about fears and acceptance I used the language of self kindness. Just do with yourself what you do with any young person who is suffering and you'll be much closer to what psychological flexibility should do than what we do normally. To see that person in the mirror. There is a vast range and in literature you'll find hundreds of them. People make T-shirts, they do little badges and they out themselves. Put their scary thoughts don't do that one unless you're ready to let it go. Because there is some risks making it public that even that has a role. I hope that's helpful. As far as where to get it I would go back into the ACT literature, there's also a large society that will help and a big website and so forth of the dues called compatible science.org CBS is the organization. You may find it in your workplace that people who are kind of doing peer supervision and so forth may be a good help to you. Too long of an answer, sorry about that.

>> Andrew: We have a lot of questions and I think we have time to answer maybe about tomorrow. There is one of the themes coming through as we have a few questions from people who are either running clinics or some sort of management organization position and practically how do they use this information from a workplace environmental perspective or a high stress integrated environment. What kind of things should a manager or supervisor --.

>> Steven: These kind of conversations that I started to walk through at the very end our an implication and a good place to start with things like mindful and effective employees. Just because Paul Flaxman did the book, it's been out a couple of years and it's essentially the stress

protocol. I do encourage you to look at prosocial network world. There are practical books, there is something like an English hundred books on that. And if you go around the world a couple times. I would start with the organizations or studies with books that can get in contact with them and I will add some of these things to the resource page and get back to the organizers for distribution.

>> Andrew: We will send that out later on. There's another question here and I think this is really may speak to experiences of a lot of folks in the audience. Essentially this person is asking, they say almost like customer service workers, those of us in healthcare sometimes really get the manager outward emotions and really put on a different phase to the benefit of the patients. The emotional labor demands and can you speak to that a little bit with authenticity based action with that in context.

>> Steven: It turns out what a feeder is, if you open up your going to fall down. The fear is if you're going to open up your own emotions and thoughts are going to start expressing anger, start with irritation. That actually is the opposite because it would be like trying to hold a rubber ball underneath a pool and swim. It's pretty hard to do. If you can pop up and flow, wherever it's going to flow and focus on what you're swimming it's a little easier to do. It turns out and this is a. Fact not just a claim of psychological flexibility and emotional openness predicts its greater capacity to both notice what you're feeling and to do what needs to be done here in this situation. The call center workers and customer care is really hard because you're facing people who are demanding and sometimes upset or going to come back two for problems in the system that you have nothing to do with or asking for resources that you can provide or being exposed to difficult situations it goes on. Emotional wisdom or emotional agility flexibility is key to being able to do hard jobs within, but also to be able to take the perspective of others without. If you were to just do one thing to carry what I've said here today before your next meeting, take just a moment and it will take about 30 seconds to picture the person coming to your meeting whether it's a consumer, supervisee or whatever. Take just a moment to get behind their eyes and imagine what it feels like to be them. What are their hopes and barriers that they are bringing to the situation, to this call, to this meeting. See if you can find something in there that you can connect to that is worthy of your time and attention as a values-based journey that you are on called your life. Come back behind your eyes and see if you can when you meet that person, meet them as a whole human being with things that they are struggling with and trying to change

that are probably needless but also things that you are yearning for and trying to produce any and able to help them. Doing your work in the service of others, as a whole human being with difficult folks and feelings is predictive of higher level personal level accomplishment, lower levels of stress and so forth. I do by the way send out regular newsletters if you want to go to Stephen Hayes.com. I don't send you any products etc. I can get you on those newsletters with 15,000 people there and so forth but it's not just me, there's others in the community who are there to support you and we have a tradition. If you do for example get involved in a CBS, giving away our protocols making things available for free. Go up to the webpage and ask for something, you'll get it. There's people around the world doing the work and will get you in contact with the resources. The short answer to the question is connect to a community who is supportive if there's something in here that's of interest to you.

>> Andrew: Great. We are out of time for additional questions although it certainly this is really stirred up a lot I think for people. They have experiences and integrated care settings that are very meaningful at a point which you said about really seeing beyond and thinking about experiences of those around us but patients, coworkers or supervisors. Thanks Doctor Hayes and thank you everyone for joining us today. As we mentioned, we will send out the resources and the follow-up email to this and certainly include that mailing list and website in there. Additionally for folks who are interested in additional training or assistance really to this or any other topic related to primary care and behavioral health integration you can email us at integration@thenationalcouncil.org and provide free consultations or visit our website at Integration.SAMHSA.gov. Were you also be able to find a recording of today's presentation. Thanks again Steve, thanks for joining us. Thank you for all of the audience who contributed to the conversation and we look forward to hearing about your work in this area.

>> Steven: Thank you.
