

Finding Joy, Meaning & Purpose in Behavioral Healthcare

Julio Brionez, Ph.D.
University of Wyoming
June 9, 2022



Disclaimer and Funding Statement

This presentation was prepared for the Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Mountain Plains MHTTC. For more information on obtaining copies of this presentation please email casey.morton@und.edu.

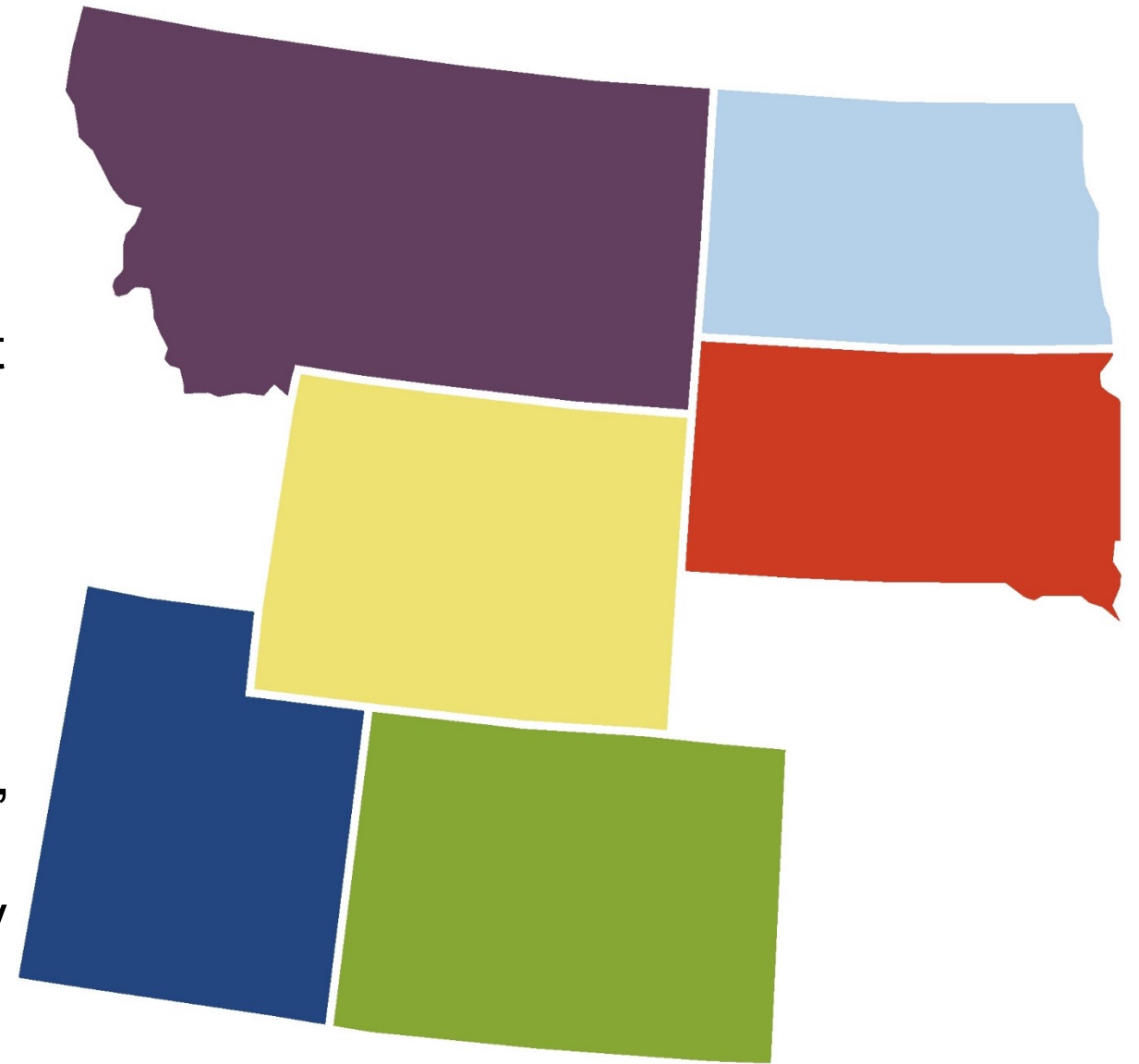
At the time of this presentation, Tom Coderre served as acting SAMHSA Assistant Secretary. The opinions expressed herein are the views of Julio Brionez and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses
affirming, respectful and
recovery-oriented language in
all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

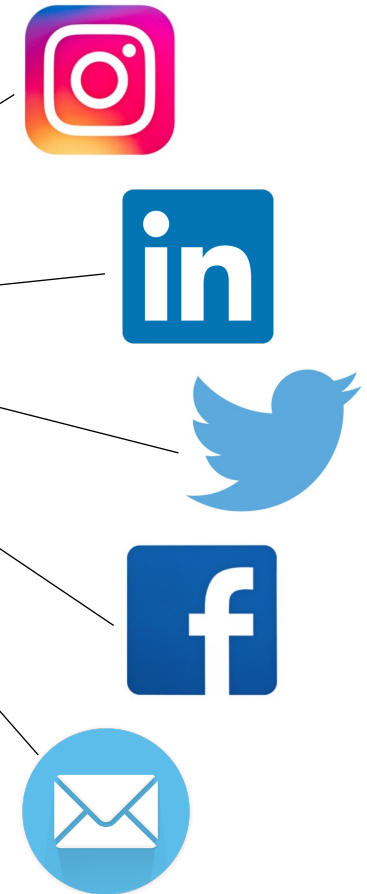
CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Stay Connected

Scan this QR code to follow us on Instagram, LinkedIn, Twitter, and Facebook. You can also join our e-mail newsletter!



SCAN ME



Finding Joy, Meaning & Purpose in Behavioral Healthcare

Julio Brionez, Ph.D.
University of Wyoming
June 9, 2022



Objectives

- Define
 - joy, meaning, purpose.
 - Default and focused modes
- Discuss interventions to increase joy, kindness
- Practice strategies to increase joy, kindness.

Definitions

Kid's Britannica

- Joy (noun): a feeling of great pleasure or happiness that comes from success, good fortune, or a sense of well-being.
- Meaning (noun): purpose, intention.
- Purpose (noun): something set up as an end to be attained.

Roadblock to....

- Default Mode



We have two primary networks in the brain: focused and default modes



Default mode → internally focused on the self and excessive thinking, which Sood describes as, “planning, problem solving, ruminations, and worrying” (p. 1).

Default Mode

Three elements of experience (i.e., **attention**, interpretation, action)

- Without intention, our mind usually wanders inward to what Sood called attention black holes (p. 36)
 - Attention black holes generally consist of an original threat (e.g., a mistake made earlier in the day, week, or month)—rumination about the threat. Then, an automatic intention to suppress the rumination. Imagination then follows suppression.
 - Our imagination often creates a memory that aligns with our worldview. ([clip](#))
- This is our mind, not us. Our mind has been conditioned, and its reactions are involuntary.

Default Mode

Three elements of experience (i.e., **attention**, interpretation, action)

- Sood (2013) posits are mind prioritizes survival and reproductive success and it's foci is salient information (i.e., threat, pleasure, novelty) when in default mode (i.e., wandering mind).
- Killingsworth and Gilbert (2010) found 47 percent of the time participant (N=2000) minds were not focused and were wandering.

Bridge to....

- Focused Mode



We have two primary networks in the brain: focused and default modes



Focused mode → associated with external attention, helping us pay attention to the external world

Increase time in the Focused Mode

How? By paying attention to novelty and the outer-world.

Joyful Attention: delaying judgment whereby one pays attention to nature, loved ones, simple things in the physical environment, the weather, and more.

Kind Attention is focusing on others and attending to them with compassion, acceptance, love, and forgiveness (Sood, 2012).

Attention Training



Attention Training

Intentional attention

- With intentional attention (focus) we won't see just another patient; we will see *that* patient
- By increasing our (focused mode) attention we are better able to immerse ourselves in experience ([clip](#)).
- Increase our intentional attention in two ways:
 - Joyful Attention (Sood, 2013, p. 50)
 - Kind Attention (Sood, 2013, p. 79)

Attention Training

Joyful Attention

- How will this help?
 - Robbin (2006) described joy as a feeling of freedom in the self, which resulted from the complete absence of stress or worry.
 - During a psychiatric emergency patients want a more humanistic and person-centered response (Allen et al., 2003)
 - When fully present and attending deeply we direct our attention externally, were freed from ruminations for that moment.

Intervention 1

- Finding novelty in our co-workers
 - Can you greet your co-workers at the end of the day as if you're seeing them for the first time in 10 days?
 - Can you challenge yourself to celebrate a little when you say good night to your co-workers at the end of each shift?

Attention Training

Joyful Attention

- Exercise 1
 - See 5 people

Attention Training

Joyful Attention

- Intervention 2 – coming home or meeting a friend
 - Acceptance – the best way to improve others is to first accept them as they are (e.g., restrain the urge to improve others for the first X minutes)
 - Transience – understanding that each moment is precious as they do not repeat (e.g., create a routine to check into and out of work – then engage with each present awareness)

- Intervention 2 – coming home or meeting a friend (cont'd)
 - Flexibility – being flexible about where you spend your time will make it less about what you do and more about being together
 - Kindness – Remind people how good they are
 - Give more attention, appreciation, admiration, affection – each gift shifts attention to what is right in a person's life

Attention Training

Joyful Attention

- Intervention 3 – with patients
 - Try to recognize the person as a fellow human being, if only for X seconds or minutes
 - Then meet the patient (client)

Attention Training

Joyful Attention

- Intervention 4 – with loved ones
 - Experience your loved ones, rather than evaluate them
 - Spend a few seconds before greeting your loved one

Intervention 4 – with loved ones (cont'd)

- Develop a genuine interest using 1 of 5 of the following
- Compassion
- Respect
- Acceptance and Appreciation
- Validation
- Empowerment

Attention Training

Kind attention

- Why?
 - People generally take 100-ms to first judge a person (Willis & Todorov, 2006)
 - When I judging mode we me not be fully present with our patients

Practicing kind attention benefits us with our patients by:

- **Smiling** - People will recognize your kind attention – strangers may connect more when they see smiles coming their way
- **Positive** judgments about others boost your mood
 - Kind attention trains the brain – by training your attention you moved from wandering mind (default mode) and may be more attentive to your patients
- **Delays judgment** – DIFFICULT PATIENT – **start with compassion**, accept they may be in default mode, see patients in their circle of love, forgive, be grateful they are in front of you with a chance to improve their health – YOU will be in a focused mode of attention and free to be your caring and compassionate professional self

Attention Training

Kind Attention

- Intervention 5 – with loved ones/co-workers/patients
 - Spend a few seconds before greeting by:
 - Align your heart & eyes (if appropriate)
 - Send a silent intention: / *wish you well*
 - Practice CALF...

- Practice CALF

- Compassion – understand everyone is fighting some battle
- Acceptance – delays negative judgment, giving others room to breath, and permission to be different
- Love – helps us picture others in the circle of people who love them; if comfortable placing yourself in that circle
- Forgiveness – guides you to move beyond the minor inconvenience others may have caused you

Attention Training

Kind Attention

- Kind Attention
 - Exercise 2
 - Think of a loving memory

Community Discussion

- Suggestions for strategies, interventions, or approaches.

Citations

- Allen, M. H., Carpenter, D., Sheets, J. L., Miccio, S., & Ross, R. (2003). What do consumers say they want and need during a psychiatric emergency? *Journal of Psychiatric Practice*, 9(1), 39–58. <https://doi.org/10.1097/00131746-200301000-00005>
- Chang, D. F., & Yoon, P. (2011). Ethnic minority clients' perceptions of the significance of race in cross-racial therapy relationships. *Psychotherapy Research*, 21(5), 567–582. <https://doi.org/10.1080/10503307.2011.592549>
- Killingsworth, M. A., & Gilbert, D. T. (2010). A wandering mind is an unhappy mind. *Science*, 330(6006), 932–932. <https://doi.org/10.1126/science.1192439>
- Nienhuis, J. B., Owen, J., Valentine, J. C., Winkeljohn Black, S., Halford, T. C., Parazak, S. E., Budge, S., & Hilsenroth, M. (2016). Therapeutic alliance, empathy, and genuineness in individual adult psychotherapy: A meta-analytic review. *Psychotherapy Research*, 28(4), 593–605. <https://doi.org/10.1080/10503307.2016.1204023>
- Robbins, B. (2006). An empirical, phenomenological study: Being joyful. . *Qualitative Research Methods for Psychologists*, 173–211. <https://doi.org/10.1016/b978-012088470-4/50010-7>
- Slone, N. C., & Owen, J. (2015). Therapist alliance activity, Therapist Comfort, and Systemic Alliance on individual psychotherapy outcome. *Journal of Psychotherapy Integration*, 25(4), 275–288. <https://doi.org/10.1037/a0039562>
- Sood, A. (2013). *The Mayo Clinic Guide to stress-free living*. Da Capo Press/Lifelong Books.
- Willis, J., & Todorov, A. (2006). First Impressions. *Psychological Science*, 17(7), 592–598. <https://doi.org/10.1111/j.1467-9280.2006.01750.x>

Acknowledgements

Dr. Toi Geil

Dr. Amit Sood

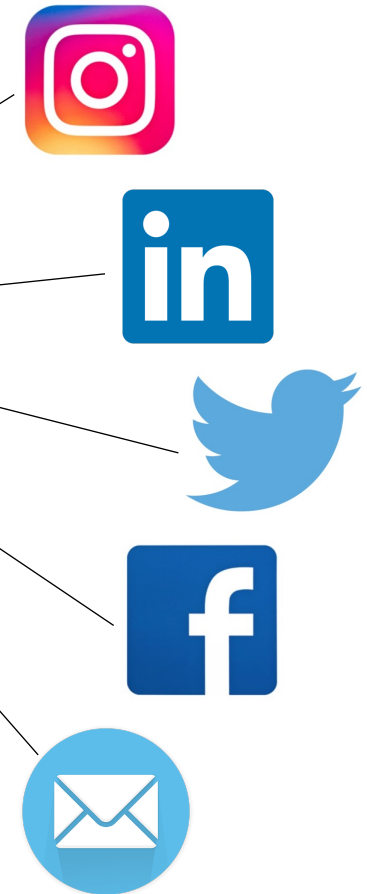
Megan Prager and Michelle Becker

Stay Connected

Scan this QR code to follow us on Instagram, LinkedIn, Twitter, and Facebook. You can also join our e-mail newsletter!



SCAN ME



Finding Joy, Meaning & Purpose in Behavioral Healthcare

Julio Brionez, Ph.D.
University of Wyoming

THANK YOU!

