Webinar Title: Applying Psychological Flexibility in Clinical Practice: Enhancing Effectiveness in Therapy

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Dr. Elisabeth Morray has a working relationship with Alma. As such, she has both a financial and an intellectual interest in the webinar content. The purpose of this presentation is to provide a balanced view on the principles of acceptance and commitment therapy, ACT, and its central concept of psychological flexibility. APA does not endorse any products or services. The content was created by Alma and does not reflect the views of APA or its editorial staff. Email advertising@apa.org to learn more.

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Now, let me introduce our presenter, Dr. Elisabeth Morray, VP of Clinical at Alma. Dr. Morray is a practicing psychologist as well as VP of Clinical at Alma. Her work focuses on using the principles of psychological flexibility in order to help individuals live meaningful, purpose-driven lives and how the therapeutic relationship can be an environment in which flexibility can be learned and practiced. She also has extensive experience in the implementation and evaluation of digital tools, including outcomes, measures that support and enhance the therapeutic relationship. Recognizing a need for increased support and access to cutting-edge tools for clinicians in private practice, she joined Alma in 2022.

Welcome, Dr. Morray.

Dr. Elisabeth Morray: Thank you so much, and thank you to all of you for spending some time on your Friday with me. I am really excited to have an hour together to really explore how psychological flexibility functions as a powerful mechanism of change across modalities, diagnoses, and clinical settings. A little bit about me before we get going. I entered the field through a pretty traditional psychodynamic

and relational framework. That approach really shaped how I think about people, and healing, and the therapeutic relationship.

When I was introduced to ACT, it transformed my practice, not because it replaced what I already believed, but because it really layered in a deeper understanding of behaviorism, of mindfulness, and of values-based action in a way that I think really served to deepen my work. In my roles as a clinician and a supervisor and a clinical leader, I've really come to appreciate ACT not just as a theoretical orientation, but as one example of a process-based therapy approach that focuses on what gets people stuck in their lives and what we as clinicians can do to help them change.

Applying this core concept of a process-based approach, psychological flexibility can really support therapeutic change regardless of your theoretical orientation or your client's presenting problem. I've become passionate about helping clinicians, whether they identify as psychodynamic, or CBT-oriented, or use EMDR, really, and everyone in between, helping clinicians leverage psychological flexibility to enrich their clinical work, and most importantly, to help enhance their therapeutic relationships. That's the frame that we're going to be working from today.

We're going to talk about psychological flexibility and its clinical significance, including identifying strategies for cultivating a therapeutic environment that promotes psychological flexibility, and understanding how promoting psychological flexibility can strengthen the therapeutic alliance and support clinical outcomes. I hope what you'll take from our time together today is a lens that you can apply regardless of the kind of therapy you practice or the clients that you treat. With that, let's jump into understanding what I mean when I talk about psychological flexibility, and we can go to the next slide now.

All right. Psychological flexibility is one of the most consistent predictors of emotional health and functioning. As I begin to orient you towards this concept, I would love it if you could go ahead and put in the Q&A section anything that you have come across as a clinician, anything that you've treated that does not seem to involve some kind of stuckness or rigidity. If you can think of any presenting concern or any presenting issue, go ahead and enter it in the chat. Because what we know is that research indicates that when psychological flexibility increases, clients experience meaningful improvements across multiple domains, including emotional, social, relational, and behavioral.

On the other hand, psychological inflexibility, which might look like rigid cognitive patterns, avoidance of internal experiences, and behavior under what we would call the control of short-term emotional relief, getting some immediate relief from emotional pain, rather than being aligned with longer-term values. That's at the heart. That rigidity or inflexibility is really at the heart of many mental health challenges.

I see some folks entering into the chat here, some things that they're wondering, maybe whether there is an element of rigidity. On the next slide, I'll give you some examples of maybe even these ones that seem less deeply connected to rigidity. I hope I'll be able to give you a sense of what the threads might look like between some of these presenting concerns that you're sharing and psychological rigidity.

The reason that psychological rigidity matters is that, and conversely, psychological flexibility matters, is that psychological flexibility allows us to respond in adaptive ways under stress. It allows us to evolve as our context changes, as our emotional and external experience changes, in ways that support our adaptation. It also increases our openness to experience rather than resistance. It allows us to experience discomfort without abandoning our meaningful goals, and gives us a greater sense of agency over what we do in the full context of our life, including that which is painful.

What we see is that when clients become more flexible, their lives become bigger than their symptoms, and the shift towards living a valued life, even in the presence of pain, often makes space for symptoms to soften organically. We'll go on to the next slide. It is actually quite difficult to find a legitimate-- I guess they're all legitimate, but a legitimate therapeutic concern or diagnosis that does not involve some form of psychological rigidity or stuckness. I'm going to look at some of the ones that we see here in the chat, and maybe give you a flavor of where psychological rigidity might show up.

When we talk about grief, I often think about the traditional Kübler-Ross stages of grief, that people move through predictable stages of grief. What I think is key there is the idea of moving through. Grief could at times look like getting stuck in one particular set of experiences, or a certain set of thoughts, or a certain way of orienting around one's grief, rather than having the flexibility to move through the full range of emotions that people typically experience when they lose someone they love.

For ADHD, and we'll delve a bit into the role of attention, but the ability to intentionally direct one's attention towards things that matter is actually a core component of psychological flexibility. That tends to be one of the dimensions of psychological flexibility that we see as being a potential target of development in people who struggle with attentional issues. Then trauma. I think one of the ways that I talk about psychological flexibility in the context of trauma is one key component of psychological flexibility, and we're going to review all of these as we move forward, is being able to orient to the here and now.

If you think about dissociation, if you think about flashbacks, if you think about some of the core elements of a PTSD diagnosis, they are tied to an inability to be oriented to the here and now, and instead, as a function of the traumatic experience, frequently getting pulled into the there and then. All of these reflect elements of psychological rigidity that are very closely tied to what we might call a diagnosis or the pathology that we see in the therapy room. There's some examples here on the slide in terms of rigid patterns of thinking, behavior, attention, and relating.

The common thread is that people get stuck in patterns that, at one point in their life, in one context, were probably quite adaptive and actually may have had a key role in their survival. As the context of their lives change and evolve, those behaviors or thoughts or responses to emotion remain rigid and prevent the individual from evolving in a pleasant way. Next slide, please.

What we see is that if we look across the kinds of diagnoses that we treat, the contents of what people suffer with and around varies. We know that OCD looks

quite different from ADHD, looks quite different from PTSD, but the process is actually quite similar, that human suffering tends to arise when behavior becomes rigid and disconnected or does not fully allow that individual to engage in their life in a way that allows them to move toward what matters to them. Next slide.

I think this is why the psychological flexibility model has the potential to be so impactful, regardless of your theoretical orientation, regardless of the approach you take. That is because it's not a treatment model that you have to learn outside of the ones you already have. It's not diagnosis-specific. You're not learning psychological flexibility for anxiety and psychological flexibility for eating disorders. They are all part of a collection of processes that we can learn to target in our interventions. It's certainly not tied to one theoretical orientation, although it is embodied in the acceptance and commitment therapy, or ACT, approach.

For the purpose of this presentation, I hope you'll think of it as a universal leveraging point across client presentations. As we can help clients become more flexible in their attention, in their thinking, their behavior, and their relating, that is going to be inherently therapeutic, no matter what brings the client to treatment and no matter what toolkit we use in order to treat them. Next slide, please.

What is psychological flexibility? I've begun to pull on the threads a bit, but I want to give you a pretty clear definition here. At its core, psychological flexibility means that we retain the ability to remain open, to remain present in the moment, and to engage in values-oriented behavior, even in the presence of the discomfort that shows up as a normal part of being a human being, the mildly uncomfortable internal and external experiences that we experience, and the more significantly disruptive, painful, and challenging parts of being human.

Psychological flexibility involves two simultaneous movements. One of those is being able to turn toward your internal experiences with willingness, with a willingness to allow them to show up for you. That is not something that we are necessarily taught to do. Most of the time, the most adaptive response that we can have to things that we don't like, or we don't want, would be to try to turn them off, to move away from them, to avoid. When it comes to the sunlight being too bright coming in my window, changing my window shade to darken the room is going to be effective. It will allow me to avoid the brightness of the lights.

When it comes to the anxiety I might be experiencing when I give this presentation, the kinds of things that I might do to turn that anxiety off are actually more likely to make the anxiety increase, as opposed to making it go away. We're going to look at people's level of willingness to turn toward what is painful or what they might otherwise choose to avoid. Then also look at their ability and the flexibility that they have access to, that will allow them to turn toward their chosen values and to commit to their chosen values.

Rather than focusing on eliminating pain or reducing symptoms, approaching our treatment through the lens of psychological flexibility really supports people in moving toward what matters, even in the presence of pain. That shift from control and avoidance to willingness and awareness is what allows therapy to move beyond just trying to minimize symptoms and toward actually helping people live full and

meaningful lives, even in the presence of pain that goes along with being. Next, please.

There's some core processes that if you've learned about ACT, you are probably familiar with, and we'll dig into these. These are really the core processes that we are going to target in order to help people become more psychologically flexible. The first one is helping them turn toward their experiences with willingness, allowing them to really lean in, even in moments where they feel the urge to back off.

Now, one of the things I've said is that this is a transtheoretical way of thinking about our clients. I want to give you a taste of what that might look like in terms of other theoretical orientations. From a psychodynamic perspective, we might say that we are going to help people explore their defense mechanisms and allow their feelings and fantasies to come into awareness rather than using defense mechanisms to ward them off.

From a cognitive behavioral perspective, we might look at helping people to notice the thoughts as events and challenge unhelpful beliefs, or to tolerate anxiety during exposure. We're targeting the same process. We are just using different language to describe it based on the theoretical orientation we have learned or that we practice. In terms of this movement towards turning to values with commitment, from a psychodynamic perspective, we might talk about strengthening capacity for authentic living and choosing actions aligned with one's true self rather than being driven by fear or defenses.

From a cognitive behavioral perspective, we might look at behavioral activation or exposure or goal-setting that is driven by personally meaningful outcomes rather than symptom avoidance. Hopefully, I've given you a taste of the fact that, yes, these processes are core to the ACT approach. I will be talking about what they look like as we integrate them into an ACT treatment.

What I want to give you a sense of is that you don't actually need to learn ACT in order to focus on these psychological flexibility processes, that you are already doing that. Really, the movement is towards being very intentional in targeting psychological flexibility as the part of treatment. There's a question here about therapeutic presence. We will also be talking about how we can use psychological flexibility in order to enhance the therapeutic relationship. Next slide.

One of the things that I've mentioned is that one of the most compelling aspects of psychological flexibility is that you can apply it across theoretical orientations. The other really powerful component about thinking about psychological flexibility is that it is not disorder-specific. Psychological flexibility supports healing across anxiety disorders, depression, trauma, substance use, eating disorders, chronic pain. Really, there are very few, if any, presenting concerns that don't benefit from the application of a psychological flexibility lens and interventions that help support psychological flexibility in our clients.

The reason for that is that, as we've noted, as we've talked about this idea, that rigidity is a component of most mental illness, psychological diagnoses, presenting concerns, whatever language you wrap around that, that avoidance, fusion, and rigidity are really the mechanisms that maintain suffering across these conditions. By

intentionally strengthening flexibility, we can help people become more able to tolerate and hold their emotional experiences. We can increase their behavioral adaptability. We can improve their willingness and practice of engaging in valued activities. In doing those things, really increase their level of functioning overall.

I think the fact that we have this kind of broad applicability helps us understand why it is that the research consistently indicates that psychological flexibility both mediates and predicts clinical outcomes across therapeutic modalities and across diagnoses. Next slide.

Those of you who are hoping for more ACT-focused content, these are the six core processes of psychological flexibility. If you know ACT, you've probably heard the term hexaflex. Hexaflex is the model that shows these six interrelated processes that are the core targets of intervention in the ACT and in other process-based models. These are what we are thinking about as the levers that increase psychological flexibility.

Like I've said, these are not unique to ACT. When I try to help people understand how they're targeted in other modalities, I'll often say, "Just look to the name, and it will often give you a sense of which of these processes another modality really emphasizes." Acceptance is all about how people respond to their emotional experience. Well, emotion-focused therapy is going to lean heavily towards that process. Cognitive diffusion, obviously, we're looking at how people relate to their thoughts, what their mental activity does, and how they relate to it. That is going to be a focus of CBT or cognitive processing therapy.

Being present, we're really thinking about how are people able to bring their attention to the present moment, to be oriented toward the here and now. That is at the core of many mindfulness-based approaches. Selfless context is helping people to develop more flexible ways of understanding who and what they are. We see that as being a core component of, let's say, self-psychology. These six processes are really core to the ACT model. Again, we see them as being important targets of a variety of other approaches to greater or lesser degrees.

I think what is unique about ACT is it really focuses on all six of them in a way that is interconnected, and that practicing each of these skills is going to increase a client's ability to engage flexibly with the other skills. What I mean by that is if you can't be present in the here and now, or if you can't practice mindfulness, it is going to be very, very hard for you to notice your thoughts as they arise. You are not going to be noticing what is showing up for you in the here and now. Part of developing an individual's ability to relate differently to their thoughts is going to be oriented around helping them to notice their thoughts in the here and now.

From the ACT model, these six steps here are not linear steps. We don't administer them one at a time. They form a dynamic system. What unites these six processes is that each of them increases an individual's freedom to respond intentionally rather than reflexively in their life. Now, we're going to spend a bunch of time in just a few minutes looking at real-life therapeutic context examples of how you might target these. This is just a brief overview, and we'll dig a little deeper in just a few minutes. All right, next slide, please.

I think beyond just thinking about psychological flexibility as the target of our interventions, I think one of the most powerful components of this way of thinking is to think about how it applies to the therapeutic space, to what happens during those 45 or 53 minutes, to what happens between you and your clients as you sit together, and how we can use that space to model how internal experiences are treated.

A therapeutic relationship, a therapeutic context that supports flexibility, will include some core components. First one is that it will encourage client autonomy rather than dependence. This is very much born of the functional contextual science beneath ACT. You don't necessarily need to fully understand what that is, but what it means is that from an ACT perspective, in a psychological flexibility perspective, clients are the authorities on their internal and external contexts in life. Therefore, they're the ones in the room who are most able to determine what works for them in moving toward the kinds of lives that they have decided they want to live.

Rather than the therapist embodying the role of expert, the therapist is someone who is very much involved in a co-created process in which they offer perspective, the therapist offers guidance, the therapist offers prompts, and, maybe most importantly, offers reinforcements. The client is really seen as the expert in terms of their experience and what they want, and what works in terms of getting them in the direction of what they want.

It's also an environment in which discomfort is welcomed rather than treated as a problem. One of my very favorite ACT quotes is that you hurt where you care, and you care where you hurt. When we encounter pain and suffering in therapy with our clients, we can help them learn to relate to that suffering in a different way. We can help them relate to the idea that the suffering actually indicates that we've landed on something they care about.

Rather than in the therapeutic space, pulling away from that pain, being willing as therapists to model leaning in. Not because we want to push people's feet into the fire and get them stuck in the suffering, but because we want to help them begin to learn to relate not only to the pain, but to what's on the other side of that pain, which is typically something that they care about.

We're going to frame challenges as being in service of growth rather than barriers to growth. One thing I talk about is that the hard work we do in therapy and the clients do between therapy sessions is very much like what you do at the gym, like a hard workout that you do at the gym or that you practice at home, that it is that work, that intentional effort, and that practice that is what allows our clients and us as therapists to continue to change and grow and evolve in the direction of valued living.

In the context of our therapeutic relationships, we're going to treat uncertainty as workable rather than dangerous. What that allows us to do as therapists is to become comfortable with our own uncertainty and to model what it's like to face uncertainty with openness, with willingness, with engagement in trial and error, and trying new things that we will be testing out, even if we can't be entirely sure of the outcome.

When we create that kind of environment, what clients learn implicitly is, "I don't have to eliminate discomfort in order to move toward what matters." This is a space in

which the therapist's own psychological flexibility is really essential. It's not a technique, but it's a presence. It's a way of being. It's a quality of action that you bring to the therapeutic room that demonstrates, models, and creates a context in which flexibility becomes both modeled, learned, and ultimately reinforced. When clinicians respond flexibly to their own internal experiences in therapy, whether it's frustration, doubt, or uncertainty, we are modeling to our clients what we hope that therapy will help they themselves develop. Next slide, please.

The research indicates that therapists' psychological flexibility predicts a variety of really important client outcomes. While I'm reviewing this, I would love it if you would enter into the chat ways in which you think about bringing flexibility into your own therapeutic style or bringing your own psychological flexibility into the therapy space. Because this is important. The flexibility of the therapist predicts the strength of the therapeutic alliance. It predicts client retention, treatment adherence, and certainly symptom improvement.

Why? Why does it matter how flexible I am? Well, because if I am a psychologically flexible therapist, I'm going to be able to stay present rather than retreating into procedure or protocol when things become emotionally complicated. I'm going to be able to respond with curiosity rather than defensiveness when there's a rupture or criticism in therapy. It's going to be easier for me to be more deeply collaborative in terms of goals rather than holding on to my own clinical agenda. It's going to allow me to create space for discomfort rather than treating it as a crisis or a failure.

Clients may not be able to consciously articulate that they experience their therapist as being flexible, but they can feel it. They can feel that their therapist is communicating to them that nothing that shows up here, inside of you, inside of me, is too much for us to handle together. That message is deeply regulating, especially for clients whose history has taught them that emotional intensity can really disrupt connection. Next slide, please.

Clients learn flexibility not because we explain it to them, not because we teach it to them verbally, but because we model it and we practice it with them in real time. That's a little bit of what I'd like to do with you for about the next 15 minutes. I want to give us as a group the opportunity to do some practicing. We'll go to the next slide. Actually, we can go two slides. There we go. Let's start with cognitive diffusion, or how we work using the therapeutic space and relationship to help clients practice new ways of relating to the way they think.

One exercise that I would often do, and we won't actually do this in real time because we don't have enough time, but I would encourage you to imagine it, is imagine a story that your client has struggled with, a thought they have, a memory, a belief. One exercise that we might engage in together would be having them write that thought on a piece of paper. That thought, written in big letters, almost as though it's a headline, that represents the fused, rigid version of the story. The thing that is now set in stone, written in ink, and often taken as a literal truth. Then we might use this as an opportunity to do some practicing.

What happens if you hold that paper right up in front of your face, covering most of your vision? This is what cognitive fusion looks like. All you can see is that thought. When your client is really fused with the thought, it blocks their view of their options,

their values, their relationships, and their possibilities. We might use these, whether we're doing the activity actually with a paper, or we've just noticed, "Huh, that thought that you have, that you are not good enough, that showed up here and now. How close does that feel to you? Does it feel like it's right here? Does it feel like it's out here?" Begin to notice what happens when they allow themselves some distance from that thought.

What happens in terms of what they're able to see, what they're able to send their attention toward, and potentially, what happens to their ability to navigate the world in a direction that leads them toward what matters. I think one of the most important things that I've learned about diffusion is that I actually very rarely do it as an intervention. I typically really model diffusion through my own language in session. What that means is that I very rarely ask my client something like, "Well, what do you feel about that?" Because if I feel about something, there's a sense of fusion even in that language. I will try to use diffused language to help my clients develop this capacity.

I'll say, "Hey, I'm curious, what feeling showed up for you right there?" or, "What thoughts do you tend to carry into those kinds of situations?" or, "I'm curious, you just had a reaction on your face when I said that. What did your mind do with that?" Often, diffusion and developing psychological flexibility in our clients is not about pulling out a diffusion tool and doing some kind of formal activity, although that can be helpful. Hopefully, I've given you one that I've found quite helpful here. Much of it is modeled in the language we use and the way in which we relate to our own thoughts and help our clients relate to their thoughts in session.

I will say something like, "When you mentioned this thing, I noticed the thought show up for me that." Again, really building that diffusion language into the work and the way that I'm engaging with the client. Let's go two slides to talk about this idea of present moment awareness or mindfulness. This is a really critical component of the work we do with our clients because it allows them to pay attention to what's happening in the here and now in a way that they can then determine what's going to work best to move them in the direction of what they care about.

If your mind is caught in the past, maybe caught in a flashback or a memory or regret, or in the future, anxiety about what could happen, it's going to be very hard to pay attention in the way that will be most effective to the here and now. We will use our relationship, use our ways of engaging with the client, to help them start noticing the here and now. That might look like getting them to practice some attentional flexibility.

Practice very intentionally focusing all of their attention on a painful thought or story, and then helping them notice more broadly what's happening around that thought, what happens when they broaden their awareness, and maybe they pay attention to their sensory experience, maybe they pay attention to some other thing that they care about, not with the intention of getting them to move away from what they struggle with, but to help them, again, have more choice and agency and flexibility in how they direct their attention in the presence of something that's painful. Let's go to the next slide.

All right. This is how we think about acceptance and willingness when painful stuff shows up in therapy, which is pretty much most of the time, as far as I can tell. This is an opportunity where the message you are conveying to your client to help model and then develop psychological flexibility is that, together, we can practice softening around a feeling, a feeling that you struggle with, a feeling that typically causes you stuckness. How can we together begin to make room for it and hold it differently?

There are a number of different ways that you can do this. Sometimes I will have folks notice when that feeling of anger shows up. When it shows up, what does it feel like to hold that? Often, people will feel like they hold it tightly, like it's all I can feel and it's right here. Sometimes they'll be able to notice that they really want to try to push it away. You can engage them physically to try to understand their most natural response. You can really normalize as a human being. I get what that feels like.

There are moments even in here with you when something really painful shows up for you, and every part of my body wants to make it go away for you. What happens if we start trying to focus on making it go away? How able to orient toward what you care about and what you want and towards moving in the direction that you want your life to go? How able are we to do that when we are pushing away? Does it work when we try to push away the things that are painful?

Instead, what is it like for us to sit with this painful experience and hold it? Hold it, make space for it, hold it gently, and sometimes most powerfully, hold it together where you don't have to hold this pain alone, you don't have to sit with this pain alone, you and I can be here with it together, and together, we can practice allowing it to show up and continuing to move you in the direction of what you want. You can move on. Next slide. Thank you.

What does it look like to model self as context when we are working with our clients? I would say that the model that I find most powerful is one of helping people think about the-- I usually use the metaphor of the weather. That even on a cloudy day, even when there is a snowstorm, or it is cloudy, or even if there's a tornado, even as weather systems come and go, most of us know, most of us can remember that the sky is still there. We can't see it. There's a lot of other things that are getting in the way, and some of which are really unpleasant. We know it's still there.

We can help our clients develop a sense of themselves that is more expansive and constant and steady, and that is able to hold the passing storms, the coming and going of these weather systems of painful emotion or even positive emotion, helping clients notice those feelings as they show up, and also help clients notice the perspective, the awareness, and the sense of self that is doing the noticing.

One of the ways of doing that is to be like, "Wow." I might say something like, "It felt like, for a moment, we really both got caught up in the storm of what you're describing right now. I'm wondering if we can step back and both of us reconnect with the perspective of noticing that storm and maybe watching it and observing it and remembering that we're able to observe it together." That can both help a client develop the ability to notice from this perspective, but also a sense of connection to the therapist who is joining them in noticing.

We can go to the next two slides, please. I'm sorry, go back one for a moment. Sorry, one more. There we go. I've given you a script that you can use if you're interested with your clients, and you'll have access to these slides to really help them develop this kind of self-as-context awareness through a mindfulness activity. All right, now we can go on.

One of the things that I love the most about being a therapist is that I have the opportunity to help people connect with their values. I am always amazed at how many people come to see me, having never really paused to think about what matters most to them. They might know what society tells them is important, or what their parents did, or what their job. We are going to have the opportunity to help people orient in a particular direction. We're not interested in flexibility for its own sake. We're interested in flexibility in service of being able to move towards the kind of life that you want to have.

The therapist can always be oriented, him, her, or themself, in session around their value of supporting their clients and growth. We can always return to that when the therapeutic context becomes stormy and say, "Let's pause. If we were really able to work together toward moving in the direction, I wonder what that might look like for me, what it might look like for you," with the intention of modeling exactly what it is that clients will be practicing on their own as they go out into their lives, which is being clear on what it is that matters to them.

The power in that is that I think it is only right and it is only fair for us to ask our clients to do the hard work of therapy, to do the hard work of behavioral change if they know why, if it is in service of something that they deeply care about. We have to give them the opportunity to identify that so that they can begin practicing orienting toward it both in the therapy room and as they go about their day-to-day lives. We'll go two more slides to committed action.

This is really the deeply behavioral component of psychological flexibility. This is just getting people practicing the things that work to move them in the direction that they want to go. Often, what we find is that people start big. They start with very well-intentioned but unlikely to be successful attempts to change their behavior. Our job in therapy and in what we model and in what we're encouraging in terms of practice is to keep it small.

Maybe if a client is really struggling to be in the presence of a painful emotion, we might ask them, "I wonder what it would be like just to hold that for the next few minutes together," and then we move away, or "I wonder what it might be like for you to practice this mindfulness activity for five seconds today and then five seconds tomorrow. I know five seconds seems ridiculous, but what would it be like to make this teeny tiny move in the direction that you want to go, in your chosen direction?"

Really beginning to engage people in the process of behavior change that is very, very slow and gradual, with the understanding that as long as it's moving you in the direction of your chosen values, goals, life you would want to have, that it is going to be workable. It will probably be more workable if it is something that is sustainable. We're going to be working with them to make sure we're reinforcing what they do and slowly building out their behavioral repertoire, but starting small and setting them up for success.

That's a big piece of how we can approach the relationship is making sure that we're engaging with them in ways that are going to make sure that they're successful, even if that is in a very, very small and almost undetectable way. We can go on to the next slide.

I've given you a feel, hopefully, of what these things might look like. I want to close us out before we move into questions by just giving you a sense of the research, which really indicates that focusing on psychological flexibility helps people get better. We know that empirically. Being more flexible will often result in symptom reduction, even if that is not the primary focus of what we're trying to achieve. It will help people function better, not just during therapy, but beyond therapy, in between therapy. The therapists who are more flexible themselves are more likely to help their clients improve, even if they change nothing about their therapeutic approach. Next slide.

To summarize today's talk with a couple of take-home messages, and then I'll move to Q&A. Psychological flexibility is a powerful evidence-based mechanism of change. It helps support great clinical outcomes regardless of what your client's diagnosis is. It can amplify the tools that you already have, no matter what theoretical modality you practice. Perhaps, most importantly to me, that the therapist-embodied flexibility in the therapy space and modeling of these psychologically flexible behaviors can enhance the alliance, can support client learning, and can improve outcomes.

Clients don't learn flexibility from interventions; they learn flexibility most powerfully and most meaningfully from us. I'll leave you with the idea that when we strengthen the underlying processes that create change, every therapy, for almost any presenting concern, tends to work more effectively. With that said, I want to use the remainder of our time together to answer some questions. There will be some resources available to you in the slides that will be sent out because I have had a number of people ask about what would be good to read or trainings that you can do. We'll be sharing those with you, but I want to jump into some questions.

Operator: Wonderful. We're now moving into the live Q&A. Thank you to everyone who submitted questions during registration and to those adding them into the Q&A box today. Dr. Morray will do their best to answer as many as possible, though she may not get to all of them. Your questions are appreciated. Let's dive in. We have one question that asks, "How does psychological flexibility account for multiculturalism?"

Dr. Morray: This is a great question. It is one of the reasons that I think taking a process-based or act or psychological flexibility-oriented approach can be so powerful. That is because, from this perspective, we treat the client as the authority in what is right, good, and true in their own context. Probably more importantly, we are focused on helping that client engage in life in a way that is workable in their context, which means I might not know what works for my client.

They may come from a context, both internally and externally, that is very different from my own, but I don't need to know because my role is going to be to support them in learning who and how they want to be in the context that they navigate in their life. That might be, again, as I said, wildly different from my own. They may have had a very different learning history. They may come from a context that has

very different societal values or any number of different messages about what it means to live a good life.

My role is not going to be to apply my vision of what a good life would mean for that client. My role is going to be to help them define what their vision of a good life would be. That will include what the context around them is likely to reinforce or punish and help them, again, navigate towards this self-defined definition of meaning in their life and in their behavior. I think it's a very natural fit for a culturally responsive approach to care.

Operator: Brilliant. Thank you. We have another question that asks, "How, if at all, do you see ACT evolving over time?"

Dr. Morray: I think if you were to ask Steve Hayes-- actually, I know if you were to ask Steve Hayes, because I've asked him, he's the founder of ACT, he would say that ultimately, ACT may go away. What he means by that is not that ACT itself will be outdated or disproven, but that ACT is just one means to an end. ACT is one pathway toward what we would consider a process-based approach to therapy that supports psychological flexibility.

ACT is the model where that was originally developed. I think ACT will continue to evolve in a way that will be less about how does ACT support psychological flexibility, and more, how does therapy more broadly target these six core components of psychological flexibility in ways that are likely to create change, and how do we understand the individual client in ways that aren't based on their diagnosis or aren't based on our individual theoretical orientation, but are really very much oriented around which processes of change need to be targeted for that individual in order to maximize their psychological flexibility and allow them to engage as fully as possible in their lives?

I think the evolution is towards a much more trans-theoretical, trans-diagnostic, and personalized way of thinking about what gets people stuck and how therapy can be used to get them unstuck.

Operator: Thank you to all of our listeners for your participation. We'd also like to thank Alma for making this webinar possible. Our recording of this presentation will be emailed to everyone in two weeks' time. The recording will include the presentation slides. As soon as the webinar has ended, a short survey will appear on your screen. Please take the survey and give us your feedback. We thank you for your attention, and hope you have a great day.

[00:57:50] [END OF AUDIO]