

NUMINUS

Applied PAT

MODULE 2:
DEPRESSION
ANXIETY

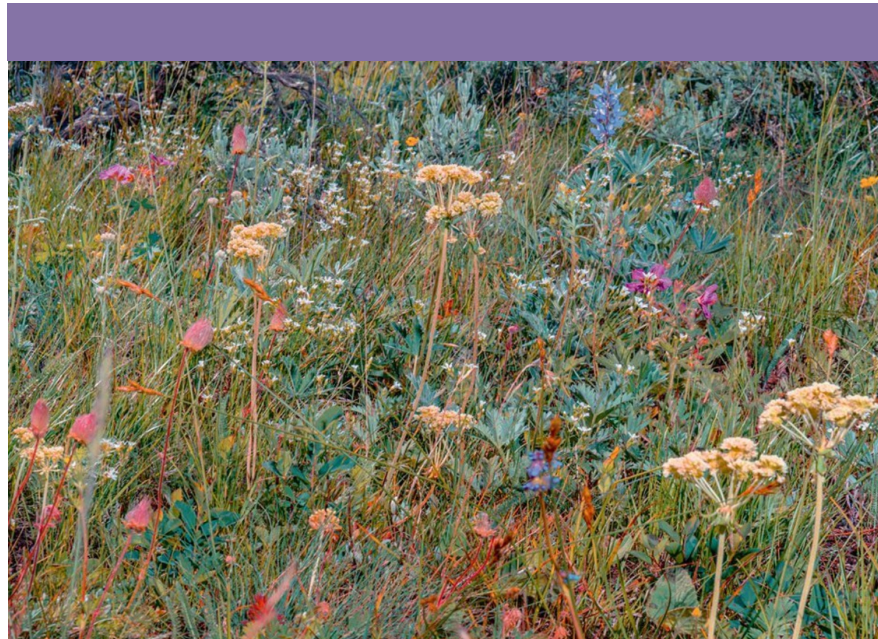


AGENDA

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GROUP AGREEMENTS

CENTRE



Confidentiality



Engagement



Non-judgmental listening

GROUP AGREEMENTS

CENTRE



Timeliness



Right to pass



Equity

Transdiagnostic Classification of Depression & Anxiety

7 DIMENSIONS OF EMOTIONAL DISORDERS

- Depressed Mood
- Autonomic arousal
- Somatic anxiety
- Social evaluation concerns
- Intrusive cognitions
- Traumatic re-experiencing and dissociation
- Avoidance

Rosellini et al. (2015). A Transdiagnostic Temperament-Phenotype Profile Approach to Emotional Disorder Classification: An Update



Transdiagnostic Approach to Treatment of Depression & Anxiety

CORE DEFICITS OF EMOTION DISORDERS

- Biologically-based propensity for strong emotions
- Aversive reactions to these emotional experiences
- Reliance on emotionally-avoidant coping strategies

Barlow et al. (2017). The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders Compared With Diagnosis-Specific Protocols for Anxiety Disorders: A Randomized Clinical Trial



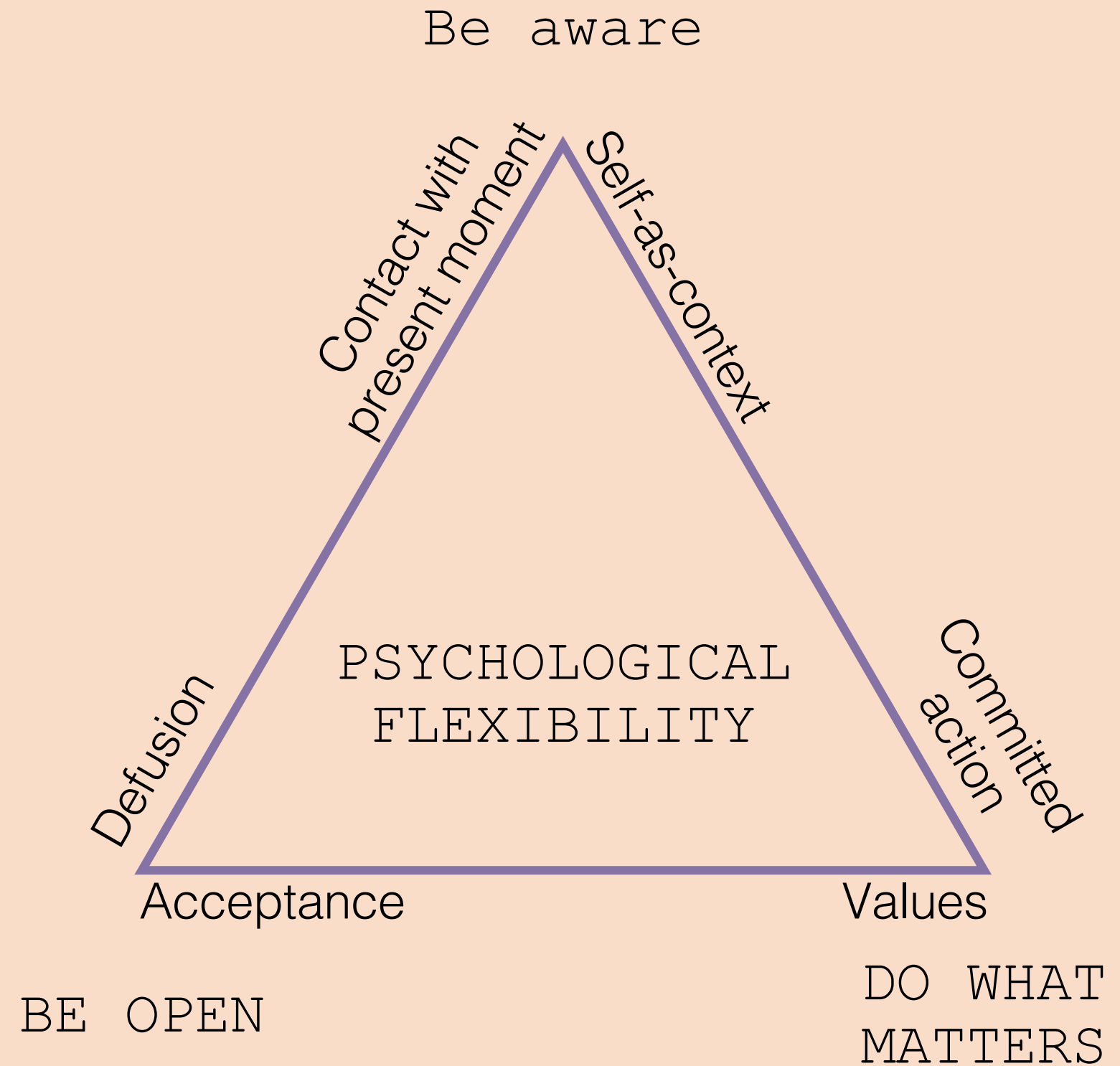
Psychological Flexibility

A person's capacity for openness and acceptance of all aspects of experience arising in present moment awareness and engaging in action that aligns with one's values

Accounts for 45% of change in therapy (Hayes et al., 2022)

3 SKILLS (PF)

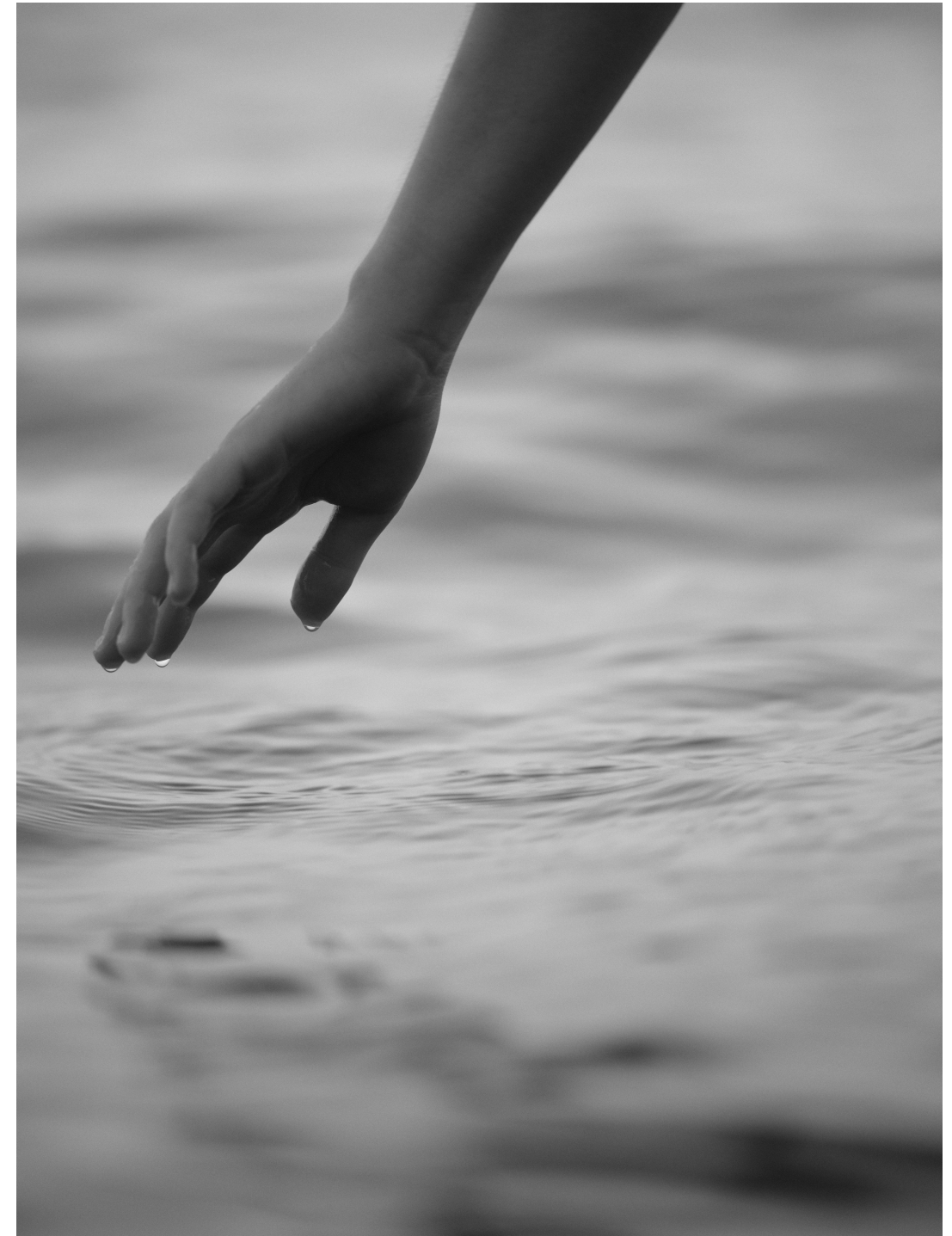
- Awareness
- Openness
- Values engagement



Psychological Flexibility and Psychedelics

Psychedelics can catalyze PF:

- Disrupts established patterns of brain activity
 - DMN & sense of self
 - REBUS model
 - Neuroplasticity
- Can transform coping strategies through integration therapy
- Promote bottom-up processing
- Emotions, cognitions, sensations and perceptions

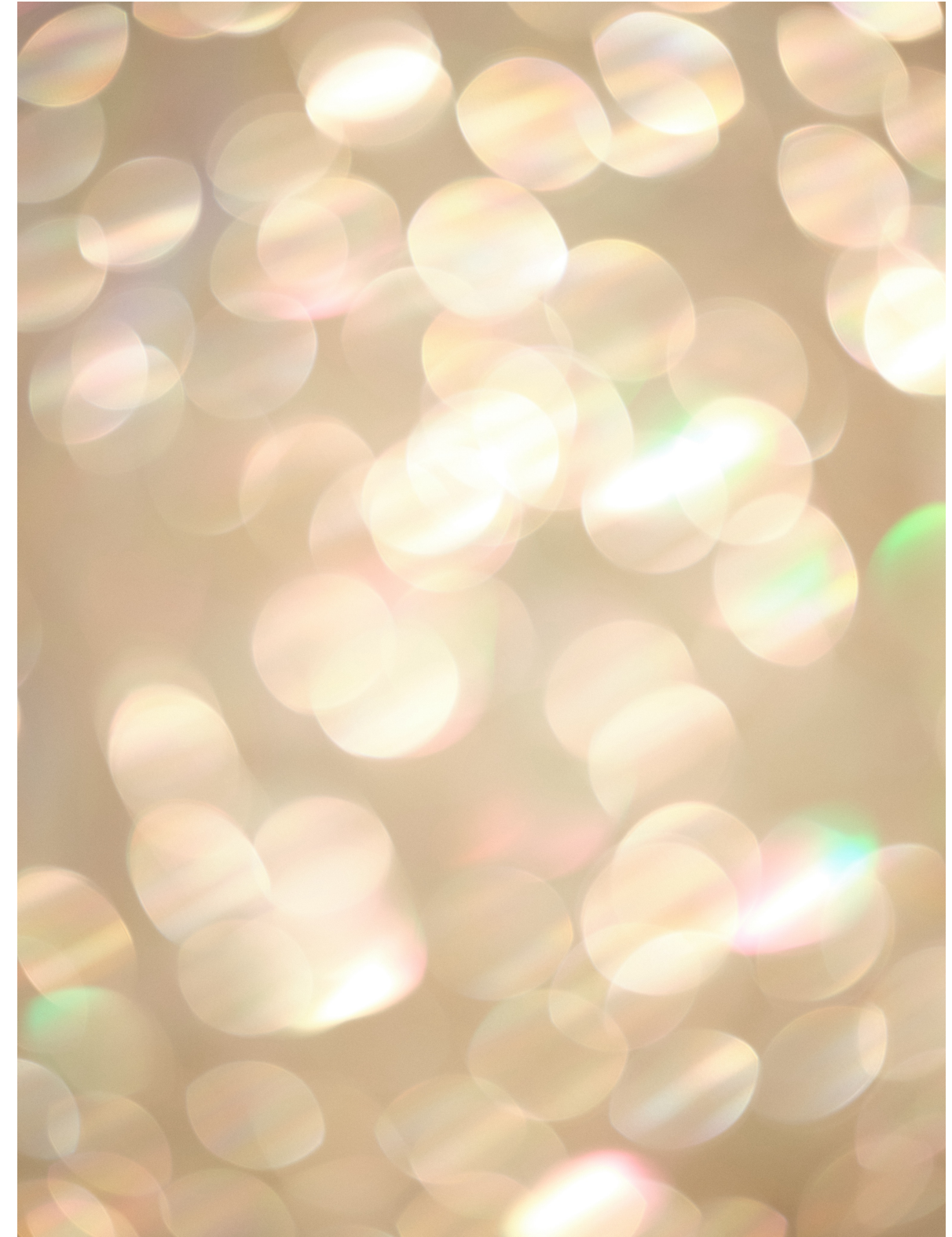


Emerging Best Practices

- Promoting acceptance
- Self-directed (Inquiry)
- Turning towards experience versus resisting (experiential avoidance)
- Body or somatic focus and integration
- Increasing psychological flexibility
- Supporting helpful meaning making
- Working with imagery

WORKING ON ALL LEVELS

- Body
- Mind
- Emotions
- Spirit/Existential



EMBODIED INQUIRY

A therapeutic method of investigating direct experience (reflective or present) and cultivating the ability to recognize, describe, track, and integrate what is learned in the service of psychological flexibility.

ASSUMPTIONS OF EMBODIED INQUIRY

- Psychological flexibility is necessary for mental health
- Experiential avoidance can be limiting
- Reduced experiential avoidance increases self-efficacy
- Turning toward challenging experiences with kind attention can support moving through them
- Experiential & somatic processing of difficult experiences may be necessary
- Identification with thoughts and emotions can increase reactivity.
- Decentring enhances regulation and flexibility of responding
- Self-compassion enhances psychological flexibility and improves outcomes
- Inquiry is directed primarily by the client and their present-moment experience
- Therapist embodiment can facilitate client processing
- Self-awareness deepens through therapeutic relationship

Embodied Inquiry Components

- Develop a resource
- Focus on direct experience
- Describe and track
- Identify parts
- Cultivate kind attention
- Turn toward difficult states
- Use pendulation and titration to stay with difficulty
- Use self-care and resourcing as needed
- Allow meaning making to unfold
- Reinforce, integrate, and apply the learning

Guidelines for case discussions

- Keep transdiagnostic models of classification and treatment in mind
- Honour your own expertise and resources and remain open to diverse perspectives

